

ARAGON

ARTISTE LEASE APPLICATION FORM

PLEASE PRINT OR COMPLETE ELECTRONICALLY AND SUBMIT APPLICATION BY EMAIL TO: RENT@THEARTISTE.COM

THE UNDERSIGNED, (hereinafter the "Applicant"), MAKES APPLICATION TO LEASE FROM: **Aragon Development Corporation**. (hereinafter the "Landlord"), FOR THE FOLLOWING PREMISES:

Project: _____ RENT / BUDGET RANGE: _____

Vacancy Waitlist: YES NO STU/ 1BD/ LOFT: _____

Desired Move Date: June 1, 2024 _____ Additional: _____

City/Province: _____ Parking (\$175.00): _____

Term of tenancy: _____ Storage (\$125.00): _____

Type of tenancy: _____

Unit No. (If known): _____ TOTAL MONTHLY RENT:

Lease Start Date: _____ Payable by pre-authorized debit on the 1st of each month.

Lease End Date: _____

The Tenant will be responsible for the following marked utilities:

Hydro Telephone Cable Gas Water Hot Water

APPLICANTS MUST SUBMIT THE FOLLOWING DOCUMENTS:

- Proof of paid rent – 3 months
- Proof of income – 3 months
- Letter of employment
- Character reference letter – 2 copies
- Reference letter or contact information from current landlord.

APPLICANT 1

Full Name: _____ Home phone: _____

Date of Birth: _____ Work phone: _____

Cell phone: _____ Email: _____

Suite 201 – 1628 W 1st Avenue, Vancouver, BC, CA, V6J 1G1

Telephone : (604) 732 6170 | Aragon.ca | 26.01.2024

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Present Address: _____

City: _____

Pets: Yes No

Province: _____

Type/Breed of pet _____

Postal Code: _____

APPLICANT 2

Full Name: _____

Home phone: _____

Date of Birth: _____

Work phone: _____

Cell phone: _____

Email: _____

Present Address: _____

City: _____

Pets: Yes No

Province: _____

Type/Breed of pet: _____

Postal Code: _____

EMPLOYMENT & INCOME INFORMATION

APPLICANT 1

Name of business: _____

Type of business: _____

Annual income: _____

Reference: _____

Reference contact: _____

APPLICANT 2

Name of business: _____

Type of business: _____

Annual income: _____

Reference: _____

Reference contact: _____

(If Applicable – Self Employed)

Please Attach the last 3 Years of Tax Return (per applicant)

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IN CASE OF EMERGENCY: (Please state your kin):

Full Name: _____

Phone number: _____

PLEASE READ THE FOLLOWING CAREFULLY:

- ❖ It is understood that once becoming a tenant of the rented premises, I/We will comply with all the terms, conditions and rules specified within the lease and addendum to the lease.
- ❖ Tenants are **required to have adequate tenancy insurance in place, including liability insurance on the rented premises.**
- ❖ I/We, the applicant(s) understand and agree that:
 1. The offer to lease the above premises is subject to acceptance by the landlord.
 2. The keys to the said premises will be available only on the date of occupancy.
 3. If in the event, I/We:
 - a. Fail to pick up the key package on the date of occupancy without prior written notice to the landlord, and/or
 - b. Notify the landlord of my/our intention not to take occupancy, and/or
 - c. Provide a dishonoured cheque.

The premises will be placed on the available list, and I/We agree to pay a non-occupancy fee, and/or a cancellation fee equal to one month's rent; or in the event of the suite being leased for the same period, an administration fee of \$750.

4. Move-in hours for the premises shall be between **8:00 AM** and **9:00 PM** – or as building regulations permit.
5. Upon acceptance of this application and notification thereof, the applicant(s) is required to provide the landlord with a pre-authorized debit form at the time of the lease signing.

IN CONNECTION WITH THIS APPLICATION, THE APPLICANT(S) CONSENTS TO THE LANDLORD CONDUCTING A CREDIT INVESTIGATION.

APPLICANT SIGNATURE

DATE

APPLICANT SIGNATURE

DATE

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<u>OFFICE USE ONLY</u>	Date	Initial
References checked: _____		
Credit check completed: _____		
Original rec'd & checked: _____		
Application approved: _____		
File in tenant file: _____		

AGENT FOR LANDLORD SIGNATURE **DATE**