



VIONELL HOLDINGS PARTNERSHIP

Unit A - 1340 10th Street, Brandon, MB, R7A 6Z3
 Phone: 204.726.1681 Fax: 204.726.1811

www.vhproperties.ca | info@vhproperties.ca

APPLICATION FOR TENANCY

PLEASE ATTACH A COPY OF GOVERNMENT ISSUED PHOTO ID FOR ALL APPLICANTS OVER 18 YEARS OF AGE.

1. LEGAL NAME: _____ 2. BIRTHDATE: _____
DD/MM/YEAR

3. HOME PHONE #: _____ 4. CELL PHONE: _____

5. EMAIL: _____

6. CO-APPLICANT(S): _____
(if applicable)

7. HOW DID YOU HEAR ABOUT THIS RENTAL PROPERTY: _____

A co-applicant is a person who will also be on the Lease Agreement. Co-applicants MUST complete and submit their own Application for Tenancy along with this Application for Tenancy.

8. ADDRESS/RENTAL HISTORY

	FULL ADDRESS INFORMATION (Box #)	CITY	PROVINCE	POSTAL CODE	LENGTH OF RESIDENCE	
CURRENT					FROM:	TO:
PREVIOUS					FROM:	TO:
PREVIOUS					FROM:	TO:
PREVIOUS					FROM:	TO:

	NAME OF PROPERTY OWNER/MANAGER	CITY & PROVINCE	PHONE NUMBER
CURRENT			
PREVIOUS			
PREVIOUS			

** If you have no previous tenancy record, or are under the age of 18 you will be required to provide a valid co-signer **

9. CHARACTER REFERENCES

** Someone other than a relative, who is personally knowledgeable of your suitability and reliability as a prospective tenant **

	NAME	RELATION TO APPLICANT	PHONE NUMBER
#1			
#2			

10. OCCUPANTS:

** Please list all occupants (those not on the lease) and co-applicants (those on the lease) **

NAME	AGE	NAME	AGE

11. INCOME INFORMATION *Please fill out the following, in full, for the past year*

MUST STATE ALL MONTHLY INCOME FOR APPLICATION TO BE PROCESSED.

APPLICANT :

	EMPLOYER OR SOURCE OF INCOME	CONTACT NAME & PHONE #	MONTHLY INCOME	LENGTH OF EMPLOYMENT
CURRENT			GROSS	FROM: TO:
CURRENT			GROSS	FROM: TO:
PREVIOUS			GROSS	FROM: TO:
PREVIOUS			GROSS	FROM: TO:

12. CREDIT REFERENCES (Bank Information, Credit Cards etc. Example: TD Bank, TD Visa, RBC Visa)

13. EMERGENCY CONTACT INFORMATION

NAME	ADDRESS (CITY / PROV / POSTAL CODE)	PHONE #	RELATION TO APPLICANT

14. DO YOU REQUIRE A PET-FRIENDLY UNIT? YES NO

Please complete the following if you wish to secure a pet-friendly unit:

NAME	BREED	ADULT WEIGHT	GENDER	AGE

15. PROPERTY PREFERENCE(S)

Please list the unit/property you are applying for

APARTMENT COMMUNITY NAME	UNIT #	# OF BEDROOMS NEEDED	DATE REQUIRED

16. APPROVAL OF APPLICATION

- *Application generally processed within 2-3 business days.
- *Deposit of 50% of first months rent is required to hold the suite, no exceptions.
- *First months rent is due prior to receiving keys.

17. TERMS & CONDITIONS

- I/We hereby declare that the forgoing information is true and complete.
- I/We understand that any false information given will result in the refusal of the application.
- I/We hereby consent to a credit check and personal investigation, for purposes regarding this application.
- I/We understand the only acceptable form of payment for rent is automatic rent withdrawal or e-transfer.
- I/We understand that cancelled applications with a deposit may be subject to a cancellation fee.
- I/We understand that delinquent rent payments are reported to Equifax & may affect my overall credit rating.

SIGNATURE OF APPLICANT

SIGNATURE OF CO-APPLICANT

DATE OF APPLICATION

DATE UNIT IS REQUIRED