



Application Requirements for Globe General Agencies

Application:

Any one over the age of 18 years that will be occupying the suite is required to fill out a separate application.

Damage Deposit:

Payment of the security deposit (1/2 months rent) is required with the completed application before any processing will begin. Please note a minimum of \$100 of the deposit is required to be in cash, the remaining amount can be submitted via cash, cheque, or money order. Social assistance recipients are also required to submit a damage deposit, if they do not have the funds a \$25 holding fee will be required. In addition, a completed form from the Social Assistance office is also required with the application.

Employment Verification:

An Employment Confirmation form must be completed by your payroll administrator. Confirmation of your length of employment, gross monthly or annual salary, or hourly wage and hours worked per week is required and submitted to our offices.

Students:

Verification of your income, sponsorship or student loan papers is required.

International Students/International Applicants:

A copy of your passport, valid visa, and verification of income or sponsorship papers is required.

Rental Confirmation:

A completed Rental Confirmation form must be completed by your current landlord and submitted to our offices.

Guarantors/Co-Signors:

If required for an applicant, an employment verification form and rental confirmation form will be required to be submitted and signature will have to be verbally confirmed.

Please note, delays in submission of any required verifications and information will delay the processing of your application.

Globe General Agencies
494 St. James Street
Winnipeg, MB R3G 3J4
TEL 204 956 2233
FAX 204 956 5956
EMAIL info@globegeneral.ca
WEBSITE: www.globegeneral.ca

Application For Residential Tenancy

- PLEASE NOTE: (1) Globe General Agencies Agreements are for the full term of **TWELVE MONTHS** and may not be cancelled short term.
(2) A separate application is required for each adult applicant.
(3) This application must be accompanied with a security deposit. Security deposit is a half months rent which must be a minimum of \$100 cash and the remaining amount by cheque or money order.

I/We hereby offer to rent from the lessor

The premises known as Suite No. _____, ___ Bedroom Unit in the Landlord's Building (Apartment name) _____ located at (Address) _____ for a term of _____ commencing on the _____ day of _____, 20__ and terminating on the _____ day of _____, 20__ at a monthly rental of \$ _____ plus parking at a monthly rate of \$ _____. Total monthly rent \$ _____ payable on the first day of each and every month of the said term. A rental adjustment of \$ _____ is payable in advance to cover the period from _____, 20__ to _____, 20__. It is understood by the applicants that the sum of cash of \$ _____ cheques \$ _____ herewith given by the applicant(s) to the landlord or his agent is to be held as a deposit bearing interest at a rate prescribed from time to time by regulation, compounded annually. Upon acceptance of this application by the landlord or his agent, the applicant(s) agrees to execute a tenancy agreement in the landlord's standard form.

In the event that the applicant(s) do not execute the said tenancy agreement within seven days from the date of acceptance and before the applicant(s) take possession, the deposit paid hereunder shall be subject to forfeit in whole or in part and all rights of the applicant(s) hereunder the said tenancy agreement may be terminated by the landlord.

It is further understood by the applicant(s) that it is their responsibility to communicate with the resident manager or the office of the landlord as to the status of the application.

The Following Information is Strictly Confidential

Name of Applicant _____ Birthdate _____ S.I.N. _____

Spouse's Name _____ Birthdate _____ S.I.N. _____

Present Address _____ Phone _____
Street City Prov. Postal Code

Present Email Address _____ Cell Phone _____

Present Landlord _____ From ____ 20__ To ____ 20__ Phone _____

1. Previous Address _____ From ____ 20__ To ____ 20__
Street City Prov. Postal Code

Previous Landlord's Name _____ Phone _____

2. Previous Address _____ From ____ 20__ To ____ 20__
Street City Prov. Postal Code

Previous Landlord's Name _____ Phone _____

EMPLOYMENT INFORMATION:

