



APPLICATION

Thank you for viewing one of our properties. Everyone over the age of 18 must fill out and complete an application. To help your application process move as quickly as possible, we ask that when you drop off your application to our office and that you please bring the following:

- Government issue photo ID – if you do not have a government issue photo ID, we will accept a SIN card, birth certificate, health card, treaty card, etc. The more information you have, the better.
- An application that is filled out completely. If there is a section in the application that does not apply to you, we ask that you write in that section “N/A” or “NO”. Please do not leave any sections blank.

If you wish you can send us your application by emailing it to helpdesk.fce@outlook.com

You will be contacted advising the approval of your application and a time will be setup to attend the office and complete the lease paperwork. Please note the following:

- Damage deposit – payment required in cash.
- First month’s rent - payment required in cash.
- We will not schedule a move in until all funds are in.

If you have any questions or concerns regarding the application or application process, please do not hesitate to call us at (204) 546-7499 or come down to our office at #204 - 2281 Portage Avenue and we would be more than happy to help.

Yours truly,

Sherryl Redmond

Sherryl Redmond
Broker / Authorized Official



RENTAL APPLICATION

(Everyone over 18 must fill out an application and be on lease)

Today's Date: _____ Date of anticipated move in: _____

Address applying for: _____

Monthly Rent: _____ Security Deposit: _____ Pet Deposit: _____

APPLICANT:

Full name of applicant: _____

Present address: _____

Telephone number (home): _____ (work): _____

Social Insurance Number: _____ Email: _____

Drivers License Number: _____

APPLICANT'S EMPLOYER:

Name of Employer: _____ Monthly Income: _____

Address of Employer: _____ Fax: _____

Telephone number: _____ Email Address: _____

How Long: _____

APPLICANT'S WORKER:

Name of Worker: _____ Monthly Income: _____

Address of Worker: _____ Worker Fax # _____

Telephone number: _____ Email Address: _____

Financial Worker: _____ Worker Fax # _____

Telephone number: _____ Email Address: _____

SPOUSE

Full name of spouse: _____

Present address: _____

Telephone number (home): _____ (work): _____

Social Insurance Number: _____ Email: _____

Drivers License Number: _____

SPOUSE'S EMPLOYER:

Name of Employer: _____ Monthly Income: _____

Address of Employer: _____ Fax: _____

Telephone number: _____ Email Address: _____

How Long: _____

SPOUSE'S WORKER:

Name of Worker: _____ Monthly Income: _____
Address of Worker: _____ Worker Fax # _____
Telephone number: _____ Email Address: _____
Financial Worker: _____ Worker Fax # _____
Telephone number: _____ Email Address: _____

Have you previously applied for Manitoba Housing? _____
Are you currently on their waiting list? _____

PRESENT LANDLORD:

Name of present landlord: _____
Telephone number (home): _____ (work): _____
Monthly rent: _____ Address of current rental _____
Date of move in: _____ Date of move out: _____

PREVIOUS LANDLORD:

Name of present landlord: _____
Telephone number (home): _____ (work): _____
Monthly rent: _____ Address of current rental _____
Date of move in: _____ Date of move out: _____

PERSONAL REFERENCES:

Name: _____ Phone Number: _____
Address: _____
How do they know you? _____

Name: _____ Phone Number: _____
Address: _____
How do they know you? _____

EMERGENCY CONTACT:

In case of emergency contact: _____
Telephone number (home): _____ (work): _____
Relationship to you: _____

OCCUPANTS:

List all occupants (and ages) of who will reside in home with you.

VEHICLES:

List all vehicles to be parked at premises:

Make: _____ Model: _____ Year: _____
License #: _____

PETS:

Type of Animal _____ Breed _____ Sex ____ Spayed/Neutered _____
Size _____ Age _____ Valid License _____

CREDIT/CRIMINAL HISTORY:

Bank name: _____

Telephone number: _____ Address: _____

Bank account number: _____

List all credit obligations with minimum monthly payment: _____

HAVE ANY OF THE OCCUPANTS LISTED ABOVE EVER BEEN:

Found guilty in court of a crime? Yes ____ No ____

Please explain what happened. _____

Been evicted? Yes ____ No ____

Please explain what happened. _____

In one year how often were you late in paying your rent? _____

Broke a lease? Yes ____ No ____

Please explain what happened. _____

Declared bankruptcy? Yes ____ No ____

Please Explain Please explain what happened. _____

Have you ever had Bedbugs Yes ____ No ____ How long ago and what was done?

The above listed applicant(s) declare that all statements made in this application are true and complete.

