

Provider Homes

Box 854 Steinbach MB R5G 1M6

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Applicant

Name: _____

Phone Number: _____ Email: _____

Date of Birth: _____ Drivers' License#: _____

Vehicle Information: Make _____ Model _____ Plate # _____

Monthly vehicle payment: _____

Present Address

Home Address: _____ Length of Time: _____

Landlord: _____ Landlord's Number: _____

Amount of rent: _____ Is your present rent of to date? _____

Reason for leaving: _____

Previous Address

Home Address: _____ Length of Time: _____

Landlord: _____ Landlord's Number: _____

Amount of rent: _____ Was your rent up to date? _____

Reason for leaving: _____

Employment

Current Employer: _____ Occupation: _____

Supervisor's Name: _____ Contact Number: _____

Years Employed: _____ Monthly Income: _____

Other Income (ex. Student , Second Job): _____

Other Occupants

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Personal Reference

Name: _____ Age: _____ Relationship: _____ Phone # _____

Name: _____ Age: _____ Relationship: _____ Phone # _____

Name: _____ Age: _____ Relationship: _____ Phone # _____

Pet Information

Number of pets: _____

Name: _____ Type of animal: _____ Age: _____ Breed: _____

Name: _____ Type of animal: _____ Age: _____ Breed: _____

Name: _____ Type of animal: _____ Age: _____ Breed: _____

Is your Pet Spayed or Neutered? _____ (proof of such will be required prior to rental agreement being executed)

Is your Pet up to date on all vaccinations? _____ (proof of such will be required prior to rental agreement being executed)

** NOTE: a pet policy rental agreement stating rules will be required to be signed prior to rental agreement being executed. There is a maximum of 3 pets with a 2 dog limit.

Questionnaire

Have you ever been treated for bedbugs? Yes _____ No _____

Do you smoke? Yes _____ No _____

Has applicant ever been guilty of a felony? Yes _____ No _____

Has applicant ever been brought to court by another landlord? Yes _____ No _____

Has applicant ever moved owing rent or damaged an apartment? Yes _____ No _____

Is the total move-in amount available now (rent and deposit)? Yes _____ No _____

Applicant's signature

Name: _____ Date: _____

Which suite are you applying for? _____