



The Property Managers

Unit 2-1271 Sargent Avenue,
Winnipeg, MB R3E 0G3
Phone 204-489-9510
Fax 204-975-1540

This unit is subject to annual income verification. All approved tenants must provide a copy of their **Notice of Assessment (NOA)** for the previous tax year **no later than April 30 of the following tax year**. Failure to provide the required documentation may affect eligibility for continued tenancy.

This Section is for Office Use Only

Suite: _____ Building Address: _____ Lease Term: _____
Monthly Rent: \$ _____ Parking: \$ _____ Other: \$ _____ Total Rent: \$ _____
Security Deposit: \$ _____ Date Paid: _____
From: _____ To: _____

I submit this as an application and an offer to lease a suite from Brydges Property Management. I hereby tender a rental deposit in the amount of \$ _____ to the landlord. I understand and acknowledge that this deposit will bear interest at a rate which is set by regulation and is compounded annually. **I understand and acknowledge that once the application is accepted by the landlord, I agree to complete a tenancy agreement in the landlord's standard form.** I understand and acknowledge that if an arrangement to complete the tenancy agreement is not made within **three (3)** days upon the landlord's acceptance, or if I do not take occupancy on the commencement date as agreed upon, the deposit will be forfeited either in part or in whole. I understand and acknowledge that it is my responsibility to communicate with the resident manager or the office of the landlord concerning the status of my application. I further understand that I will **not** keep any pets without the **written authorization** of the landlord.

Name of Applicant (Print) Signature of Applicant Date: _____

Name of Applicant (Print) Signature of Applicant Date: _____

Method of Deposit Payment: [] Cash [] Cheque [] Money Order

APPLICANT # 1: (Please Print) _____
First Middle Last
Phone Number: _____ Date of Birth: (MM/DD/YY): _____
Social Insurance Number: _____ Marital Status: _____
PRESENT ADDRESS: _____ City: _____
Suite # Street
Province: _____ Postal Code: _____ How Long? _____
Landlord/Property Management: _____ Phone Number: _____ Rent: \$ _____
PREVIOUS ADDRESS: _____ City: _____
Suite # Street
Province: _____ Postal Code: _____ How Long? _____
Landlord/Property Management: _____ Phone Number: _____ Rent: \$ _____
PRESENT EMPLOYER: _____ Phone Number: _____
Address: _____ Position: _____ How Long? _____ Income: \$ _____

PREVIOUS EMPLOYER: _____ **Phone Number:** _____
Address: _____ **Position:** _____ **How Long?** _____ **Income: \$** _____
BANK ADDRESS: _____ **Phone Number:** _____

EMERGENCY CONTACT: _____
Address: _____ First _____ Middle _____ Last _____ **Phone Number:** _____
REFERENCE: _____ **Phone Number:** _____
Address: _____ **Relationship:** _____

APPLICANT # 2: (Please Print) _____
_____ First _____ Middle _____ Last _____
Phone Number: _____ **Date of Birth: (MM/DD/YY):** _____
Social Insurance Number: _____ **Marital Status:** _____
PRESENT ADDRESS: _____ **City:** _____
_____ Suite # _____ Street _____
Province: _____ **Postal Code:** _____ **How Long?** _____
Landlord/Property Management: _____ **Phone Number:** _____ **Rent: \$** _____
PREVIOUS ADDRESS: _____ **City:** _____
_____ Suite # _____ Street _____
Province: _____ **Postal Code:** _____ **How Long?** _____
Landlord/Property Management: _____ **Phone Number:** _____ **Rent: \$** _____
PRESENT EMPLOYER: _____ **Phone Number:** _____
Address: _____ **Position:** _____ **How Long?** _____ **Income: \$** _____
PREVIOUS EMPLOYER: _____ **Phone Number:** _____
Address: _____ **Position:** _____ **How Long?** _____ **Income: \$** _____
BANK ADDRESS: _____ **Phone Number:** _____

EMERGENCY CONTACT: _____
Address: _____ First _____ Middle _____ Last _____ **Phone Number:** _____
REFERENCE: _____ **Phone Number:** _____
Address: _____ **Relationship:** _____

OTHER OCCUPANTS IN THE SUITE:
Name: _____ **Age:** _____ **Relationship:** _____
Name: _____ **Age:** _____ **Relationship:** _____

VEHICLE(S):

Year: _____ **Make/Model:** _____ **Colour:** _____ **Plate #:** _____

Year: _____ **Make/Model:** _____ **Colour:** _____ **Plate #:** _____

I hereby declare that the information provided above is true and complete. I agree to authorize Brydges Property Management to conduct an investigation and credit check based on the information contained in this application. I understand and acknowledge that the failure to obtain an accurate and satisfactory credit report may, in Brydges Property Management's sole discretion, adversely affect my application. I understand and acknowledge that if any information provided in the above application is incorrect, Brydges Property Management may at its option terminate my tenancy agreement upon **thirty (30)** days written notice or reject the application, whichever is relevant. This application is subject to approval and acceptance by Brydges Property Management. (Consent & disclosure attached as per Canada's Privacy Act).

Applicant Signature

Applicant Signature

Date: _____

CONSENT TO DISCLOSURE OF INFORMATION

I hereby consent to the use or to the disclosure of the personal information collected in this application for the purposes of the landlord to determine my household's eligibility for tenancy, administer tenant agreements and, prevent and detect fraud. I authorize any person, agency, organization or financial institution to release and/or exchange information for the above-mentioned purposes. I understand that this consent includes requests pertaining to my employment, income, liabilities and resources, family status as well as my standing with any current and previous landlords. I understand that the use or disclosure of the personal information collected in this application will also be used to enable Brydges Property Management to provide ongoing service, manage Brydges Property Management's business and to meet legal requirements.

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

Name of Applicant (Print)

Signature of Applicant

Date: _____

Name of Applicant (Print)

Signature of Applicant

Date: _____

Signature of Witness

Date: _____

Income Verification Requirement (Mandatory for This Unit)

This unit is designated as income-verified housing. As a condition of tenancy, all applicants approved for this unit must agree to comply with annual income verification requirements.

Tenants are required to provide their Canada Revenue Agency Notice of Assessment (NOA) for the previous tax year no later than April 1 of the following tax year.

By submitting this application, you acknowledge and agree that:

- You will provide the required NOA each year by the stated deadline.
- Failure to submit the NOA by April 30 may result in a review of your eligibility for continued tenancy.
- Your rental rate or tenancy status may be adjusted based on income verification results.

Please sign below to confirm you understand and agree to this requirement.

Applicant Signature: _____ **Date:** _____