Applicant hereby authorizes Four Corner Executives Ltd. to verify all the information in this application and obtain a credit report on the above listed applicant(s). If applicant or applicant's spouse has given any false information to the Landlord, they are entitled to reject the application.



Each applicant must fill out a separate one of these forms.

To Whom It May Concern:

I, _____, hereby irrevocably authorize and permit Four Corner Executives Ltd. to perform background checks and obtain information about me from credit reporting sources, current and past landlords, personal and professional references, employers, financial institutions, government agencies, and law enforcement agencies.

I also authorize and give permission for all parties listed to disclose all information requested about me to Four Corner Executives Ltd.

I further irrevocably authorize and permit Four Corner Executives Ltd. to obtain updated information from all credit reporting sources, current and past landlords, personal and professional references, employers, financial institutions, government agencies, and law enforcement agencies for the purpose of renewal of leases and for collection purposes should that be deemed necessary.

Thanks to all parties for your co-operation with this matter.

Rental Applicant (signature): _____

Date: _____

Phone Number: _____

Social Insurance Number: _____

Driver's License Number: _____



RENT DIRECT

This is your full and sufficient authority to withdraw my/our rent directly from my/our bank account each month.

For verification purposes please attach a personal cheque marked "VOID"

Each payment shall be treated the same as if I/we had personally issued a written direction authorizing Four Corner Executives Ltd. to debit the amount specified to my/our account.

This authorization is to remain in effect until the end of my/our signed lease. Upon signed acceptance of a renewal lease I/we agree that an increase in the monthly payments to the amount stipulated in the lease is authorized.

I/we acknowledge that all rent payments will be withdrawn from my/our account on the first (1st) of each month. If payment is returned for any reason (N.S.F./Stop Payment, etc.) Four Corner Executives Ltd. may (at their discretion) attempt to pull rent once more during the month. There will be a \$20.00 convenience fee charged for this plus returned item and late fees. If there are still no funds, I/we agree that I/we will bring in cash to Four Corner Executives Ltd. office and enough to cover the rent along with applicable late fees and returned item fees according to Residential Tenancies Branch (RTB) allowable charges.

I/we waive all requirements for pre-notification of debiting, including, without limitation, any charges in the amount due to increases in rent a per lease renewals.

If a dispute arises out of the withdrawal of funds I/we will approach Four Corner Executives Ltd. about it and if it cannot be resolved, may direct the dispute to Residential Tenancies Branch.

I/we warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below and by signing have agreed to the terms/conditions stated above.

Date at Winnipeg, Manitoba this _____ day of _____, 20_____.

First Payment of \$_____ to start _____ for the property known as _____.

Signature _____ Printed Name _____

Signature _____ Printed Name _____



Notice to all tenants

Regarding the use of Cannabis and Smoking or Vaping in our Properties.

We understand that this month Cannabis is scheduled to become legal to smoke or consume. We would like to take this opportunity to remind you that all our properties are smoke free at this time.

- **Cannabis smoking is NOT allowed inside/or on the premises of any of our properties.**
- **Growing or cultivating Cannabis or related products is NOT allowed inside/or on the premises of any of our properties.**
- **We do not allow vaping inside any of our properties.**
- **We do not allow Smoking of any kind inside any of our properties.**

As per the rules the Government has set out, regarding the use of Cannabis, people who live in a rental unit need the permission of the owner/property manager to smoke Cannabis in their unit or on the property.

We do not give anyone permission to Vape, Smoke Cigarettes or Cigars inside of the property (must smoke or vape outside).

We also do not give anyone permission to Grow, Cultivate or Smoke Cannabis or related products inside or on the premises of any of our properties.

Four Corner Executives Ltd.

I, _____ have read and understand the above.

Signature: _____ Date: _____

RENTAL INFORMATION FORM

THIS FORM IS TO GATHER INFORMATION REGARDING THE RENTAL ARRANGEMENTS BETWEEN THE TENANT AND THE LANDLORD

SECTION (A): TO BE COMPLETED IN FULL BY THE LANDLORD / REGISTERED PROPERTY OWNER

NAME OF TENANT: _____ OCCUPANCY DATE: _____

RENTAL ADDRESS: _____ POSTAL CODE: _____

CITY / TOWN: _____

TENANT MAILING ADDRESS (IF DIFFERENT): _____

TYPE OF ACCOMMODATION: (PLEASE CHECK ALL THAT APPLY)

APARTMENT HOUSE (ROW HOUSE, TOWNHOUSE, DUPLEX, TRIPLEX, FOURPLEX)

