

CHARLESWOOD LEGION

NON PROFIT HOUSING LTD

C/o Murdoch Management Inc, 757 Henderson Highway, Winnipeg, MB R2K 2K7

Tel 982-2004, Fax 669-4509, Toll Free 1-800-543-6118

Rental Application

Note: We will contact you if a suitable unit becomes available.
Only contact us to update your contact information (i.e. change of address).

1. PERSONAL INFORMATION

Name	Address	City	Postal Code
------	---------	------	-------------

Telephone	Date of Birth
-----------	---------------

Co-applicant	Date of Birth
--------------	---------------

2. LIST ALL PERSONS THAT WILL BE RESIDING WITH APPLICANT

Name	Relation	Age
------	----------	-----

Name	Relation	Age
------	----------	-----

Rental units are 1 bedroom

Would you require parking? Yes/No How many stalls? _____

Are you, or any member of your household, physically challenged? _____

If yes, please describe the nature of the limitation: _____

3. AUTHORIZATION FOR PERSONAL INVESTIGATION.

I/We hereby authorize Beauchemin Park Place and or its agent to conduct a complete personal and credit investigation. I/We declare that to the best of my knowledge the information provided herein to be correct.

Signature of Applicant

Signature of Co-applicant

5. REFERENCES

Name	Address	Phone	Relation
------	---------	-------	----------

Name	Address	Phone	Relation
------	---------	-------	----------

6. RENTAL INFORMATION

Present Address	Postal Code	Rent (\$)
-----------------	-------------	-----------

Landlord	Phone Number
----------	--------------

Previous Address	Postal Code	Rent (\$)
------------------	-------------	-----------

Landlord	Phone Number
----------	--------------

7. INCOME INFORMATION

Canada Pension	Old Age Security	Guaranteed Income Supplement
----------------	------------------	------------------------------

Private Pension	Annuity Income	Investment Income
-----------------	----------------	-------------------

Employment Income	Other
-------------------	-------

Please provide any additional comments concerning your residency at Beauchemin Park Place:

8. Emergency contact Information:

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

Are you presently residing in a Public Housing Unit? YES/NO

Please mail or fax return to address on front page – thank you.