

WS



Український Дім для Сеньйорів ім. свв. Петра і Павла

Sts. Peter and Paul Residence
221 Milner Avenue, Toronto, ON M1S 4P4
office@sppresidence.com

TEL: 416-291-3900

FAX: 416-291-3918

APPLICATION FOR SENIOR CITIZEN'S APARTMENT ACCOMMODATION	DATE	/ /
		dd mm yy

APPLICANT:		SOCIAL INSURANCE NUMBER	<input style="width: 100%;" type="text"/>	
SURNAME	<input style="width: 100%;" type="text"/>	OLD AGE SECURITY NUMBER	<input style="width: 100%;" type="text"/>	
GIVEN NAMES	<input style="width: 100%;" type="text"/>	HEALTH CARD NUMBER	<input style="width: 60%;" type="text"/>	<input style="width: 20%;" type="text"/>
SEX	DATE OF BIRTH	<input type="checkbox"/> CANADIAN CITIZEN	<input type="checkbox"/> REFUGEE	<input type="checkbox"/> LANDED IMMIGRANT
<input type="checkbox"/> MALE	/ /			
<input type="checkbox"/> FEMALE	(DAY / MONTH / YEAR)			

SPOUSE OR CO-APPLICANT:		SOCIAL INSURANCE NUMBER	<input style="width: 100%;" type="text"/>	
SURNAME	<input style="width: 100%;" type="text"/>	OLD AGE SECURITY NUMBER	<input style="width: 100%;" type="text"/>	
GIVEN NAMES	<input style="width: 100%;" type="text"/>	HEALTH CARD NUMBER	<input style="width: 60%;" type="text"/>	<input style="width: 20%;" type="text"/>
SEX	DATE OF BIRTH	<input type="checkbox"/> CANADIAN CITIZEN	<input type="checkbox"/> REFUGEE	<input type="checkbox"/> LANDED IMMIGRANT
<input type="checkbox"/> MALE	/ /			
<input type="checkbox"/> FEMALE	(DAY / MONTH / YEAR)			

CURRENT ADDRESS OF APPLICANT:				
STREET ADDRESS			APARTMENT	
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>	
COMMUNITY OR MUNICIPALITY	POSTAL CODE	PROVINCE	TELEPHONE NUMBER	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
DATE FROM	IN CARE OF			
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>			
LANDLORD'S NAME			LANDLORD'S TELEPHONE NUMBER	
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>	
LANDLORD'S ADDRESS				
<input style="width: 100%;" type="text"/>				

BEFORE THAT I LIVED AT:				
1 STREET ADDRESS	COMMUNITY/MUNICIPALITY	DATE FROM	DATE TO	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
LANDLORD'S NAME		LANDLORD'S TELEPHONE NUMBER		
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		
LANDLORD'S ADDRESS				
<input style="width: 100%;" type="text"/>				
2 STREET ADDRESS	COMMUNITY/MUNICIPALITY	DATE FROM	DATE TO	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
LANDLORD'S NAME		LANDLORD'S TELEPHONE NUMBER		
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		
LANDLORD'S ADDRESS				
<input style="width: 100%;" type="text"/>				

PRESENT LIVING ARRANGEMENTS:				
<input type="checkbox"/> SELF-OWNED	<input type="checkbox"/> RENTED, PRIVATE LANDLORD	<input type="checkbox"/> RENTED, GOVT LANDLORD	<input type="checkbox"/> WITH FAMILY OR FRIENDS	<input type="checkbox"/> IN HOSPITAL OR INSTITUTION
TYPE OF ACCOMMODATION				
<input type="checkbox"/> HOUSE	<input type="checkbox"/> APARTMENT	<input type="checkbox"/> TRAILER	<input type="checkbox"/> ROOMS	<input type="checkbox"/> FLAT
				<input type="checkbox"/> MONTHLY RENT

SPOUSE/CO-APPLICANT (IF DIFFERENT FROM APPLICANT):

STREET ADDRESS

APARTMENT

[STREET ADDRESS FIELD] [APARTMENT FIELD]