TRAILER/MOBILE HOME: PLEASE INDICATE THE MONTHLY LOT FEE (IF IN ADDITION TO THE RENT ON THE TRAILER) \$ _____

IS THE ACCOMMODATION SUBSIDIZED BY GOVERNMENT OR AN AGENCY? YES NO

HOW MANY PEOPLE ARE LIVING IN THE TENANT'S UNIT? _____ ADULTS AND _____ CHILDREN

IS THE TENANT REQUIRED TO PAY RENT OR ROOM AND BOARD? RENT ROOM AND BOARD (INCLUDES MEALS)

IS THE PERSON TO WHOM ROOM AND BOARD IS PAID A RELATIVE OF THE TENANT? YES NO

FULL MONTHLY RENT AMOUNT FOR THE UNIT: \$ _____ DATE RENT IS PAID UP TO: _____

HAS A SECURITY DEPOSIT ALREADY BEEN PAID? YES NO INDICATE AMOUNT PAID: \$ _____

PLEASE INDICATE THE TOTAL AMOUNT OF THE SECURITY DEPOSIT REQUIRED: \$ _____

DOES THE RENT INCLUDE:

HYDRO WATER HEAT FREE ON-SITE LAUNDRY

TYPE OF HEATING: GAS OIL ELECTRIC WOOD PROPANE

HOW MANY METERS SERVICE THE BUILDING FOR: HYDRO _____ WATER _____ GAS _____

NAME OF LANDLORD / AGENCY: Four Corner Executives Ltd. TELEPHONE: 204-560-7499

NAME OF REGISTERED PROPERTY OWNER: Four Corner Executives Ltd. TELEPHONE: 204-560-7499

MAILING ADDRESS OF LANDLORD: 204 - 2281 Portage Avenue, Winnipeg, Manitoba, R3L 0L9

SIGNATURE OF LANDLORD: _____ DATE: _____

SECTION (B): TO BE COMPLETED BY CLIENT (TENANT)

DO YOU REQUEST FOR YOUR RENT TO BE PAID DIRECTLY TO YOUR LANDLORD: YES NO AMOUNT: \$ _____

IF THE AMOUNT EXCEEDS THE ALLOWABLE RENT DO YOU GIVE PERMISSION TO PROVIDE THE ADDITIONAL AMOUNT FROM YOUR BASIC NEEDS: YES NO *PLEASE NOTE THAT THE ABOVE REQUESTS MAY NOT BE POSSIBLE WITH EVERY CASE*

SIGNATURE OF CLIENT: _____

DATE: _____ CASE #: _____ PHONE #: _____

PLEASE SEE IMPORTANT INFORMATION ON LANDLORD AND TENANT RESPONSIBILITIES ON THE BACK OF THE FORM

**INFORMATION FOR LANDLORDS AND TENANTS
PLEASE READ CAREFULLY**

When EIA is paying rent on behalf of the tenant, it is a matter of convenience only.

EIA is not responsible for any of the tenant's obligations under the Tenancy Agreement, including the obligation to pay rent.

If there is a dispute involving the tenant, the landlord has the same rights and responsibilities as they do with a tenant who does not receive EIA.

Tenants should:

- Take proper care of the rental unit: If tenants cause damage, they must repair it or pay the landlord the cost of the repair; EIA will not pay for any damage caused by the tenant.
- Tell the landlord of any changes in their rental situation.
- Take all their belongings from the rental unit when they move. EIA will not remove or store any items tenants leave behind. If tenants do not remove all their belongings, the landlord should contact the Residential Tenancies Branch for information.
- Give proper notice to end their tenancy; EIA does not pay one month's rent if tenants leave without proper notice.

Landlords are responsible to tell tenants in writing, of any changes to tenancy agreements. This would include providing three months' notice for rent increases and proper notice to end the tenancy. Rent increases must comply with the rent increase guidelines set annually by the government, if applicable.

EIA has the right to cancel rent payments at any time without notice to the landlord.

FOR INFORMATION REGARDING LANDLORD AND TENANT RIGHTS AND RESPONSIBILITIES PLEASE CONTACT:

RESIDENTIAL TENANCIES BRANCH
WINNIPEG
TELEPHONE: 204-945-2476
TOLL- FREE IN MB: 1-800-782-8403
FAX: 204-945-6273
EMAIL: RTB@GOV.MB.CA

RESIDENTIAL TENANCIES BRANCH
BRANDON
TELEPHONE: 204-726-6230
TOLL- FREE IN MB: 1-800-656-8481
FAX: 204-726-6589
EMAIL: RTBBRANDON@GOV.MB.CA

RESIDENTIAL TENANCIES BRANCH
THOMPSON
TELEPHONE: 204-677-6496
TOLL- FREE IN MB: 1-800-229-0639
FAX: 204-677-6415
EMAIL: RTBTHOMPSON@GOV.MB.CA

Revised March 2017