

RESIDENTIAL RENTAL APPLICATION

LEGION HOUSE 1 AND LEGION HOUSE 2

E-MAIL: legionhousemgr@gmail.com

CELL PHONE: 204-823-4588

LH 1 Rate is a set rate. LH 2 rent is Geared to Income Rent which is 30% of monthly income.

LH 2 is sponsored by Manitoba Housing. Rent **does not** include phone, internet or cable in either building. Preference is given to veterans and/or spouses.

We are an independent living facility; residents should be able to care for themselves mentally and physically.

A face to face interview must be conducted before a decision will be made as to your viability to become a tenant. Family or a close friend should be close by and willing to help out when the need arises.

NAME(S): _____

PHONE: _____ ALTERNATIVE: _____

E-MAIL: _____

BIRTH DATE (s): _____

DESIRED MOVE IN DATE: _____ Building preferred: _____

FAMILY INFORMATION

Do you have family living in or near Morden? _____

If yes are they willing to help you out when needed? _____

If no family a close friend? _____

Contact information: Name: _____

Phone: number: _____ Relationship: _____

RENTAL HISTORY

CURRENT ADDRESS: _____

How long have you lived here? _____ If less than a year provide 2 more addresses.

Monthly Rent: _____ Utilities: _____

Landlord: _____

Landlord Address: _____

Reason for moving? _____

PREVIOUS ADDRESS IF LESS THAN 1 YEAR

Have you ever been evicted?_____ Why?_____

Have you missed 2 or more rental payments in the past 12 months?_____

Why?

INCOME SOURCES

A PROOF OF INCOME STATEMENT FROM REVENUE CANADA SHOULD BE SUPPLIED WITH THE APPLICATION. It will be used for Legion House 2 Rent and as verification of income for Legion House 1.

DEPOSIT OF \$1/2 current monthly rent WILL BE REQUIRED FOR LEGION HOUSE 1 ONLY

NO PETS ARE ALLOWED

NO SMOKING OF ANY TYPE ALLOWED WITH IN THE PREMISES (which includes the suites)

NO WATERBEDS ALLOWED

Failure to follow the rules and guidelines will be cause for eviction, following the process from Residential Tenancies Branch.

PERSONAL REFERENCES PLEASE PROVIDE AT LEAST 2

(One should be a family member living nearby if possible)

NAME: _____

PHONE: _____

RELATIONSHIP: _____

NAME: _____

PHONE: _____

RELATIONSHIP: _____

NAME: _____

PHONE: _____

RELATIONSHIP: _____

I declare the information provided is true and correct, and contains no misrepresentations. If misrepresentations are found after the residential lease agreement is entered into between Landlord and Applicant, the Landlord shall have the option to terminate the residential lease agreement and seek all available remedies.

This application authorizes the Landlord to verify all references and facts, including but not limited to current and previous Landlords, employers and personal references.

Signature (s): _____

Date: _____

