



Rental Application

This application must be filled out completely in order for it to be processed. You must supply bank statements for the past 6 months and a Credit Score for the Main Applicant.

The undersigned hereby makes application to rent the unit located at _____

Beginning _____, at a monthly rental amount of \$ _____ .00.

Personal Information

Applicant's Full Name: _____ Day Phone: _____

Date of Birth: _____ Social Insurance Optional: _____ E-mail: _____

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(s) and Age(s): _____

Name, Address, and Phone Number for Emergency Contact (person not living in unit): _____

Do you have pets? Yes No Number of each animal type: Dog _____ Cat _____ Other _____ If you have a pet in the "other" category, please 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: _____

* Current Address

Address: _____ Apt.# _____ City/Prov: _____ Postal Code: _____

Month/Year Moved In: _____ Monthly Rent: _____

Reason For Leaving: _____



95/85/75 Barrie Road, Orillia ON L3V 8N5

RESIDENTIAL CONDOMINIUMS

Phone:(705)329-2997

Landlord: _____ Day Phone #: () _____

* Previous Address (If Within the Last Three Years)

Address: _____ Apt.# _____ City/Prov: _____ Postal Code: _____

Month/Year Moved In: _____ Monthly Rent: _____

Reason For Leaving: _____

Landlord: _____ Day Phone #: () _____

Employment Information

- * Your Status: [] Employed Full Time (40 hours/week) [] Employed Part Time (_____ hours/wk) [] Retired [] Unemployed [] Student

Employer and Address: _____

Date Employed: _____ Job Title: _____

Supervisor's Name: _____ Phone Number: () _____

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) [] Employed Full Time (40 hrs/week) [] Employed Part Time (____ hrs/wk) [] Unemployed [] Student [] Retired

Employer and Address: _____

Date Employed: _____ Job Title: _____

Supervisor's Name: _____ Phone Number: () _____

Salary: \$ _____ per _____. If employed by the above for less than six months please give your

previous employer's name: _____

Address: _____ Daytime phone number: _____

The above information, to the best of my knowledge, is true and correct.

Signature of applicant(s):

_____ Date: _____

_____ Date: _____