

# Mainland Commerce Real Estate

201 – 475 Provencher Blvd./Winnipeg, MB, R2J 4A7  
204-480-0145 office//204-235-0521 fax//www.mcre.ca



## RESIDENTIAL RENTAL APPLICATION

<b>FOR OFFICE USE ONLY:</b>		
Suite: _____	Building: _____	Possession Date: _____, 20____

**One application for each adult Tenant is required.**

**Property Applying for:** \_\_\_\_\_

**Applicant: Name:** \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ S.I.N \_\_\_\_\_

Drivers License #: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Present Rent: \_\_\_\_\_ Security Deposit: \_\_\_\_\_ Pd by: \_\_\_\_\_

Present Landlord/Agency: \_\_\_\_\_

Landlord/Agency Contact Name: \_\_\_\_\_

Landlord/Agency Contact Phone #: \_\_\_\_\_

How Long at Present Address: \_\_\_\_\_ Reason for Leaving Present Address: \_\_\_\_\_

### **Other Occupants:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

*Persons other than those indicated on application will not be permitted occupancy. Termination of tenancy or additional charges shall result if unauthorized persons take up occupancy. Maximum number of adult occupants at any time is restricted to two(2).*

**Previous Address:** \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Previous Landlord/Agency: \_\_\_\_\_

Previous Landlord/Agency Contact Name: \_\_\_\_\_

Previous Landlord/Agency Contact Phone #: \_\_\_\_\_

How Long at Previous Address: \_\_\_\_\_ Reasons for Leaving Previous Address: \_\_\_\_\_

**Present Employer:** \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

How long with Current Employer: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Employer Contact Phone #: \_\_\_\_\_

**Other Sources of Income/Pension:** \_\_\_\_\_ Case #: \_\_\_\_\_

Case Worker Name: \_\_\_\_\_

Case Worker Phone #: \_\_\_\_\_

**Monthly Income:** \_\_\_\_\_ Name of Bank/CU: \_\_\_\_\_

Branch Address: \_\_\_\_\_

**Description of vehicles used by occupants**

Make/Model: \_\_\_\_\_ Colour: \_\_\_\_\_ License #: \_\_\_\_\_  
Make/Model: \_\_\_\_\_ Colour: \_\_\_\_\_ License #: \_\_\_\_\_

Number of Parking Stalls Required: \_\_\_\_\_

*Unlicensed, uninsured or inoperable vehicles are not permitted on property and will be towed at owner's expense.*

**In case of emergency contact:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

**Guarantor: Name:** \_\_\_\_\_ Phone#: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Insurance Number \_\_\_\_\_

Present Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

How long with Employer: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Employer Contact Phone #: \_\_\_\_\_

Monthly Income: \_\_\_\_\_ Name of Bank/CU: \_\_\_\_\_

Branch Address: \_\_\_\_\_

*Guarantor will be required to complete a credit check information form and consent form.*

I hereby certify the above information to be correct, and consent to the undertaking of a personal credit investigation, Landlord check and Employment check. All personal information will be treated in accordance with the Privacy Legislation Bill (Bill C6- The Personal Information Protection & Electronics Documents Act (PIPEDA)).

I understand that should the application be accepted, I shall sign a tenancy Agreement.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Guarantor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I hereby deposit the sum of \$ \_\_\_\_\_ to be applied to my security deposit if my application is accepted. If my application is not accepted, this deposit shall be refunded forthwith. If my application is accepted, and I decide not to take up residence, Mainland Commerce Real Estate will retain my deposit to cover the costs incurred while processing this application.

**Applicant Initial:** \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Rent: \_\_\_\_\_ Security: \_\_\_\_\_ Pd date: \_\_\_\_\_ Pd Method: \_\_\_\_\_

Processing date on cheque, should one be provided as deposit: \_\_\_\_\_

Lease from (date): \_\_\_\_\_ to (date): \_\_\_\_\_

Parking: Number of stalls \_\_\_\_\_ at \$ \_\_\_\_\_/stall

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Total Month Payable: \_\_\_\_\_

Landlord Authorization: \_\_\_\_\_ Approval Date: \_\_\_\_\_

Tenants notified by: \_\_\_\_\_ Date: \_\_\_\_\_

Tenant Responsible for:	<input type="checkbox"/> HYDRO YES/NO	<input type="checkbox"/> WATER YES/NO	<input type="checkbox"/> GAS YES/NO
Separate Meter (S/M)	<input type="checkbox"/> S/M YES/NO	<input type="checkbox"/> S/M YES/NO	<input type="checkbox"/> S/M YES/NO
	<input type="checkbox"/> Snow Removal YES/NO		<input type="checkbox"/> Grass Cutting YES/NO
	<input type="checkbox"/> Cable TV YES/NO		<input type="checkbox"/> Phone YES/NO

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Application received by: \_\_\_\_\_ date: \_\_\_\_\_

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## **LANDLORD & EMPLOYER REFERENCE**

***\*\*To be completed by Landlord ONLY\*\****

\_\_\_\_\_ has applied for tenancy at one of our properties. MCRE would appreciate your feedback regarding the applicant and the return of this form within 24 hrs. All information is held private and treated in accordance with PIPEDA.

### **Landlord Reference: To be Completed by Landlord**

How long was the length of tenancy?: \_\_\_\_\_

Is there an existing lease agreement and when does it end?: \_\_\_\_\_

Amount of rent: \_\_\_\_\_ Paid in full: Y N

Was rent late?: always occasionally never

History of NSF cheques: Y N How often?: \_\_\_\_\_

Are there outstanding monies owing?: Y N How much?: \_\_\_\_\_

For what reason?: \_\_\_\_\_

Have there been disturbance warnings?: \_\_\_\_\_

Has the tenant been served with termination notice?: Y N

If yes what was notice for?: \_\_\_\_\_

Have police ever attended the unit?: \_\_\_\_\_

Did the tenant provide proper notice of vacating?: Y N

What was the condition of the unit?: \_\_\_\_\_

Would you rent to this tenant again? Y N

### **Employer/Source of Income Reference: To be Completed by Employer/Source or Income**

Verify start and end date of employment: \_\_\_\_\_

Verify current salary/wage: \_\_\_\_\_

Verify reliability: \_\_\_\_\_

Other pertinent information: \_\_\_\_\_

I, \_\_\_\_\_ authorize my current/past Landlord and Employer to provide personal  
(print name)  
information to MCRE.

\_\_\_\_\_  
date

\_\_\_\_\_  
signature of applicant

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## CREDIT CHECK INFORMATION & CONSENT

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

S.I.N.: \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize Mainland Commerce Real Estate (known as the property management company) to undertake with my consent the following:

1. A current and previous landlord reference check
2. A present employer/source of income check
3. Consent to the undertaking of a personal credit investigate

**All personal information will be treated in accordance with the Privacy Legislation Bill (Bill C6 – The Personal Information Protection & Electronics Documents Act (PIPEDA))**

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date