



200 – 1080 Portage Avenue  
 Winnipeg, MB R3G 3M3  
 Main: (204) 942-0991  
 Fax: (204) 957-5829  
 Email: [reception@sam.mb.ca](mailto:reception@sam.mb.ca)  
 Website: [www.sam.mb.ca](http://www.sam.mb.ca)

<b>Office Use Only</b>
<b>Date Received:</b>

## APPLICATION FOR RENTAL UNIT



### SECTION 1: CONTACT INFORMATION

Applicant Information	Co-Applicant Information
Name:	Name:
Phone Number:	Phone Number:
Email:	Email:
Mailing Address:	Mailing Address:
Date of Birth:	Date of Birth:
SIN:	SIN:

### SECTION 2: SUITE REQUESTS AND PREFERENCES

Suite size preference:  1BR     2BR     First available    Do you require parking:  Yes     No

Parking preference:  covered     outdoor     First available    How many stalls:  1     2

Does anyone in your household smoke? \*  Yes     No    Do you have any pets? \*  Yes     No

Additional comments/requests: \_\_\_\_\_

**\*Please note:**    1) smoking is prohibited on the premises  
 2) one dog weighing up to 40 lbs. is permitted per household (no cats)



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**SECTION 3: CONFIRMATION OF IDENTIFICATION AND INCOME VERIFICATION**

**DOCUMENTS MUST INCLUDE THE FOLLOWING FOR ALL APPLICANTS AND CO-APPLICANTS:**

**Income Verification**

Acceptable Documents Include:

- Letter of Employment on company letterhead
- Three consecutive pay statements
- Three consecutive bank statements clearly showing incoming deposits

**Government Issued Photo ID**

Acceptable Documents Include:

- Driver’s license
- Manitoba ID card
- Passport photo
- Immigration status certificate (IMM 1000, 5292 or 5688)

**Applicant Employment Information**

Employer: \_\_\_\_\_

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

Contact name: \_\_\_\_\_

Contact phone: \_\_\_\_\_

Contact email: \_\_\_\_\_

Start date: \_\_\_\_\_

**Co-Applicant Employment Information**

Employer: \_\_\_\_\_

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

Contact name: \_\_\_\_\_

Contact phone: \_\_\_\_\_

Contact email: \_\_\_\_\_

Start date: \_\_\_\_\_

**SECTION 4: OCCUPANTS**

List all individuals who will be residing in the household who are not applicants or co-applicants.

<u>FIRST &amp; LAST NAME</u>	<u>DATE OF BIRTH</u>	<u>SIN</u>	<u>RELATIONSHIP TO APPLICANT</u>



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**SECTION 5: PAST RENTAL HISTORY**

List all past addresses within the last 10 years (continue on back of application if more space is needed):

1. Rental address: \_\_\_\_\_ Rent amount: \$ \_\_\_\_\_  
 Utilities included: \_\_\_\_\_ Rent paid on time?  Yes  No  
 Name of Landlord/Management Company: \_\_\_\_\_  
 Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_  
 Reason for vacating: \_\_\_\_\_

2. Rental address: \_\_\_\_\_ Rent amount: \$ \_\_\_\_\_  
 Utilities included: \_\_\_\_\_ Rent paid on time?  Yes  No  
 Name of Landlord/Management Company: \_\_\_\_\_  
 Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_  
 Reason for vacating: \_\_\_\_\_

**SECTION 6: DECLARATIONS AND TERMS OF ACCEPTANCE**

The undersigned hereby declares information contained in this application is true and correct. Signing this document authorizes S.A.M. (Management) Inc. employees and agents to conduct such personal investigations as may be required to process this application. Such investigations may include, but are not limited to, conducting Landlord Reference checks, Residential Tenancies Branch Orders system searches, Court of the King’s Bench searches, and credit checks. S.A.M. (Management) Inc. reserves the right to recover any indebtedness arising hereunder.

Signing this document constitutes legal confirmation the applicant(s) acknowledges and agrees to the above terms.

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*Applicant Name (print)* *Applicant Signature* *Date*

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*Co-applicant Name (print)* *Co-applicant Signature* *Date*

**\*\*\*INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED OR PROCESSED\*\*\***



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### RENTAL REFERENCE RELEASE FORM

Please sign & date below. Our office will provide the bottom section of this form to your past landlord(s).

*The undersigned hereby authorizes S.A.M. (Management) Inc. to obtain any previous, prospective, or current landlord references for the purpose of determining leasing suitability and understands the below information will be discussed.*

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<i>Applicant Name (print)</i>	<i>Applicant Signature</i>	<i>Date</i>
<i>Co-applicant Name (print)</i>	<i>Co-applicant Signature</i>	<i>Date</i>

Rental unit address: \_\_\_\_\_ Number of occupants: \_\_\_\_\_

Period of Tenancy: \_\_\_\_\_ to \_\_\_\_\_ Proper notice provided? Yes  No

Rent amount: \$ \_\_\_\_\_ Utilities included: \_\_\_\_\_

Rent paid on time? Yes  No  If no, how many late payments: \_\_\_\_\_ Any NSF fees? Yes  No

Number of notices issued for late or unpaid rent: \_\_\_\_\_ Overall payment history? Good  Fair  Poor

Nuisance & disturbance complaints? Yes  No  If yes, please describe: \_\_\_\_\_

Eviction or termination notices? Yes  No  If yes, please describe: \_\_\_\_\_

Was the unit well maintained? Yes  No  If no, please describe: \_\_\_\_\_

Treatment for pests during tenancy? Yes  No  If yes, was the unit properly prepped? Yes  No

Tenant chargebacks after vacating? Yes  No  If yes, total tenant chargeback amount: \$ \_\_\_\_\_

Would you rent to the tenant again? Yes  No

**REFERENCE COMPLETED BY** (please print): \_\_\_\_\_ **Position:** \_\_\_\_\_

**Company:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_