

**VIONELL HOLDINGS PARTNERSHIP**Unit A - 1340 10th Street, Brandon, MB, R7A 6Z3

Phone: 204.726.1681 Fax: 204.726.1811

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APPLICATION FOR TENANCY

IMPORTANT: YOU MUST COMPLETE ALL REQUIRED FIELDS OR YOUR APPLICATION WILL NOT BE PROCESSED FOR CONSIDERATION.

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