LEGION HOUSES
RENTAL APPLICATION

Please complete all sections in full. Incomplete applications may delay processing.

PROPERTY APPLYING FOR

☐ Legion House 1 ☐ Legion House 2

☐ Single Suite **Desired Move-In Date:** _____

APPLICANT INFORMATION

Full Legal Name: _____

Date of Birth: _____ **Phone Number:** _____

Email Address: _____

Current Home Address: _____

City: _____ **Province:** _____ Postal Code_____

OTHER PERSONS WHO WILL LIVE IN THE UNIT

Name: _____ **Relationship to Applicant:** _____

PLEASE NOTE: PREFERENCE WILL BE GIVEN TO VETERANS AND SENIORS OVER 55 YEARS OF AGE.

NO PETS ARE ALLOWED.

NO SMOKING INSIDE THE BUILDING. (A designated smoking area is provided.

CURRENT RENTAL HISTORY

Current Landlord Name: _____

Landlord Phone: _____ **Length of Tenancy:** _____

Reason for Leaving: _____

PREVIOUS RENTAL HISTORY

Previous Address:

_____

_____

Previous Landlord Name: _____

Landlord Phone: _____ **Length of Tenancy:** _____

INCOME

*Please provide a copy of your recent **TAX SUMMARY** (You will need to call the CRA or get this from your CRA Account or your Accountant – do not include your Tax Assessment, it isn't what we require).*

Current Income: _____

Other Source(s) of Income (e.g., pension, EIA, disability benefits): _____

PERSONAL REFERENCES

Reference 1

Name: _____ **Relationship:** _____

Phone: _____ **Email:** _____

Reference 2

Name: _____ **Relationship:** _____

Phone: _____ **Email:** _____

EMERGENCY CONTACT

Name: _____ **Relationship:** _____

Phone Number: _____

VEHICLE INFORMATION

Parking is subject to Landlord approval and availability.

Make/Model: _____ **Colour:** _____

Year: _____ **License Plate #:** _____

DECLARATION AND CONSENT

I/We declare that the information provided in this application is true and complete to the best of my/our knowledge. I/We understand that any false or misleading information may result in the refusal of this application or termination of tenancy.

I/We authorize Legion House to verify the information provided in this application, including contacting the references, landlords, and employer listed above, and to conduct a credit check where applicable.

Personal information collected on this form is used solely to assess this rental application, in accordance with Manitoba's Privacy Act (C.C.S.M. c. P125) and The Residential Tenancies Act. This information will not be used or disclosed for any other purpose without consent, except as required or authorized by law. Questions about the collection and use of this information may be directed to Legion House management.

This application is not a Tenancy Agreement. Acceptance of this application does not guarantee tenancy, and any deposit submitted with this application will be returned if the application is not accepted.

Applicant Signature: _____ **Date:** _____

Co-Applicant Signature (if applicable): _____ **Date:** _____

FOR OFFICE USE ONLY

Received By: _____ **Date Received:** _____

☐ Approved ☐ Declined ☐ Pending