425 Main Street, Selkirk, Manitoba

APPLICATION FOR RENTAL

Applicant Information: Last Name : First Name : Middle Name :	Unit No. :	nit No. :Lease Start Date :		Term :	Months		
Last Name : First Name : Middle Name : Home Phone : Cell Phone : Cell Phone : Photo ID Attached : Email : Co-Applicant Or Guarantor: Last Name : First Name : Middle Name : Home Phone : Middle Name : Photo ID Attached : Email : Photo ID Attached : Photo ID Attached : Email : Additional Occupants: Name : Relationship : Age :	Monthly Rent :			_ Pet Deposit :_	 		
Last Name : First Name : Middle Name : Home Phone : Cell Phone : Cell Phone : Photo ID Attached : Email : Co-Applicant Or Guarantor: Last Name : First Name : Middle Name : Home Phone : Middle Name : Photo ID Attached : Email : Photo ID Attached : Photo ID Attached : Email : Additional Occupants: Name : Relationship : Age :	Applicant Info	<u>mation:</u>					
Birthdate : Driver Lic # : Photo ID Attached : Email :					Middle Name :		
Email : Co-Applicant Or Guarantor: Last Name : First Name : Middle Name : Home Phone : Work Phone : Cell Phone : Birthdate : Driver Lic # : Photo ID Attached : Email : Additional Occupants: Name : Relationship : Age : Name : Relationship : Age : Name : Relationship : Age : Current Address: Street Address : City : Prov : Postal: From : To : Landlord Name : Contact : Monthly Rent : Reason for leaving : Contact : Monthly Rent : Contact : Monthly Rent : Reason for leaving : Vaccinations Current: Previous Current:	Home Phone :		Work Phone :		_Cell Phone :_		
Co-Applicant Or Guarantor: Last Name : First Name : Middle Name :	3irthdate :		Driver Lic # :		Photo ID Attached :		
Last Name : First Name : Middle Name : Home Phone : Work Phone : Cell Phone : Birthdate : Driver Lic # : Photo ID Attached : Email :	Email :						
Home Phone :							
Birthdate : Driver Lic # : Photo ID Attached : Email : Additional Occupants: Name : Relationship : Age : Name : Relationship : Age : Name : Relationship : Age : Current Address: Street Address : Prov : Postal: From : To : Landlord Name : Contact : Monthly Rent : Reason for leaving : Street Address : City : Prov : Postal: From : To : Landlord Name : Contact : Monthly Rent : Reason for leaving : Pet Name : Vaccinations Current:	Last Name :		First Name :		Middle Name :		
Additional Occupants: Name :	Home Phone :		Work Phone :		_ Cell Phone :		
Additional Occupants: Name :	Birthdate :		Driver Lic # :		Photo ID	Attached :	
Name : Relationship : Age : Name : Relationship : Age : Name : Relationship : Age : Current Address: Street Address : City : Prov : Postal: From : To : Landlord Name : Contact : Monthly Rent : Reason for leaving : Prov : Postal: From : To : Landlord Name : Contact : Monthly Rent : Reason for leaving :	Email :						
Name : Relationship : Age : Name : Relationship : Age : Current Address: Street Address : City : Prov : Postal: From : To : Landlord Name : Contact : Monthly Rent : Previous Address : Street Address : City : Prov : Postal: From : To : Landlord Name : Contact : Monthly Rent : Reason for leaving : Pet Name : Vaccinations Current:	Additional Occup	ants:					
Name :	Name :		Relationsl	hip :		_ Age :	
Current Address: Street Address:	Name :		Relationsl	ıship :		Age :	
Street Address : City : Prov : Postal: From : To : Landlord Name : Contact : Monthly Rent : Reason for leaving : Previous Address: City : Prov : Postal: From : To : Landlord Name : Contact : Monthly Rent : Reason for leaving : Pet Name : Vaccinations Current:	Name :	Rel		hip :	Age :		
From : To : Landlord Name : Contact :	Current Addre	ss:					
Monthly Rent : Reason for leaving :	Street Address :		Ci	ty :	Prov :	Postal:	
Previous Address: Street Address:	From :	To :	Landlord Na	me :	C	ontact :	
Street Address : City : Prov : Postal: From : Landlord Name : Contact : Monthly Rent : Reason for leaving : Pet Name : Vaccinations Current:	Monthly Rent :	Rea	Reason for leaving :				
From : To : Landlord Name : Contact : Monthly Rent : Reason for leaving : Pet Name : Vaccinations Current:	Previous Addr	ess:					
From : To : Landlord Name : Contact : Monthly Rent : Reason for leaving : Pet Name : Vaccinations Current:	Street Address :		Ci	ty :	Prov :	Postal:	
Pet Name :Vaccinations Current:	From :	To :	Landlord Na	me :	C	ontact :	
	Monthly Rent :	Rea	son for leaving:				
	Pet Name :		Vaccinations Current:				

Employment & Income Information: Occupation:_____Employer:____ Employer Contact Name:______ Phone No :_____ Monthly Salary:_____ Start Date : _____ End Date : _____ Other Income & Amount : **Please attach proof of income, Paystubs, CRA Notice of Assessment or other documents. **Emergency Contact:** Name :_____ Phone :_____ Phone :_____ Name :______ Phone :_____ Phone :_____ **Personal References:** Name: Relationship: Phone: Name :_____ Phone :_____ Phone :_____ **Background Information:** Have you ever filed for bankruptcy? Have you ever been evicted from a tenancy? Have you ever been convicted of a criminal offence? Vehicle Information: Make :_____ Model :_____ Year : ____ Color :____ Plate No. ____ I authorize PSB Group Inc. to obtain credit check and conduct personal investigation to determine my eligibility to enter lease agreement for the property. Signature