

Tiffany Towers
71189 Manitoba Ltd.
Non Smoking Comfort

APPLICATION FOR RENTAL

Date: _____

I/We hereby apply to rent suite _____ at *Tiffany Towers* for a term of _____ months, commencing on _____ and expiring on _____, at a monthly rental of:

| | | |
|---------|----------|--------------------------------|
| Suite | \$ _____ | Stall No. _____ |
| Parking | \$ _____ | Stall No. _____ |
| Locker | \$ _____ | To be occupied by _____ adults |
| Other | \$ _____ | And by _____ children |
| Total | \$ _____ | |

| How did you find this suite? | |
|-------------------------------------|--------------------------|
| Building Website | <input type="checkbox"/> |
| Word of mouth | <input type="checkbox"/> |
| Kijiji | <input type="checkbox"/> |
| Renters Guide | <input type="checkbox"/> |
| Social Media | <input type="checkbox"/> |
| Other | _____ |

It is further agreed and understood that a Security Deposit of \$ _____ will be payable upon signing this application. Rent is to be paid by way of pre-authorized debit (PAD) and the Tenant shall complete the Landlord's standard form of Payor's PAD Agreement in conjunction with this application. The Security Deposit is Non-Refundable if this application is cancelled by the applicant. The applicant(s) hereby authorize the Landlord to utilize the information provided below to carry out a credit check as required.

NAME OF TENANT(S): (1) _____ Social Ins. #: _____

Confirm Scan of Drivers Birth date: _____

License (2) _____ Social Ins. #: _____

Birth date: _____

PRESENT ADDRESS: _____ Period of Occupancy: _____

Home Ph #: _____ Cell Ph #: _____ Email: _____

PRESENT LANDLORD: _____ Telephone: _____

PREVIOUS ADDRESS: _____ Period of Occupancy: _____

EMPLOYMENT (If retired, please provide all of the following: i) Bank Statement; ii) Net worth statement, iii) Latest tax return

TENANT (1):

Firm: _____ Address: _____

Position: _____ Work Ph #: _____

Length of Employment: _____ Annual Salary: _____ Hrs per Week: _____

Name of Supervisor: _____ Supervisor Ph #: _____

TENANT (2):

Firm: _____ Address: _____

Position: _____ Work Ph #: _____

Length of Employment: _____ Annual Salary: _____ Hrs per Week: _____

Name of Supervisor: _____ Supervisor Ph #: _____

PERSONAL REFERENCES: (other than relatives)

(1) Name: _____
Address: _____ Phone #: _____

VEHICLE(S):

(1) Make: _____ Year: _____
Colour: _____ License Plate: _____
(2) Make: _____ Year: _____
Colour: _____ License Plate: _____

EMERGENCY: In case of any emergency, please contact:

Name: _____ Home Ph #: _____ Work Ph #: _____
Relationship: _____ Address: _____

As a prospective tenant, I/We hereby authorize the Landlord, or the Landlord's representatives to utilize the above information, and any other information submitted by me/us, to carry out a credit check to assist in determining my/our credit-worthiness. I/We authorize the Landlord, or the Landlord's representatives to make any enquiries necessary. The undersigned hereby declares that the above statements are true in substance and in fact. I/We hereby take notice that the Landlord, or the Landlord's representatives may disclose the information contained in this form to its credit grantors and/or consumer reporting agencies and that such information may contain personal information as defined in Canadian and provincial privacy legislation. I/We hereby consent to such disclosure and to the Landlord or its representatives obtaining subsequent credit information during the term of any lease entered into and within five (5) years of the expiry of the lease. The Landlord's detailed privacy policy will be provided upon written request.

THIS APPLICATION IS SUBJECT TO ACCEPTANCE BY THE LANDLORD

| | |
|---------|------------------------|
| Witness | Signature of Tenant(s) |
| _____ | _____ |
| _____ | _____ |

The applicant(s) is/are advised to have insurance in a sufficient amount for third party liability within his suite and coverage on personal contents against fire, theft and water damage risk.

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