KingsfordHaus Co-op Ltd.

426 Kingsford Avenue | Winnipeg | Manitoba | R2G 0J8 Phone: (204) 663-2233 | (204) 654-5041

RENTAL APPLICATION

APPLICANT INFOR	MATION				
Last Name			First Name:		
Date of Birth	DD	MM	YY		
Spouse / 2nd Applican	t if Applicable				
Last Name			First Name:		
Date of Birth	DD	MM	YY		
Current Address:					
City & Prov:		Postal Code:			
Telephone #:	Cell #:				
RENTAL INFORMA	TION				
I / We are Applying for	r (please check)	□ 1 Bedroom	☐ 2 Bedroom (C	ouples Only)	
My/Our total yearly In	come is less than \$25	5,000 🗆 Y	es 🗆 No		
I / We want to move to	KingsfordHaus 🛚	l As soon as po	ssible 🗆 1-3 Years	☐ 3-5 Years ☐ 5+ Years	
Power of Attorney: YE	S / NO Name				
If YES please provide cop	ies of Power of Attorne	ey paper work.			
CONTACT INFORM	MATION				
(Person to contact if we	are unable to reach y	you)			
Last Name	First Name:				
Address:					
City & Prov:			Post	al Code:	
	Cell No:				
Applicant Signature:	re:			Date:	