

**APPLICATION FOR RENTAL**

Gannon Apartments  
Non Smoking Comfort

Date: \_\_\_\_\_

I/We hereby apply to rent suite \_\_\_\_\_ at Gannon Apartments for a term of \_\_\_\_\_ months, commencing on \_\_\_\_\_ and expiring on \_\_\_\_\_, at a monthly rental of:

Suite	\$ _____	Stall No. _____
Parking	\$ _____	Stall No. _____
Locker	\$ _____	To be occupied by _____ adults
Other	\$ _____	And by _____ children
Total	\$ _____	

<b>How did you find this suite?</b>	
Building Website	<input type="checkbox"/>
Word of mouth	<input type="checkbox"/>
Kijiji	<input type="checkbox"/>
Renters Guide	<input type="checkbox"/>
Social Media	<input type="checkbox"/>
Other	_____

It is further agreed and understood that a Security Deposit of \$ \_\_\_\_\_ will be payable upon signing this application. Rent is to be paid by way of pre-authorized debit (PAD) and the Tenant shall complete the Landlord's standard form of Payor's PAD Agreement in conjunction with this application. The Security Deposit is Non-Refundable if this application is cancelled by the applicant. The applicant(s) hereby authorize the Landlord to utilize the information provided below to carry out a credit check as required.

**NAME OF TENANT(S):** (1) \_\_\_\_\_ Social Ins. #: \_\_\_\_\_

Confirm Scan of Drivers \_\_\_\_\_ Birth date: \_\_\_\_\_

License  (2) \_\_\_\_\_ Social Ins. #: \_\_\_\_\_

Birth date: \_\_\_\_\_

**PRESENT ADDRESS:** \_\_\_\_\_ Period of Occupancy: \_\_\_\_\_

Home Ph #: \_\_\_\_\_ Cell Ph #: \_\_\_\_\_ Email: \_\_\_\_\_

**PRESENT LANDLORD:** \_\_\_\_\_ Telephone: \_\_\_\_\_

**PREVIOUS ADDRESS:** \_\_\_\_\_ Period of Occupancy: \_\_\_\_\_

**EMPLOYMENT (If retired, please provide all of the following: i) Bank Statement; ii) Net worth statement, iii) Latest tax return**

**TENANT (1):**

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Position: \_\_\_\_\_ Work Ph #: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Annual Salary: \_\_\_\_\_ Hrs per Week: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Supervisor Ph #: \_\_\_\_\_

**TENANT (2):**

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Position: \_\_\_\_\_ Work Ph #: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Annual Salary: \_\_\_\_\_ Hrs per Week: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Supervisor Ph #: \_\_\_\_\_

**PERSONAL REFERENCES: (other than relatives)**

(1) Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**VEHICLE(S):**

(1) Make: \_\_\_\_\_ Year: \_\_\_\_\_  
Colour: \_\_\_\_\_ License Plate: \_\_\_\_\_  
(2) Make: \_\_\_\_\_ Year: \_\_\_\_\_  
Colour: \_\_\_\_\_ License Plate: \_\_\_\_\_

**EMERGENCY:** In case of any emergency, please contact:

Name: \_\_\_\_\_ Home Ph #: \_\_\_\_\_ Work Ph #: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

---

As a prospective tenant, I/We hereby authorize the Landlord, or the Landlord's representatives to utilize the above information, and any other information submitted by me/us, to carry out a credit check to assist in determining my/our credit-worthiness. I/We authorize the Landlord, or the Landlord's representatives to make any enquiries necessary. The undersigned hereby declares that the above statements are true in substance and in fact. I/We hereby take notice that the Landlord, or the Landlord's representatives may disclose the information contained in this form to its credit grantors and/or consumer reporting agencies and that such information may contain personal information as defined in Canadian and provincial privacy legislation. I/We hereby consent to such disclosure and to the Landlord or its representatives obtaining subsequent credit information during the term of any lease entered into and within five (5) years of the expiry of the lease. The Landlord's detailed privacy policy will be provided upon written request.

**THIS APPLICATION IS SUBJECT TO ACCEPTANCE BY THE LANDLORD**

Witness	Signature of Tenant(s)
_____	_____
_____	_____

The applicant(s) is/are advised to have insurance in a sufficient amount for third party liability within his suite and coverage on personal contents against fire, theft and water damage risk.

**200 – 1355 Taylor Avenue, Winnipeg, MB Canada R3M 3Y9 • Tel: (204) 474-2000 • Fax: (204) 284-7115 • [www.shindico.com](http://www.shindico.com)**