



Murdoch Management - 757 Henderson Highway, Winnipeg, Manitoba R2K 2K7.
Tel 982.2000 Fax 669.4509 www.lifelease.ca

CONFIDENTIAL APPLICATION FOR TENANCY

The following information is required from all applicants to determine eligibility for housing.

Incomplete applications cannot be processed.

Acceptance of the application is subject to eligibility and the availability of accommodation. All information is kept in strict confidence in accordance with the Canadian Personal Information Protection and Electronic Documents Act. If you have any questions contact the Property Management office at (204) 982-2000.

PLEASE PRINT CLEARLY

1. INFORMATION ABOUT YOU (Applicant):

FULL NAME: _____
First Name Middle Name Last Name

ADDRESS: _____ POSTAL CODE: _____

PHONE : _____ (residence) _____ (other)

SOCIAL INSURANCE NUMBER: _____
(required to obtain a credit report and to obtain new address after move-out if not provided)

DATE OF BIRTH (month-day-year): _____

CANADIAN CITIZEN: _____ LANDED IMMIGRANT _____ VISA _____ REFUGEE: _____

2. INFORMATION ABOUT WHO WILL LIVE WITH YOU (Co-applicant/Dependents):

NO ONE WILL LIVE WITH ME (check if this applies): _____

Co-applicant FULL NAME: _____
First Name Middle Name Last Name

Co-applicant ADDRESS: _____ POSTAL CODE: _____

Co-applicant PHONE: _____ (residence) _____ (other)

Co-applicant SOCIAL INSURANCE NUMBER: _____
(To obtain credit report and to obtain new address after move-out if not provided)

Co-applicant DATE OF BIRTH (month-day-year): _____

Co-applicant CANADIAN CITIZEN : _____ LANDED IMMIGRANT _____ VISA _____ REFUGEE _____

RELATIONSHIP TO YOU (wife/husband, care worker etc.): _____

3. APPLICANT CURRENT ADDRESS:

Address: _____ City: _____ Prov: _____

How long did you live there? _____ How much rent did you pay? _____

Why did you leave ? _____

Landlord's Name, Address and Telephone Number: _____

4. APPLICANT PREVIOUS ADDRESS:

Address: _____ City: _____ Prov: _____

How long did you live there ? _____ How much rent did you pay? _____

Why did you leave ? _____

Landlord's Name, Address and Telephone Number: _____

5. HOUSEHOLD FINANCIAL INFORMATION:

Please report the total gross household income (income before tax deductions) of ALL members of your household who will be living in the unit. If you receive income from more than one source, please list each source separately. Attach an additional sheet if necessary.

	<u>First Name</u>	<u>Last Name</u>	<u>Monthly Income Amount</u>	<u>Source</u>
Person 1	_____			
Person 2	_____			
Person 3	_____			
Person 4	_____			
Person 5	_____			
Person 6	_____			

Typical Sources of Income are:

Employment Resettlement Assistance Employment & Income Assistance Self-Employment
Employment Insurance Pensions Band Assistance
Interest from Investments Canada Student Loans Insurance Settlement

CANADIAN RESIDENTS: All household members are required to submit documentation of their current income as recorded above, as well as a certified copy of the most recent income tax report (Option C Printout) obtainable by you, free from Revenue Canada (1-800-959-8281), with this application, and 3 prior months of pay stubs, and/or EIA Budget letter.

REFUGEE/IMMIGRANTS: All household members are required to submit documentation of their current income. This may include Resettlement Assistance Program Allowance, IMM 1000 or IMM 5292, and/or Permanent Residents Card, and or EIA Budget Letter.

6. HOUSEHOLD MAKE UP INFORMATION:

Please report the total gross household income (income before tax deductions) of ALL members of your household who will be living in the unit. If you receive income from more than one source, please list each source separately. Attach an additional sheet if necessary.

	<u>First Name</u>	<u>Last Name</u>	<u>Male/Female</u>	<u>Age (yrs)</u>
Person 1	_____			
Person 2	_____			
Person 3	_____			
Person 4	_____			
Person 5	_____			
Person 6	_____			

7. DECLARATION:

I/We understand that consideration of others is paramount. Any actions that negatively affect others enjoyment of the premises may result in termination the lease. If accepted, I/We undertake to create and maintain a safe, secure environment in the premises. I/We understand that this positive living environment will be my/our responsibility to uphold with my/our family members as well as my/our guests.

I/We declare that all the information in this application is correct and hereby authorize the Landlord and/or its Agent to verify any or all of the information contained herein.

DATE:

SIGNATURE:

Applicant Name (Print)

Applicant signature

Co-Applicant Name (Print)

Co-Applicant signature

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