COMMUNITY OR MUNICIPALITY

POSTAL CODE

PROVINCE

TELEPHONE NUMBER

[COMMUNITY OR MUNICIPALITY FIELD] [POSTAL CODE FIELD] [PROVINCE FIELD] [TELEPHONE NUMBER FIELD]

DATE FROM

IN CARE OF

[DATE FROM FIELD] [IN CARE OF FIELD]

[IN CARE OF FIELD]

LANDLORD'S NAME AND ADDRESS

LANDLORD'S TELEPHONE NUMBER

[LANDLORD'S NAME AND ADDRESS FIELD] [LANDLORD'S TELEPHONE NUMBER FIELD]

BEFORE THAT I LIVED AT:

STREET ADDRESS

COMMUNITY/MUNICIPALITY

DATE FROM

DATE TO

1 [STREET ADDRESS FIELD] [COMMUNITY/MUNICIPALITY FIELD] [DATE FROM FIELD] [DATE TO FIELD]

LANDLORD'S NAME AND ADDRESS

LANDLORD'S TELEPHONE NUMBER

[LANDLORD'S NAME AND ADDRESS FIELD] [LANDLORD'S TELEPHONE NUMBER FIELD]

STREET ADDRESS

COMMUNITY/MUNICIPALITY

DATE FROM

DATE TO

2 [STREET ADDRESS FIELD] [COMMUNITY/MUNICIPALITY FIELD] [DATE FROM FIELD] [DATE TO FIELD]

LANDLORD'S NAME AND ADDRESS

LANDLORD'S TELEPHONE NUMBER

[LANDLORD'S NAME AND ADDRESS FIELD] [LANDLORD'S TELEPHONE NUMBER FIELD]

PRESENT LIVING ARRANGEMENTS:

SELF-OWNED RENTED, PRIVATE LANDLORD RENTED, GOVT LANDLORD WITH FAMILY OR FRIENDS IN HOSPITAL OR INSTITUTION

TYPE OF ACCOMMODATION

HOUSE APARTMENT TRAILER ROOMS FLAT MONTHLY RENT

ACCOMMODATION REQUESTED

PARKING Yes No NUMBER OF PARKING SPACES NEEDED

ONE BEDROOM APARTMENT TWO BEDROOM APARTMENT

NUMBER OF PERSONS TO OCCUPY UNIT

DO YOU OR YOUR SPOUSE/CO APPLICANT HAVE A HEALTH PROBLEM THAT AFFECTS YOUR HOUSING NEEDS?

NO YES GIVE DETAILS [HEALTH PROBLEM FIELD]

REQUIREMENTS:

REGULAR SELF-CONTAINED WHEELCHAIR UNIT

GENERAL:

TO APPLICANT:

DO YOU NEED AN INTERPRETER? Yes No WHAT LANGUAGE(S) DO YOU SPEAK? _____

TO SPOUSE / CO-APPLICANT:

DO YOU NEED AN INTERPRETER? Yes No WHAT LANGUAGE(S) DO YOU SPEAK? _____

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE APPLICANT

<p>HAVE YOU EVER APPLIED TO:</p> <p>Housing Connections? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Housing Connections Household Reference Number <input style="width:100px;" type="text"/></p> <p>Metropolitan Toronto Housing Authority <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>MTHA Number <input style="width:150px;" type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other Subsidized Housing <input style="width:150px;" type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>specify <input style="width:150px;" type="text"/></p> <p>If yes, when? From: <input style="width:100px;" type="text"/> to <input style="width:100px;" type="text"/></p>	<p>HAVE YOU EVER BEEN A TENANT OF:</p> <p>Housing Connections? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Housing Connections Reference Number <input style="width:100px;" type="text"/></p> <p>Metropolitan Toronto Housing Authority <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>MTHA Number <input style="width:150px;" type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other Subsidized Housing <input style="width:150px;" type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>specify <input style="width:150px;" type="text"/></p> <p>If yes, when? From: <input style="width:100px;" type="text"/> to <input style="width:100px;" type="text"/></p>
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EMPLOYMENT

