

# Chesterfield Housing Rental Application

Please email or send form to: Apt B20, 30 Chesterfield Ave., Wpg, MB  
R2M 1T6, between 9am and Noon, Monday to Thursday.

Please fill form out.

How did you hear about us?

Building Sign

Friends/Family

Kijiji

Other

Apartment being applied for:

A, B, C

Kinsmen Place

Bachelor (A, B & C Only)

1 Bedroom

Parking stall required?

0

1

2

## PERSONAL INFORMATION

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ SIN: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Work Phone#: \_\_\_\_\_ Cell#: \_\_\_\_\_

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

## PRESENT ADDRESS

Apt#: \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Landlord: \_\_\_\_\_

Phone#: \_\_\_\_\_ How long have you lived here? \_\_\_\_\_ Rent amount? \_\_\_\_\_

## CURRENT EMPLOYER (If Applicable)

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Occupation: \_\_\_\_\_ Gross Monthly Income: \_\_\_\_\_

## OCCUPANTS: Name of other occupant in addition to applicant

Full Name: \_\_\_\_\_

Relationship to occupant: \_\_\_\_\_ Age: \_\_\_\_\_

## CONTACTS IN CASE OF EMERGENCY

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Relationship: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Relationship: \_\_\_\_\_

Security deposit is equal to half months rent and is required if application is approved. Security deposit becomes property of landlord, if applicant cancels after application is approved.

I understand that misrepresentation or omission of facts called for is cause for rejection of application or termination of lease. In connection with the tenancy applied for, I hereby give Chesterfield Housing permission to contact current/previous landlords and consent to a credit inquiry by Chesterfield Housing and/or a personal reporting agency.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_