

## APPLICATION FOR RESIDENCY

BUILDING NAME: \_\_\_\_\_

I/We offer to co-sign from the lessor (suite no.) \_\_\_\_\_ (bldg. address) \_\_\_\_\_

Date of Possession \_\_\_\_\_

FOR OFFICE USE ONLY	Schedule A	Schedule B	Schedule C
Lease from _____	To _____	To _____	To _____
For the premises	\$ _____ per month	\$ _____ per month	\$ _____ per month
For Parking space(s)	\$ _____ per month	\$ _____ per month	\$ _____ per month
Other (specify) _____	\$ _____ per month	\$ _____ per month	\$ _____ per month
A total of _____	\$ _____ per month	\$ _____ per month	\$ _____ per month

**Rent is payable on or before the first of each month. For your convenience and safety, we offer three (3) options for payment: Pre-authorized automatic debit, post-dated cheques and an Interac payment terminal located at 346 Broadway.**

Smoking is not permitted Satellite dishes are not permitted Waterbeds are not permitted Pets are not permitted Electronics may not be wall mounted

**PLEASE PRINT**

**(THE FOLLOWING INFORMATION IS STRICTLY CONFIDENTIAL)**

Mr.  Mrs.  Ms.

First Name of Applicant: \_\_\_\_\_ Last Name of Applicant: \_\_\_\_\_

Birth Date: \_\_\_\_\_ S.I.N \_\_\_\_\_ Driver's Licence No. \_\_\_\_\_

Email Address: \_\_\_\_\_

Present Address: \_\_\_\_\_ City & Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

How Long (years)? \_\_\_\_\_ Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

Present Property Manager's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Address: \_\_\_\_\_ How Long (years)? \_\_\_\_\_

Previous Landlords Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ How Long (years)? \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Present Annual Income: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ How Long (years)? \_\_\_\_\_ Phone: \_\_\_\_\_

Person to Notify in Emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

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**CAR PARTICULARS (if applying for parking and if parking is available.)**

I would like to apply for:  Indoor  Outdoor  Covered

Make of Car: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate. No. \_\_\_\_\_

Make of Car: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate. No. \_\_\_\_\_

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**OTHER OCCUPANTS**

Adults: \_\_\_\_\_

Children: \_\_\_\_\_ Ages: \_\_\_\_\_

**Please note: All persons over the age of eighteen (18) are required to fill out their own application.**

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**HOW DID YOU HEAR ABOUT US?**

- Akman Website  Building Sign  Facebook  Kijiji  Renter's Guide  
 Twitter  Winnipeg Free Press Other: \_\_\_\_\_

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

I/We hereby declare that the foregoing is true and complete. I/We agree to allow **AKMAN MANAGEMENT LTD.** to do a credit check and personal investigation. I/We 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 lessor, any sums deposited will be retained by the lessor as liquidated damages, and the applicant shall not acquire any right in or to said premises. Tenants will be required to sign a term lease prior to occupancy at the office of the lessor or agent, and agrees to comply with the rules set out in the lease and all amendments therein.

**Letter of employment, with proof of income, and security deposit are required to process this application.**

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ A.D. 20 \_\_\_\_\_

\_\_\_\_\_  
Authorizing Signature of Applicant

**We hereby accept the above Application.**

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ A.D.20 \_\_\_\_\_

per: \_\_\_\_\_  
Agent for Owner

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**FOR OFFICE USE ONLY:**

Security Deposit Amount: \_\_\_\_\_ Debit \_\_\_\_\_ Cheque. \_\_\_\_\_

Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_

**Only debit, cheque and money order will be accepted.**

# 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 successor owner or new 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 to determine whether it wishes to offer products or services to you;
- (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/We hereby consent to the use of my/our Personal Information in the manner set forth in this Consent.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

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Name of Applicant

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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: \_\_\_\_\_

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

Subject to answering yes to either items no. 1 or no. 2, written proof of successful treatment must be provided from the 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/We hereby certify that the above information is true.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Authorizing Signature of Applicant

If the submit button does not work for you, save the completed application to your computer and forward by email to: [info@akmanmanagement.ca](mailto:info@akmanmanagement.ca)