NAME OF CURRENT EMPLOYER <input style="width:100%;" type="text"/>	Employer's Tel. No. <input style="width:100%;" type="text"/>
Employer's Address <input style="width:100%;" type="text"/>	Employed from <input style="width:100px;" type="text"/> to <input style="width:100px;" type="text"/>
NAME OF PREVIOUS EMPLOYER <input style="width:100%;" type="text"/>	Employer's Tel. No. <input style="width:100%;" type="text"/>
Employer's Address <input style="width:100%;" type="text"/>	Employed from <input style="width:100px;" type="text"/> to <input style="width:100px;" type="text"/>

CREDIT CHECK

FROM WHICH BANK/CREDIT UNION/OTHER FINANCIAL INSTITUTION WILL YOU BE PAYING YOUR MONTHLY RENT:

NAME: <input style="width:150px;" type="text"/>	BRANCH: <input style="width:150px;" type="text"/>
ADDRESS: <input style="width:150px;" type="text"/>	TELEPHONE: <input style="width:150px;" type="text"/>
CHEQUING ACCOUNT #: <input style="width:150px;" type="text"/>	
SAVINGS ACCOUNT #: <input style="width:150px;" type="text"/>	

DO YOU HAVE ANY OUTSTANDING FINANCIAL OBLIGATIONS:

NO

YES: PAYMENTS TO: AMOUNT: \$

PERSONAL REFERENCES:

1 NAME: <input style="width:100%;" type="text"/>	TELEPHONE: <input style="width:100%;" type="text"/>
ADDRESS: <input style="width:100%;" type="text"/>	LENGTH OF ACQUAINTANCE: <input style="width:100px;" type="text"/>
RELATIONSHIP: <input style="width:100%;" type="text"/>	
<hr/>	
2 NAME: <input style="width:100%;" type="text"/>	TELEPHONE: <input style="width:100%;" type="text"/>
ADDRESS: <input style="width:100%;" type="text"/>	LENGTH OF ACQUAINTANCE: <input style="width:100px;" type="text"/>
RELATIONSHIP: <input style="width:100%;" type="text"/>	

REFERRAL:

REFERRED BY:

RELATIONSHIP:

DAYTIME CONTACT #:

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

(Next of Kin, Sponsor/Nominator, Other)

1 Surname

Given Names

Street Address, City/Town, Postal Code

Relationship

Contact Information:

Home

Bus.

Cell

email:

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

(Next of Kin, Sponsor/Nominator, Other)

2 Surname

Given Names

Street Address, City/Town, Postal Code

Relationship

Contact Information:

Home

Bus.

Cell

email:

POWER OF ATTORNEY (SUBSTITUTE DECISION MAKER) PERSONAL CARE¹

Surname

Given Names

Street Address, City/Town, Postal Code

Contact Information:

Home

Bus.

Cell

email:

¹ Please attach a copy of the document to this application.

POWER OF ATTORNEY (SUBSTITUTE DECISION MAKER) PROPERTY¹

Surname

Given Names

Street Address, City/Town, Postal Code

Contact Information:

Home

Bus.

Cell

email:

¹ Please attach a copy of the document to this application.

WILL AND EXECUTOR INFORMATION

Surname

Given Names

Street Address, City/Town, Postal Code

Contact Information:

Home

Bus.

Cell

email:

PUBLIC GUARDIAN (if applicable)

Surname

Given Names

Street Address, City/Town, Postal Code

Contact Information:

Bus.

Cell

email:

Case File Ref. #

PERSONAL PHYSICIAN

Surname

Given Names

Street Address

City/Town

Province

Postal Code

Suite No.

Area Code

Telephone No.

