

RIVARD APARTMENTS - RENTAL APPLICATION

CORPORATE OFFICE: 301-394 GERTRUDE AVENUE, WINNIPEG MB R3L 0M6

LEASING EMAIL: ADSUMSQUARE@DAWSONPROP.COM LEASING PHONE #: 204-396-1598

APPLICANT'S NAME _____ DATE OF BIRTH ^{mm / dd / yr} ____ / ____ / ____ S.I.N. _____
PHONE #: _____ EMAIL: _____

PRESENT ADDRESS _____
From ^{mm / dd / yr} ____ / ____ / ____ to ^{mm / dd / yr} ____ / ____ / ____ CITY _____ PROVINCE _____

LANDLORD/OWNER _____ RENT _____ TELEPHONE # _____

FORMER ADDRESS _____
From ^{mm / dd / yr} ____ / ____ / ____ to ^{mm / dd / yr} ____ / ____ / ____ CITY _____ PROVINCE _____

LANDLORD/OWNER _____ RENT _____ TELEPHONE # _____

PRESENT EMPLOYMENT _____ ADDRESS _____

TELEPHONE # _____ SALARY/WAGE _____ HOW LONG _____ POSITION _____

FORMER/OTHER EMPLOYMENT (please circle one) _____ ADDRESS _____

PHONE # _____ SALARY/WAGE _____ HOW LONG _____ POSITION _____

EMERGENCY CONTACT: _____ RELATIONSHIP TO APPLICANT: _____

PRESENT ADDRESS: _____ PHONE #: _____

How did you hear about us? Please check one: Building Sign () Website/Social Media () Friend/Family () Current Tenant () Other ()

OCCUPANT(S) NAME(S) -- (anyone under 18 years of age who will be living with you in the unit)

NAME _____ D/O/B _____ NAME _____ D/O/B _____

NAME _____ D/O/B _____ NAME _____ D/O/B _____

NO PETS ALLOWED

I HEREBY APPLY TO LEASE SUITE # _____ - **310 / 320 / 330 ADSUM DRIVE** ASSIGNING/SUBLETTING UNIT FROM CURRENT TENANT

FROM _____ 20____ TO _____ 20____

Current Charges		If Increase within 3 months: Date: ____ / ____ / ____	Otherwise: mm / dd / yy Increasing on: ____ / ____ / ____.
For the premises	\$ _____ per month	\$ _____ per month	You will be provided a "Notice of Increase in Rent" three months prior to your increase date OR it will be noted on your lease/ "Notice to New Tenant"
For parking (subject to availability)	\$ _____ per month	\$ _____ per month	
Other (specify) _____	\$ _____ per month	\$ _____ per month	
Total	\$ _____ per month	\$ _____ per month	

VEHICLE 1 : MAKE/COLOUR _____ PLATE # _____ Stall # _____

VEHICLE 2 : MAKE/COLOUR _____ PLATE # _____ Stall # _____

CARE OF CARPETS, DRAPERIES & LIGHTBULBS ARE THE TENANTS RESPONSIBILITY AFTER MOVE IN.

- I hereby declare that the foregoing information is true and complete. I agree to allow RIVARD APARTMENTS to make a credit check and personal investigation. Application to lease these premises is subject to the approval and acceptance of the Landlord and when so accepted, binds the Applicant and the Landlord to the contract of tenancy. Deposits are cashed upon approval from the Landlord.
- I sign this application after viewing the rental unit that I am applying for myself or through a representative of myself. No promises for alterations, redecorations or remodelling will be binding on the Landlord.
- If the Applicant withdraws this application or fails to execute the lease upon request of the Landlord, the Landlord will retain any sums deposited as liquidated damages, and the Applicant shall not acquire any right in or to said premises.
- Tenants will be required to sign a term lease prior to occupancy at the office of the lessor or agent, and agree to comply with the rules set out in the lease and all amendments therein.
- I acknowledge that BELLMTS is a preferred supplier for this apartment building and I understand that if this application is approved, the Landlord will be supplying my name and contact information to BELLMTS to contact me about BELLMTS's services and products and I consent to the Landlord disclosing this information.
- If this unit is being assigned/subletted by the current tenant, I understand and agree that ANY promises made by the current tenant will not be enforceable or binding on the Landlord. If the current tenant is assigning/subletting within the last 3 months of their current lease, I agree that I am applying for the remainder of their lease term *plus* an additional 12 months, *even* if indicated otherwise by the current tenant.

DATE _____

APPLICANT SIGNATURE _____

Security deposit must accompany application.

OFFICE USE ONLY

SECURITY DEPOSIT AMT _____
(1/2 Month Rent)

MONEY ORDER/CHEQUE # _____
(CANNOT BE POST DATED)