



**To Process Immediately, complete this form and fax back to (204) 878-2786**  
**PLEASE COMPLETE ALL APPLICABLE SECTIONS**  
 Each applicant must complete a separate form.

Address of desired property: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Home Ph #: \_\_\_\_\_ Cell Ph #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Work Ph #: \_\_\_\_\_ Fax #: \_\_\_\_\_

SIN (opt): \_\_\_\_\_ E-mail: \_\_\_\_\_

**RESIDENCE HISTORY**

**Last four (4) years of residence history, and AT LEAST your last three (3) addresses**

<b>CURRENT Address:</b> _____ City/Province/Postal: _____ Other Details: _____	Move-in date: _____ Landlord's Name/Ph #: _____ / _____	Rent \$: _____
<b>PREVIOUS Address:</b> _____ City/Province/Postal: _____ Rent \$: _____ Why did you move? _____	Move-in date: _____ Landlord's Name/Ph #: _____ / _____	Move-out date: _____
<b>PREVIOUS Address:</b> _____ City/Province/Postal: _____ Rent \$: _____ Why did you move? _____	Move-in date: _____ Landlord's Name/Ph #: _____ / _____	Move-out date: _____
<b>PREVIOUS Address:</b> _____ City/Province/Postal: _____ Rent \$: _____ Why did you move? _____	Move-in date: _____ Landlord's Name/Ph #: _____ / _____	Move-out date: _____

**EMPLOYMENT HISTORY**

**Last four (4) years of your employment history**

<b>CURRENT Employer:</b> _____ City/Province/Postal: _____ Supervisor's Name/Ph #: _____ / _____	Start date: _____ Your Current Position: _____ Monthly Take Home \$ _____
<b>PREVIOUS Employer:</b> _____ City/Province/Postal: _____ Supervisor's Name/Ph #: _____ / _____	Start date: _____ End date: _____ Your Position There : _____ Monthly Take Home \$ _____
<b>PREVIOUS Employer:</b> _____ City/Province/Postal: _____ Supervisor's Name/Ph #: _____ / _____	Start date: _____ End date: _____ Your Position There : _____ Monthly Take Home \$ _____

**OTHER INCOME:** Other than the employment listed above, do you have any other sources of income? Please detail below (ex: disability, spousal support, self-employment)

**BANK INFORMATION:** Where do you bank? Please provide details:

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ Acct #: \_\_\_\_\_

Do you have any credit cards? If yes, which ones? \_\_\_\_\_

**PERSONAL REFERENCES:** Please list two individuals to contact in case of emergency and to verify information

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_ Known how long: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_ Known how long: \_\_\_\_\_

**Check YES or NO in response to each of the following questions:**      **YES**                      **NO**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Have you ever been evicted from a rental property?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever wilfully/intentionally refused to pay rent when due? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever filed for bankruptcy or an orderly payment of debt?  | <input type="checkbox"/> | <input type="checkbox"/> |

**Please answer the following questions:**

1. What is the maximum amount you are able to put down today? \_\_\_\_\_
2. What is the maximum monthly payment you are able to afford (Rent + Option payment)? \_\_\_\_\_
3. Other than house payments, what other monthly obligations do you have? Please detail below:

**ADDITIONAL INFORMATION:**

Any additional information you think that will help us process your application (use additional paper if required)

*I hereby represent the above information to be true and complete, and hereby authorize Pecunia Investments and/or its agent(s) or representative(s) to verify any and all information by contacting references and contacts listed above, and to obtain and/or share credit information from and/or with applicable credit bureau(s) and related organizations. Applicant authorizes present and past landlords, employers, credit grantors, references, and any other person(s) to release information applicable in the processing of this application.*

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Applicant

**All applicants MUST  
complete a separate  
application form**