Employer _____ Contact Name _____ How Long? _____

Address _____ Phone _____
Street City Prov. Postal Code

Occupation _____ Present annual Income _____

Previous Employer _____ Phone _____

Spouse's Employer _____ How Long? _____ Phone _____

Spouse's Occupation _____ Present annual Income _____

Other Sources of Income _____

VEHICLE INFORMATION

Car Particulars: Stall # _____ Make _____ Colour _____ Lic. # _____ Year _____

Stall # _____ Make _____ Colour _____ Lic. # _____ Year _____

Drivers Lic. # _____

GENERAL INFORMATION

Have you ever filed for bankruptcy? Yes No

Do you own pets? Yes No

Do you smoke? Yes No

Have you ever been evicted from tenancy? Yes No

Have you ever willfully or intentionally refused to pay rent? Yes No

Other person who will occupy suite (Note any occupant over the age of 18 must fill out separate application):

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

REFERENCE/INCOME INFORMATION

Bank _____ Branch _____ A/C # _____ Phone _____

Credit _____ Credit _____

Personal _____ Address _____ Phone _____

Personal _____ Address _____ Phone _____

Person to notify in Emergency _____ Phone _____

How did you hear about us? Newspaper Drive by Renters News Internet Other _____

In signing the within application, the undersigned hereby consents to the use or disclosure of the personal information contained in this application for the purposes stated in our Privacy Policy.

I (WE) hereby Declare that the foregoing information is True and Complete. I (WE) AGREE to allow Globe General Agencies to make a credit check and personal investigation.

Dated this _____ day of _____ 20_____

Witness: _____
Applicant _____

Witness: _____
Applicant _____

ABSOLUTELY NO PETS AND NO SMOKING ALLOWED

494 ST. JAMES ST.
WINNIPEG MB R3G 1J4
204-956-2233
FAX 204-956-5956
TOLL FREE 1-888-922-4998

GLOBE GENERAL AGENCIES

Fax

To: Globe General Agencies
From:
Fax: 956-5956
Pages:
Phone: 956-2233 – Ext. No. 2235
Date:
Re: Employment Confirmation
CC:

Building & Suite No. Applied for:

Urgent For Review Please Comment Please Reply Please Recycle

- Comments: We request that the below information be completed and returned **within 24 hours**. Thank you
**** Must be filled in by Pay Roll Administrator. ****

Attention: Pay Roll

Please confirm the below:

Name of Employer: _____ Employer Phone No. _____

Position of Applicant: _____

Length of time employed: _____

Wage/Salary: _____

Signature of Employer (s): _____

I, _____ authorize my employer to provide the above
(please print)

information to Globe General Agencies.

Signature of Applicant

Date

The above information is strictly confidential and will only be used for the processing of their application for tenancy.

Thank you

**** The delay in the return of this form results in the delay of the applications processing time. ****

This Fax is intended only for the addressee and may contain information that is legally privileged, confidential and/or exempt from disclosure under applicable law. Any review, retransmission, dissemination or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you have received this communication in error, or are not the named recipient(s), please immediately notify the sender.

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Fax

To: Globe General Agencies
From:
Fax: 956-5956
Pages:
Phone: 956-2233 – Ext. No. 2235
Date:
Re: Rental Confirmation
CC:

Building & Suite No. Applied for:

Urgent For Review Please Comment **Please Reply** Please Recycle

Comments: We request that the below information be completed and returned **within 24 hours**. Thank you
**** Must be filled in by Landlord. ****

1. Name of Landlord _____ Landlord Phone # _____
2. Address of Rental Unit _____
3. Has He/She been on time with rent? _____
4. Any NSF cheques? _____
5. Any noise or disturbances? _____
6. Has the unit been treated for Bed Bugs? _____
7. Is she/he in a lease and when does it end? _____
8. Would you rent to them again? _____

Signature of Landlord _____

I, _____ authorize my current/past Landlord to provide the above information to
Globe General Agencies.

Signature of Applicant

Date

The above information is strictly confidential and will only be used for the processing of their application for tenancy.

Thank you.

***** The delay in the return of this form results in the delay of the applications processing time. *****

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WAIVER

I, _____ *have agreed not to smoke inside my suite ;*
Name of Applicant

_____ *at* _____ *or on the balcony and the grounds*
Suite Number Building Name

of the building during the length of my tenancy.

I also acknowledge that all my guests/visitors will not be allowed to smoke inside my rental unit, balcony and grounds.

DATE: _____

NAME: _____

SIGNATURE: _____