

Solete Residential 75 Barrie Road, Orillia ON L3V 0C6



Phone:(705)325-2255 Email: serenityresidential@gmail.com

Rental Application

This application must be filled out completely in order for it to be processed. You must supply proof of income for the past 2 months and a Credit Score for the Main Applicant.

The undersigned hereby makes applica	tion to rent the unit located	at:		
Beginning	, at a monthly rent	al amount of \$	00. Parking \$	Spots Needed:
Applicant's Full Name:			Day Phone:	
Date of Birth:	email:			
Do you have a Co-Applicant who is not	your spouse? Yes	No		
If yes, Co-Applicant's Name(s)				
If married, Spouse's Full Name:				
Date of Birth:	email:			
Number of Dependents:	Dependent(s) Name	e(s) and Age(s):		
	. , ,	()		
N				
Name, Address, and Phone Number for	Emergency Contact (perso	n not living in unit):		
Do you have pets? Yes No	Number of each animal type	e: Dog	Cat	Other If you
have a pet in the "other" category, please	e tell what type of animal: _			
Your Driver's License Number:	:: Spouse's Driver's License Number:			
Your Vehicle Make/Model:		Year:	License Plate:	
Second Vehicle Make/Model:		Year:	License Plate:	*
Eurrent Address	3.25			
Address:	Apt.#City/l	Prov:	Postal (Code:
Month/Year Moved In:				
Reason For Leaving:				
Landlord:		Day Phone	: #: ()	



Solete Residential 75 Barrie Road, Orillia ON L3V 0C6



Phone:(705)325-2255 Email: serenityresidential@gmail.com

Previous Address (If	f Within the Last Three Years)				
Address:	Apt.#City/Prov:	Postal Code:			
Month/Year Moved In:	:Monthly Rent:				
Reason For Leaving:					
	Day Phor				
Employment Information					
* Your Status:	☐ Employed Full Time (40 hours/week) ☐ E ☐ Retired ☐ Unemployed	imployed Part Time (hours/wk) ☐ Student			
Employer and Address:					
Date Employed:	Job Title:				
Supervisor's Name:	Phone Nu	umber: ()			
Salary: \$	per				
If employed by the above for less than six months please give your previous employer's name:					
Address:Daytime phone number:					
* Spouse Status (if not married disregard)					
Employer and Address	S:				
Date Employed:	Job Title:	•			
Supervisor's Name:	Phone Nu	mber: ()			
Salary: \$	per If employed by the above for less tha	n six months please give your previous			
Address:	Daytime phone num	iber:			
Deposit of \$	was paid on (date) p	oaid by:			
Cheque/Debit/Credit/Money Order This deposit is applicable to last month's rent subject to Landlord's approval of this application.					
Balance of \$	will be paid as follows:				



Solete Residential 75 Barrie Road, Orillia ON L3V 0C6



Phone: (705) 325-2255 Email: serenityresidential@gmail.com

I (we) hereby apply for rental (lease) of the residential premises as indicated on page one of this application form. I (We) give the landlord (landlord's agent, representative, property management) permission to check my credit history, references and other relevant investigation to determine my residential rental history, court, financial history and my ability to pay rent and maintain the rental unit and rental premises. My signature below, confirms that I (We) agree to and I request all credit reporting services, banks, court, tribunals, employers and personal references to disclose any pertinent information about me (we).

I (We) clearly understand and agree as evidenced by my (our) signature below that this is an application to rent (lease) and in no way includes an agreement between landlord and tenant to rent (lease). I (We) understand and agree that a tenancy agreement or lease will be entered into at the discretion of the landlord.

In the event that the landlord accepts the (my/our) application I understand that full payment of First and Last month's rent is required as well a Key Deposit and proof all Utilities have been switched over in (my/our) names prior to the key of said rental unit (rental premises) be delivered to me (us).

I (We) further understand and agree that in the event that the landlord accepts this (my/our) application, once the landlord accepts a binding offer to rent (lease) said rental unit (premises) is created and if I withdraw or cancel this (my/our) application any and all deposit paid will NOT be refunded. Landlord will apply said deposit to re-advertisement cost to find a new tenant, administration cost to process a new tenants application, and loss any loss of income as a result of such cancellation and other expenses incurred.

If accepted. I agree to sign a lease and or written tenancy agreement.

In the event that the landlord does not accept this (my/our) application. I (We) understand that reasons for refusal may not be divulged but my deposit will be refunded in full.

Date:	_ Signature:
Date:	Signature: