

BED BUG DISCLOSURE

This information is requested in an effort to protect residents and their property from bedbugs.

NAME: _____

CURRENT ADDRESS: _____

- 1) Have you ever had bedbugs? YES ___ NO ___
- 2) Has there been a bedbug issue at any building that you have resided at? YES ___ NO ___

Pembina Woods Housing Co-op Ltd written proof be provided from a professional pest control firm indicating it was a successful treatment. The applicant will be required to arrange for heat treatment of all their possessions and the moving vehicle if the same was used to move to the heat treatment prior to move in should proof not be available. Prior to the Approval of the application and signing of the Tenancy Agreement with Pembina Woods Housing Co-op Ltd. a letter from the pest control firm must be provided confirming the booking. The application will be declined should this not be complied with in a reasonable period of time. Possessions are to be moved directly from the heat treatment to the unit.

By signing this letter you have read, understand and certify the information is true.

Date

Applicant Name

Applicant Signature of Authorization