## 1501 Braecrest Drive Brandon MB R7C 0E6 Phone: 204-441-3844 Email: office@rhinopropertymgmt.com www.rhinopropertymgmt.com



## **Rental Application**

<u>Nental Application</u>						
Co-applicant Information						
Full name:						
Phone number:						
Email address:						
Rental History 2						
Street address:						
City:						
Province:						
Postal code:						
Monthly rent:						
Landlord/Property Manager						
Full name:						
Email address:						
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:						
Emergency Contact						
Full name of a person not residing with you:						
Address:						
City:	Provinc	e:	Postal Code:		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 received a copy of this application.						
Signature of applicant:			Date:			

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