



The Orchard Townhouse Complex

Application for Tenancy

The Orchard Townhouse Complex

Location: 9858 - 151 Street
Surrey, BC V3R 8C9

Phone: 604.589.9317
Fax: 604.589.1544

To submit your application for The Orchard, please email UGM's Housing Team with your completed form at housingteam@ugm.ca

Suitable applicants will be contacted for an interview as units come available. Applications will need to be re-submitted every 6 months for them to remain valid.

OFFICE USE ONLY			
Date Application Received		Number of Bedrooms Applied For:	

Requested Move-In Date & Type of Housing

Desired occupancy date		Is move-in date flexible?	
Desired # of bedrooms <i>(1-4 bedroom suites)</i>		Is # of bedrooms flexible?	

Applicant 1

Last Name	First Name	Middle Name	Date of Birth <small>(MM/DD/YYYY)</small>
Driver's License #	Social Insurance #		Other ID
Home Phone	Cell Phone		Fax Number
Email:			Marital Status

Applicant 2

Last Name	First Name	Middle Name	Date of Birth (MM/DD/YYYY)
Driver's License #	Social Insurance #		Other ID
Home Phone	Cell Phone		Fax Number
Email:			Marital Status

Full Names of Other Adult Persons (19+) to Occupy Premises:

Name	Age

Full Names of All Minor Persons (Age 19 or Younger) to Occupy Premises:

Name	Age

Total number of all persons in this tenancy will be: _____

Previous Housing Information: Tenant 1 _____

Present Address	City	Province	Postal Code
Length at Current Address	Cost of Rent	Building Manager / Number	
Reason for Moving			

Previous Housing Information: Tenant 2 _____

Present Address	City	Province	Postal Code
Length at Current Address	Cost of Rent	Building Manager / Number	
Reason for Moving			

Previous Housing Information: Tenant 3 _____

Present Address	City	Province	Postal Code
Length at Current Address	Cost of Rent	Building Manager / Number	
Reason for Moving			

Previous Housing Information: Tenant 4 _____

Present Address	City	Province	Postal Code
Length at Current Address	Cost of Rent	Building Manager / Number	

Reason for Moving

Employment Information

Job Title	Employer (Company)	
Employer Address		Years at Company
Name of Supervisor	Employer Phone Number	
Start of Employment	Salary/Wage	
Full/Part Time	Can we use your Supervisor as a Reference?	

Previous Employment

Previous Job Title	Previous Employer (Company)	
Employer Address		Years at Company
Name of Supervisor	Employer Phone Number	
Reason for Leaving	End of Employment Date	

Additional Questions

Do you have liability insurance? Yes No

Do you have any pets? Yes No

Are you a smoker? Yes No

We no longer permit tenants to smoke inside the building which includes their unit.

Is this something you are able to adhere to? Yes No

References

Please include 1 professional reference

Name	Relationship
Address	Phone Number

Name	Relationship
Address	Phone Number

Please tell us about your current situation and why you desire to live at The Orchard.

Emergency Contact

Please include 1 professional reference

Name	Relationship
Address	Phone Number

Consent for the purposes of determining whether my/our application for tenancy is acceptable, I/we hereby consent UNION GOSPEL MISSION HOUSING SOCIETY to obtain credit and personal information reports on me/us (including spouse) from one or more consumer reporting agencies or from other sources of such information. I/we authorize the reporting agencies and other persons to disclose information on me/us to the landlord or landlord's authorized agent. This application is the property of UNION GOSPEL MISSION HOUSING SOCIETY and the landlord. It will not be returned under any circumstances.

Applicant Signature	Applicant Signature
Date	Authorized UGM Agent