

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 FOLLWING INFORMATION IS STRICTLY CONDIFENTIAL)

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: _____

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

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

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:\$**_____

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 _____

NAME: _____ ADDRESS: _____

RESIDENCE PHONE NUMBER: _____ WORK PHONE: _____

RELATIONSHIP TO APPLICANT: _____

____/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.

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 POSSESSION 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.**

We hereby accept the above Application.

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

Per: Landlord or his Agent

Pembina Woods Housing Co-op Ltd.

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

Collection of Personal Information

The personal information collected will be used to determine your household's ability for tenancy, to administer tenant agreements and to prevent and detect fraud. Personal information collected will also be used to enable Pembina Woods Housing Co-op Ltd. to provide ongoing service, manage Pembina Woods Housing Co-op Ltd.'s business and to meet legal requirements.

Consent to Disclosure of Information

I/We consent to the disclosure of any personal information that may be required for the purpose of determining or verifying my/our eligibility for tenancy. I/We authorize any person, agency, organization or financial institution to release and or exchange information for that purpose. I/We understand this consent includes requests pertaining to my/our employment, income, liabilities and resources, family status as well as my/our standing with current and previous Landlords.

A photocopy of this signed Consent to Disclosure is sufficient to authorize the disclosure and/or exchange of information.

Name of Applicant
(Please Print)

Signature of Applicant

Date

Signature of Witness

Date

Name of 2nd Applicant
(Please Print)

Signature of 2nd Applicant

Date

Signature of Witness

Date

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