

Pembina Woods Housing Coop. Ltd.

100-81 University Crescent.
Winnipeg, Manitoba R3T 4W9

Telephone: (204) 269-2354

Fax: (204) 275-5468

APPLICATION FOR RESIDENCY

Please assist us by checking the applicable answer below. I heard about this apartment complex through:

() Home Renters Guide () A Friend, () Building Signs, () Other

Address Applied For: _____

To be completed by Site Office Only:

POSSESSION DATE FOR ABOVE PREMISES _____

From _____ to _____ From _____ to _____

BASIC MONTHLY RENT: \$ _____ \$ _____
MONTHLY PARKING IF APPLICABLE \$ _____ \$ _____
LESS: RENTAL DISCOUNT \$ _____ \$ _____
TOTAL MONTHLY RENT \$ _____ \$ _____

PLUS UTILITIES: Heat _____ Hydro _____ Water _____

Rent payable on or before the first day of each month. For your convenience and safety, we offer (2) options for payment:
Pre-authorized debit, please ask for the form at the office and cheque.

SECURITY DEPOSIT REQUIRED: \$ _____ DATE PAID: _____

RECEIPT NUMBER FOR SECURITY DEPOSIT PAID: _____

To be Completed by Applicant:

PLEASE PRINT (THE FOLLOWING INFORMATION IS STRICTLY CONFIDENTIAL)

DATE OF APPLICATION: _____

NAME OF APPLICANT: _____

APPLICANT'S SOCIAL INSURANCE NUMBER: _____

APPLICANT'S BIRTH DATE (YYYY/MM/DD): _____

LIST OF OTHERS WHO WILL ALSO RESIDE AT RESIDENCE WITH APPLICANT:

(IF SPOUSE/PARTNER PLEASE INCLUDE SOCIAL INSURANCE NUMBER): _____

If having a Co-Applicant please note below but submit **SEPARATE** Application's for Residency.

NAME: _____ BIRTH DATE: _____ RELATION TO APPLICANT: _____

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APPLICANT'S PRESENT ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PRESENT PHONE NUMBER: _____ OTHER: _____

EMAIL ADDRESS: _____

NAME OF PRESENT LANDLORD: _____ PHONE NUMBER: _____

LENGTH OF TIME AT PRESENT ADDRESS: _____

MONTHLY RENTAL AMOUNT: \$ _____ ON A LEASE: YES _____ NO _____

IF YES, TERM OF LEASE: _____

(IF YOU HAVE LIVED AT YOUR PRESENT ADDRESS LESS THAN TWO (2) YEARS PLEASE COMPLETE THE FOLLOWING)

APPLICANT'S PREVIOUS ADDRESS: _____

NAME OF PREVIOUS LANDLORD: _____ PHONE NUMBER: _____

LENGTH OF TIME YOU LIVED AT THIS ADDRESS: _____

NAME OF PRESENT EMPLOYER: _____

ADDRESS OF EMPLOYER: _____ PHONE: _____

OCCUPATION (type of work): _____ Full time () Part time ()

LENGTH OF TIME EMPLOYED: _____ TOTAL GROSS MONTHLY INCOME:\$ _____

NAME OF BANK: _____ TELEPHONE: _____



(If you have been employed at the present employer less than two (2) years please complete the following)

NAME OF PRESENT EMPLOYER: _____

ADDRESS OF EMPLOYER: _____ PHONE: _____

OCCUPATION (type of work): _____ Full time () Part time ()

LENGTH OF TIME EMPLOYED: _____ TOTAL GROSS MONTHLY INCOME:\$ _____

MAKE OF CAR (1): _____ LICENSE #: _____

COLOUR: _____ YEAR: _____ DRIVER'S LICENSE #: _____

MAKE OF CAR (2): _____ LICENSE #: _____

COLOUR: _____ YEAR: _____ DRIVER'S LICENSE #: _____



| | | |
|--|-----------|----------|
| Have you ever filed bankruptcy? | YES _____ | NO _____ |
| Have you ever been evicted or asked to leave any accommodations? | YES _____ | NO _____ |
| Did you leave any previous accommodations owing monies? | YES _____ | NO _____ |
| Do you own pets? | YES _____ | NO _____ |
| Have you ever had bedbugs? | YES _____ | NO _____ |
| Has there been a bedbug issue at any building you have resided at? | YES _____ | NO _____ |

IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME: _____ ADDRESS: _____

RESIDENCE PHONE NUMER: _____ WORK PHONE: _____

RELATIONSHIP TO APPLICANT: _____



I/We hereby declare that all information provided is true and complete. I authorize Pembina Woods Housing Co-op Ltd. To obtain personal information to perform a credit history check through Canadian Credit Bureau, along with a personal investigation from information provided Application to lease these premises is subject to the approval and acceptance of Pembina Woods Housing Co-op Ltd. and when so accepted, binds the applicant and Pembina Woods Housing Co-op Ltd. to the Tenancy Contract. If the applicant withdraws this application or fails to execute the lease upon request of the lessor, any deposited received will be retained by the lessor as liquidated damages, and the applicant shall not acquire and right in or to said premises. The tenancy Agreement must be signed upon approval of the application prior to occupancy at the site office, and agrees to comply with the rules and regulations set out in the Tenancy Agreement and any amendments.

Employment verification on company Letterhead and security deposit are required to process this application.

APPLICANT'S SIGNATURE: _____ DATE: _____

IN SIGNING THE WITHIN APPLICATION, THE UNDERSIGNED HEREBY CONSENTS TO THE USE OR DISCLOSURE OF THE PERSONAL INFORMATION CONTAINED IN THIS APPLICATION FOR THE PURPOSES STATED IN THE ATTACHED PRIVACY POLICY.

APPLICANT'S SIGNATURE: _____ DATE: _____

- NO SMOKING MARIJUANA, GROWING OR POSESSION OF PLANTS, PRODUCING, OR DISTRIBUTING OF MARIJUANA PRODUCT IS PERMITTED ON THE PROPERTY.
- NO PETS ARE ALLOWED UNLESS SPECIFICALLY APPROVED BY THE LANDLORD.
- NO WATERBEDS ARE ALLOWED.
- NO AQUARIUMS ARE ALLOWED UNLESS PROOF OF INSURANCE.
- SATELITE DISHED ARE NOT PERMITTED.

Office Use Only:

We hereby accept the above Application.

Dated this _____ day of _____ A.D. 20 _____

Per: Landlord or his Agent