

Applicant	<input type="checkbox"/>
Co-Signer	<input type="checkbox"/>

APPLICATION FOR RESIDENCY

Building Name: _____ Preferred Date of Possession: _____

I offer to rent from the lessor: (suite no.) _____ (Building Address) _____

FOR OFFICE ONLY	Schedule A	Schedule B	Schedule C
Lease from:	_____ to _____	_____ to _____	_____ to _____
Basic Rent:	\$ _____	\$ _____	\$ _____
Parking:	\$ _____	\$ _____	\$ _____
<i>Stall(s) #</i> _____			
Other (specify) _____	\$ _____	\$ _____	\$ _____
Rent Payable:	\$ _____	\$ _____	\$ _____
Rent Discount:	\$ _____	\$ _____	\$ _____
Total Payable:	\$ _____	\$ _____	\$ _____

Rent is payable on or before the first day of each month. For your convenience, we offer the following payment options: online through major Canadian banks and credit unions, pre-authorized debit, money order and post-dated cheque.

Smoking not permitted Animals not permitted Satellite dishes not permitted Tenant insurance recommended

THE FOLLOWING INFORMATION IS KEPT STRICTLY CONFIDENTIAL

Mr. Mrs. Ms. Mx. Other (please specify) _____

First Name of Applicant: _____ Last Name of Applicant: _____

Date of Birth: _____ S.I.N.: _____ Phone: _____

Driver's License: _____ Email: _____

Current Address (including postal code): _____ Since: _____

Current Lease to: _____ Property Owner/Management Company: _____

Phone: _____ Fax: _____ Email: _____

Previous Address: _____ Since: _____

Previous Property Owner/Management Company: _____ Phone: _____

Current Employer: _____ Occupation: _____ Email: _____

Address: _____ Phone: _____ Since: _____

Current Income (before tax): _____ Other Source(s) of Income (please specify): _____

Previous Employer: _____ How Long: _____ Phone: _____

VEHICLE PARTICULARS (where parking available): Preference for: Indoor Outdoor Covered Other _____

Make/Model: _____ Colour: _____ Year: _____ License Plate: _____

Make/Model: _____ Colour: _____ Year: _____ License Plate: _____

Please note: powered stalls, where available, can only be used to plug in block heaters - electric/hybrid vehicle charging is not permitted.

OTHER OCCUPANTS:

Adults: _____

Children (please specify age): _____

All persons over the age of eighteen (18) including co-signers are required to complete and submit their own application.

EMERGENCY CONTACT:

Name: _____ Email: _____

Phone: _____ Relationship: _____ Address: _____

HOW DID YOU HEAR ABOUT US?

Akman Website Building Sign Kijiji Zumper Other (please specify): _____

By signing below, you have read, understand, and are bound by the terms of our application.

I hereby declare that the foregoing is true and complete. I agree to allow AKMAN MANAGEMENT LTD. to do a credit check and personal investigation at any time up to and including five years after vacating the Building. I voluntarily give consent to **AKMAN MANAGEMENT LTD.** to obtain personal information such as address or other personal information from the vehicle registration information centre records maintained by the registrar of motor vehicles from the date of this application until all outstanding monies due to **AKMAN MANAGEMENT LTD.** have been paid in full. Application to lease these premises is subject to the approval and acceptance of **AKMAN MANAGEMENT LTD.** and when so accepted, binds the applicant and **AKMAN MANAGEMENT LTD.** to the contract of tenancy. If the applicant withdraws this application or fails to execute the lease upon request of the landlord, any sums deposited will be retained by the landlord as liquidated damages, and the applicant shall not acquire any right in or to said premises. Applicants will be required to sign a term lease prior to occupancy at the office of the landlord or agent and agree to comply with the rules set out in the lease and all amendments therein.

DATED THIS _____ DAY OF _____, 20_____.

Name of Applicant

Authorizing Signature of Applicant

Applications cannot be processed until the security deposit has been paid, and proof of income and Government Photo ID have been provided.

Tenant Application Checklist

- Application Security Deposit Proof of Income Government ID Personal Information Consent
- Parking Application (if applicable) Locker Application (if applicable) Bed Bug Disclosure

PERSONAL INFORMATION CONSENT

Akman Management Ltd. ("Akman"), either acting in its own capacity as landlord or acting as property manager, may collect personal information about you, including credit and other financially related information ("Personal Information"). The Personal Information may be collected from you, your past and present employers, third party credit bureaus and financial institutions and the references you have provided.

Akman will give your Personal Information to credit bureaus and financial institutions. Where Akman is acting in a property management capacity, all Personal Information will also be provided to the landlord. Where ownership of the leased premises changes or where Akman is no longer the property manager, Akman will provide your Personal Information to the new owner or property manager to carry out the purpose set forth in this Consent.

Akman will use your Personal Information for the following purposes:

- (a) Your Personal Information will be used to assess your financial situation;
- (b) Your Social Insurance Number is used for file matching purposes to identify you with credit bureaus and financial institutions for credit history; and
- (c) Your Personal Information is used for any purpose related to the provision of products and services you receive from Akman, including the rental of premises, the provision of all services associated with your tenancy and collection of unpaid accounts.

Please see our Privacy Code which outlines in greater detail Akman's policy relating to your Personal Information. A copy of the Privacy Code may be obtained by contacting us as follows:

346 Broadway
Winnipeg MB R3C 0T2
Attention: Privacy Officer

By checking the box below, you have read, understand and give consent for Akman Management Ltd. to collect Personal Information.

I hereby consent to the use of my Personal Information in the manner set forth in this Consent.

Dated this _____ day of _____ 20_____.

Name of Applicant

Authorizing Signature of Applicant

BED BUG DISCLOSURE

This information is requested in an effort to prevent bedbug incidents and to protect residents and their property.

Name: _____

Current Address: _____

	<u>Yes</u>	<u>No</u>
<i>1. Has your current residence had bed bugs?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>2. Did your prior residence have bed bugs?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>3. If your current residence is a multi-family building, are you aware of any bed bug incidents at your building?</i>	<input type="checkbox"/>	<input type="checkbox"/>

Subject to answering “Yes” to either items one or two, written proof of successful treatment must be provided from a professional pest control firm. Should this not be available, the applicant is required to arrange for heat treatment of all possessions prior to move in; including the moving vehicle should that be determined necessary by the pest control firm (i.e. if the same vehicle is used to move the possessions to the heat treatment facility and to the apartment). The applicant is required to book the heat treatment with the firm of their choice and provide written proof of the booking from the pest control firm, in advance of the unconditional approval and the signing of the leases. Should this not be done within 3 days of the conditional approval, the application will be declined. The heat treatment must be done immediately before the possessions are moved into the apartment i.e. possessions are transferred directly from the treatment facility to the apartment.

By checking the box below, you have read, understand and certify that the above information is true.

I hereby certify that the above information is true.

Dated this _____ day of _____, 20_____.

Name of Applicant

Authorizing Signature of Applicant