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE SPOUSE / CO-APPLICANT

<p>HAVE YOU EVER APPLIED TO:</p> <p>Housing Connections? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Housing Connections Household Reference Number <input style="width:100px;" type="text"/></p> <p>Metropolitan Toronto Housing Authority <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>MTHA Number <input style="width:100px;" type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other Subsidized Housing <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">specify <input style="width:100px;" type="text"/></p> <p>If yes, when? _____</p>	<p>HAVE YOU EVER BEEN A TENANT OF:</p> <p>Housing Connections? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Housing Connections Reference Number <input style="width:100px;" type="text"/></p> <p>Metropolitan Toronto Housing Authority <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>MTHA Number <input style="width:100px;" type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other Subsidized Housing <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">specify <input style="width:100px;" type="text"/></p> <p>If yes, when? From: _____ to _____</p>
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EMPLOYMENT	
<p>NAME OF CURRENT EMPLOYER <input style="width:95%;" type="text"/></p> <p>Employer's Address <input style="width:95%;" type="text"/></p> <p>NAME OF PREVIOUS EMPLOYER <input style="width:95%;" type="text"/></p> <p>Employer's Address <input style="width:95%;" type="text"/></p>	<p>Employer's Tel. No. <input style="width:95%;" type="text"/></p> <p>Employed from <input style="width:100px;" type="text"/> to <input style="width:100px;" type="text"/></p> <p>Employer's Tel. No. <input style="width:95%;" type="text"/></p> <p>Employed from <input style="width:100px;" type="text"/> to <input style="width:100px;" type="text"/></p>

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:	
(Next of Kin, Sponsor/Nominator, Other)	
1	Surname <input style="width:95%;" type="text"/>
	Given Names <input style="width:95%;" type="text"/>
	Street Address, City/Town, Postal Code <input style="width:95%;" type="text"/>
	Relationship <input style="width:95%;" type="text"/>
	Contact Information:
	Home <input style="width:95%;" type="text"/>
	Bus. <input style="width:95%;" type="text"/>
	Cell <input style="width:95%;" type="text"/>
	email: _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:	
(Next of Kin, Sponsor/Nominator, Other)	
2	Surname <input style="width:95%;" type="text"/>
	Given Names <input style="width:95%;" type="text"/>
	Street Address, City/Town, Postal Code <input style="width:95%;" type="text"/>
	Relationship <input style="width:95%;" type="text"/>
	Contact Information:
	Home <input style="width:95%;" type="text"/>
	Bus. <input style="width:95%;" type="text"/>
	Cell <input style="width:95%;" type="text"/>
	email: _____

POWER OF ATTORNEY (SUBSTITUTE DECISION MAKER) PERSONAL CARE²	
Surname <input style="width:95%;" type="text"/>	
Given Names <input style="width:95%;" type="text"/>	
Street Address, City/Town, Postal Code <input style="width:95%;" type="text"/>	
Contact Information:	
Home <input style="width:95%;" type="text"/>	
Bus. <input style="width:95%;" type="text"/>	
Cell <input style="width:95%;" type="text"/>	
email: _____	

POWER OF ATTORNEY (SUBSTITUTE DECISION MAKER) PROPERTY²	
Surname <input style="width:95%;" type="text"/>	
Given Names <input style="width:95%;" type="text"/>	
Street Address, City/Town, Postal Code <input style="width:95%;" type="text"/>	
Contact Information:	
Home <input style="width:95%;" type="text"/>	
Bus. <input style="width:95%;" type="text"/>	
Cell <input style="width:95%;" type="text"/>	
email: _____	

² Please attach a copy of the document to this application.

² Please attach a copy of the document to this application.

WILL AND EXECUTOR INFORMATION

Surname

Given Names

Street Address, City/Town, Postal Code

Contact Information:

Home

Bus.

Cell

email:

PUBLIC GUARDIAN (if applicable)

Surname

Given Names

Street Address, City/Town, Postal Code

Contact Information:

Bus.

Cell

email:

Case File Ref. #

PERSONAL PHYSICIAN

Surname

Given Names

Street Address

Suite No.

City/Town

Province

Postal Code

Area Code

Telephone No.

