



Welcome to the Villasola Community

When applying, please be sure to include:

- ✓ 2 Page Application (all applicable sections filled)
- ✓ Copy of Credit Score (for all applicants)
- ✓ Bank Statements for the last 6 months (for all applicants)

Completed Applications can be emailed to: leasing.villasola@gmail.com

OR

dropped off at our office: 75 Barrie Road, Suite 124 Orillia ON L3V 8N5
during business hours (Mon-Fri, 9AM-4PM)



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

Phone: 705-329-2997 Email: leasing.villasola@gmail.com

Rental Application

This application must be filled out completely (all applicable fields) in order to be processed. You must supply bank statements for the past 6 months and a copy of Credit Score for the Main Applicant.

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

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

Personal Information

Applicant's Full Name: _____ Date of Birth: _____

SIN (Optional): _____ Phone (Day): _____ Email: _____

Do you have a Co-Applicant who is not your spouse? Yes No

If yes, Co-Applicant's Name: _____ Relation: _____

If married, Spouse's Full Name: _____ Date of Birth: _____

Email: _____ Number of Dependents: _____

Dependent(s) Name(s) and Age(s): _____
(If Applicable)

Do you have any pets? Yes No If 'yes' please list number and type: _____

Your Driver's License Number: _____

Spouse's Driver's License Number: _____
(If Applicable)

Vehicle Make/Model: _____ Year: _____ License Plate: _____

2nd Vehicle Make/Model: _____ Year: _____ License Plate: _____

Current Address

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

Month/Year Moved In: _____ Current Monthly Rent: _____

Reason for Leaving: _____

Name of Landlord: _____ Landlord Phone: _____



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Previous Address (if within last 2 years)

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

Month/Year Moved In: _____ Current Monthly Rent: _____

Reason for Leaving: _____

Name of Landlord: _____ Landlord Phone: _____

Employment Information

Employment Status: Employed Full Time Employed Part Time Self Employed
Please select all that apply
 Retired Student Pension/Social Assistance Unemployed

Employer & Address: _____

Date Employed: _____ Job Title: _____

Supervisor's Name: _____ Phone: _____

Salary: \$ _____ per _____. If employed less than 6 months, please give your
previous Employer & Address: _____

Supervisor's Name: _____ Phone: _____

Spouse Employment Status: Employed Full Time Employed Part Time Self Employed
If Applicable, select all that apply
 Retired Student Pension/Social Assistance Unemployed

Employer & Address: _____

Date Employed: _____ Job Title: _____

Supervisor's Name: _____ Phone: _____

Salary: \$ _____ per _____. If employed less than 6 months, please give your
previous Employer & Address: _____

Supervisor's Name: _____ Phone: _____

As the Primary Applicant, I solemnly declare that the above information is true and accurate to the best of my knowledge.

Signature of Applicant(s): _____

Signature: _____ Date: _____

Signature: _____ Date: _____