

LAURENCE MANAGEMENT GROUP INC.
106-2149 Pembina Hwy.
Winnipeg, Manitoba R3T 5S9

Telephone: (204) 831-9960
Fax: (204) 275-8119

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 _____

BUILDING PET POLICY: _____ YES ALLOWED OR _____ NO NOT ALLOWED

Rent payable on or before the first day of each month. For your convenience and safety, we offer three (3) options for payment: Pre-authorized debit, post-dated cheques and Interac at some site office locations

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: _____

BIRTH DATE (YYYY/MM/DD) (optional) _____

SOCIAL INSURANCE NUMBER(optional) _____

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

NOTE: All persons over the age of 18 are required to fill out their own application.

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

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APPLICANT'S PRESENT ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE NUMBER (HOME) _____ (CELL):: _____

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)©

