## 1501 Braecrest Drive Brandon MB R7C 0E6

Phone: 204-441-3844

Email: office@rhinopropertymgmt.com www.rhinopropertymgmt.com



## **Rental Application**

Property Information						
Property name:						
Unit #:						
Property full address:						
Applicant Information	Co-applicant Information					
Full name:	Full name:					
Date of birth:	Phone number:					
Phone number:	Email address:					
Email address:						
Perferred move in date:						
Rental History 1	Rental History 2					
Street address:	Street address:					
City:	City:					
Province:	Province:					
Postal code:	Postal code:					
Monthly rent:	Monthly rent:					
Landlord/Property Manager	Landlord/Property Manager					
Full name:	Full name:					
Email address:	Email address:					
Phone number:	Phone number:					

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## **Rental Application**

Current Employment							
Start date:							
Company name:							
Position/title:							
Work email:							
Work phone:							
Street address:							
City							
Province:							
Postal code:							
Monthly income:							
Supervisor Information							
Full name:							
Email address:							
Phone number:							
<b>Emergency Contact</b>							
Full name of a person not residing with you:							
Address:							
City:	Provinc	e:	Postal Code:	P	Phone:		
Relationship:							
References (please provide 2)							
Name:		Address:	Phone:				
Name:		Address:		Phone:			
I authorize the verification of the information provided on this form as to my credit and							
employment. I have rec	eived a c	opy of this applic	ation.				
Signature of applicant:		Date:					

NOTE: If you have a co-applicant, they must fill out their own Rental application.