

100 Donwood  
70234 Manitoba Ltd.  
Non Smoking Comfort

**APPLICATION FOR RENTAL**

Date: \_\_\_\_\_

I/We hereby apply to rent suite \_\_\_\_\_ at 100 Donwood for a term of \_\_\_\_\_ months, commencing on \_\_\_\_\_ and expiring on \_\_\_\_\_, at a monthly rental of:

Suite	\$ _____	Stall No. _____
Parking	\$ _____	Stall No. _____
Locker	\$ _____	To be occupied by _____ adults
Other	\$ _____	And by _____ children
Total	\$ _____	

**How did you find this suite?**

Building Website

Word of mouth

Kijiji

Renters Guide

Social Media

Other \_\_\_\_\_

It is further agreed and understood that a Security Deposit of \$ \_\_\_\_\_ will be payable upon signing this application. Rent is to be paid by way of pre-authorized debit (PAD) and the Tenant shall complete the Landlord's standard form of Payor's PAD Agreement in conjunction with this application. The Security Deposit is Non-Refundable if this application is cancelled by the applicant. The applicant(s) hereby authorize the Landlord to utilize the information provided below to carry out a credit check as required.

**NAME OF TENANT(S):** (1) \_\_\_\_\_ Social Ins. #: \_\_\_\_\_

Confirm Scan of Drivers Birth date: \_\_\_\_\_

License  (2) \_\_\_\_\_ Social Ins. #: \_\_\_\_\_

Birth date: \_\_\_\_\_

**PRESENT ADDRESS:** \_\_\_\_\_ Period of Occupancy: \_\_\_\_\_

Home Ph #: \_\_\_\_\_ Cell Ph #: \_\_\_\_\_ Email: \_\_\_\_\_

**PRESENT LANDLORD:** \_\_\_\_\_ Telephone: \_\_\_\_\_

**PREVIOUS ADDRESS:** \_\_\_\_\_ Period of Occupancy: \_\_\_\_\_

**EMPLOYMENT (If retired, please provide all of the following: i) Bank Statement; ii) Net worth statement, iii) Latest tax return**

**TENANT (1):**

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

Position: \_\_\_\_\_ Work Ph #: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Annual Salary: \_\_\_\_\_ Hrs per Week: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Supervisor Ph #: \_\_\_\_\_

**TENANT (2):**

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

Position: \_\_\_\_\_ Work Ph #: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Annual Salary: \_\_\_\_\_ Hrs per Week: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Supervisor Ph #: \_\_\_\_\_

**PERSONAL REFERENCES: (other than relatives)**

(1) Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**VEHICLE(S):**

(1) Make: \_\_\_\_\_ Year: \_\_\_\_\_  
Colour: \_\_\_\_\_ License Plate: \_\_\_\_\_  
(2) Make: \_\_\_\_\_ Year: \_\_\_\_\_  
Colour: \_\_\_\_\_ License Plate: \_\_\_\_\_

**EMERGENCY:** In case of any emergency, please contact:

Name: \_\_\_\_\_ Home Ph #: \_\_\_\_\_ Work Ph #: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

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As a prospective tenant, I/We hereby authorize the Landlord, or the Landlord's representatives to utilize the above information, and any other information submitted by me/us, to carry out a credit check to assist in determining my/our credit-worthiness. I/We authorize the Landlord, or the Landlord's representatives to make any enquiries necessary. The undersigned hereby declares that the above statements are true in substance and in fact. I/We hereby take notice that the Landlord, or the Landlord's representatives may disclose the information contained in this form to its credit grantors and/or consumer reporting agencies and that such information may contain personal information as defined in Canadian and provincial privacy legislation. I/We hereby consent to such disclosure and to the Landlord or its representatives obtaining subsequent credit information during the term of any lease entered into and within five (5) years of the expiry of the lease. The Landlord's detailed privacy policy will be provided upon written request.

**THIS APPLICATION IS SUBJECT TO ACCEPTANCE BY THE LANDLORD**

Witness	Signature of Tenant(s)
_____	_____
_____	_____

The applicant(s) is/are advised to have insurance in a sufficient amount for third party liability within his suite and coverage on personal contents against fire, theft and water damage risk.

**200 – 1355 Taylor Avenue, Winnipeg, MB Canada R3M 3Y9 • Tel: (204) 474-2000 • Fax: (204) 284-7115 • [www.shindico.com](http://www.shindico.com)**

## PAYOR'S PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

### 1. Payee (Landlord) Information:

Name	(the "Payee")
Address	c/o Shindico Realty Inc., 200 - 1355 Taylor Avenue
City/Town	Winnipeg
Province/State	Manitoba
Postal/Zip Code	R3M 3Y9
Telephone	(204) 474-2000

### 2. Payor (Tenant) Information:

Name	(the "Payor")
Address	
City/Town	
Province/State	
Postal/Zip Code	
Telephone	

### Bank Account Information:

Deposit Account Number (the "Account")																				
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Branch Transit Number					
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Financial Institution Number			
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*\*Please provide a void cheque for account information verification purposes.*

**Account Type (please check one):**

Checking Account	<input type="checkbox"/>	Savings Account	<input type="checkbox"/>
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Financial Institution	
Name	(the "Financial Institution")
Branch Address	

You, the Payor, will inform the Payee in writing of any changes in the information provided in this Agreement.

**3. Pre-Authorized Debit Details:**

- (a) You, the Payor, hereby authorize Shindico Realty Inc., on behalf of the Payee, and the Financial Institution to debit the Account on the first day of each and every month (or the next business day) commencing on \_\_\_\_\_ for the payment of all fixed and variable amounts due or which shall become due pursuant to the lease agreement in writing between the Payor and the Payee (the "Lease"), including without limitation, Minimum Rent, Additional Rent (including all operating costs and taxes), tenant-specific costs, Percentage Rent, if any, and amounts due pursuant to the reconciliation of Additional Rent.

These payments shall constitute payments for services of the following nature (please check one):

Personal	<input type="checkbox"/>	Business	<input type="checkbox"/>
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- (b) The authority granted pursuant to this Agreement shall remain in effect until the Payee has received written notification from the Payor as to its change or termination. Such notification must be received at least ten (10) business days prior to the next scheduled debit. You, the Payor, may revoke your authorization at any time upon thirty (30) days' prior written notice to the Payee. To obtain a sample form, or for more information regarding your right to cancel a PAD Agreement, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).
- (c) You, the Payor, hereby acknowledge that the Financial Institution is not required to verify that a debit has been issued in accordance with the particulars of this Agreement including, without limitation, the amount of such debit, or that any purpose for which the debit was issued has been

fulfilled by the Payee as a condition of honouring a debit issued or caused to be issued by the Payee on the Account.

- (d) You, the Payor, may dispute a debit only under the following conditions:
  - (i) the debit was not drawn in accordance with this Agreement;
  - (ii) this Agreement was previously revoked in accordance with proper notice; or
  - (iii) pre-notification requirements contained in Rule H1 of the Canadian Payments Association ("CPA") have not been fulfilled, unless such pre-notification requirements have been waived pursuant to this Agreement.

You, the Payor, hereby acknowledge that in order to be reimbursed, a declaration to the effect that either of the events outlined in this Section 3(d) occurred, must be completed and presented to the branch of the Financial Institution holding the Account up to and including ten (10) days after the date on which the debit in dispute was posted to the Account.

- (e) You, the Payor, hereby acknowledge that the information contained in this Agreement may be disclosed to the Royal Bank of Canada or any other financial institution as designated by the Payee as required to complete any PAD transaction.

- (f) You, the Payor, hereby agree to waive any pre-notification or confirmation requirements as contained in Rule H1 of the CPA.

Signature of Account Holder:

Signature of Joint Account Holder  
(if applicable):

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

Date: \_\_\_\_\_ Date: \_\_\_\_\_

You, the Payor, hereby warrant that all those parties whose signatures are required to authorize withdrawals from the Account have signed this Agreement and that all those parties signing this Agreement are authorized signing officers of the Payor and are empowered to enter into this Agreement.

You, the Payor, have certain recourse rights if any debit does not comply with this Agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

Upon completing and signing this Agreement, mail or fax to the Payee at:

c/o Shindico Realty Inc.  
200 - 1355 Taylor Ave, Winnipeg, Manitoba R3M 3Y9  
Tel: (204)474-2000 Fax: (204)284-7115