FINANCIAL INFORMATION

STATEMENT OF MONTHLY INCOME

	APPLICANT	CO-APPLICANT
Old Age Security		
GAINS		
Canada Pension		
Family Benefits		
Welfare Benefits		
Workman's Compensation		
D.V.A. Allowance		
Veteran's Pension		
U.S. Social Security		
Other country O.A.S.		
Private Pension 1)		
2)		
Annuities		
Life interest in Trust or Estate		
Gross Salary		
Unemployment Insurance		
Alimony or Support		
Total	Total	
Total Combined Income		

OFFICE USE ONLY

Total Monthly Income for Rental Purposes:	
Bank Interest	
Mortgage Interest	
Investment Interest	
Total Monthly Income for Eligibility Purposes:	

INCOME TAX

Did you file an Income Tax Return Last Year? YES NO

COMBINED STATEMENT OF ASSETS

Bank/Other Account	
Cash	
Bonds	
Certificates	
Debentures	
Value of Securities, Shares, Stocks 1)	
2)	
3)	
Interest in any Business	
Loans Outstanding	
Paid-Up Life Insurance	
Assets Transferred	
Mortgages Owned:	
Term of Mortgage	
Amt of Mortgage	
Rate of Interest	
Monthly Payment	
Balance Outstanding:	
Real Estate Owned:	
Value Summer Cottage	
Value Other Real Est.	
Sub-total	
Amt. Mtge Outstanding	
Net value	
TOTAL VALUE OF ASSETS	

FOR OFFICE USE ONLY

Total Assets for Rent Purposes	
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ASSETS TRANSFERRED -- PROVIDE DETAILS ON NEXT PAGE*

Date Transferred
 Transferred to

DECLARATION

I understand and acknowledge that Sts. Peter and Paul Residence apartments are intended for seniors who are self-sufficient and able to live independently and that Sts. Peter and Paul Residence does not provide nursing or care services to apartment residents. In the event that I am no longer able to take care of myself or live safely in my apartment, my Power of Attorney/Guarantor(s) will arrange care for me and my apartment, or will arrange for my move to more appropriate accommodation.

I declare that I am able to pay the monthly rent for the accommodation requested and all statements and the financial information provided in this application to be correct and complete to the best of my knowledge. I hereby authorize you or your agent to make any enquiries you deem necessary to verify the above statements and to verify the creditworthiness of the applicant(s).

I understand that this application does not constitute an agreement on the part of Sts. Peter and Paul Residence to provide me with rental accommodation. I acknowledge that this application is the property of Sts. Peter and Paul Residence and that the information provided will be held in confidence.

I understand that if rental accommodation is provided to me by Sts. Peter and Paul Residence, it will be occupied only by the persons in this application, and that if at any time it comes to the attention of Sts. Peter and Paul Residence that the above information is incorrect or has been falsified, my lease may be cancelled.

I further understand that I must take care of my apartment and maintain it in the same condition as I received it. If the apartment is damaged beyond normal wear during my stay, I understand that I will be responsible for paying the repair costs.

I understand that the property management reserves the right to reject this application at its sole discretion.

Date

Signature of Applicant

Signature of Witness

Date

Signature of Spouse / Co-Applicant

Signature of Witness

GUARANTEE OF SUPPORT

I/We acknowledge that Sts. Peter and Paul Residence apartments are intended for seniors who are capable of living independently and that Sts. Peter and Paul Residence does not provide nursing or care services to apartment residents, nor supportive housing services.

If the applicant(s) take(s) up residence in a Sts. Peter and Paul Residence apartment unit, I/we guarantee that I/we will accept responsibility for the care and well-being of the applicant(s) should this become necessary, including the payment of rent.

1.)

Date	Signature of Guarantor	Signature of Witness
Name: _____		
Address: _____		
Telephone: _____		
Relationship: <input type="checkbox"/> POA		
<input type="checkbox"/> Other: _____		

2.)

Date	Signature of Guarantor	Signature of Witness
Name: _____		
Address: _____		
Telephone: _____		
Relationship: <input type="checkbox"/> POA		
<input type="checkbox"/> Other: _____		

PLEASE ENSURE THAT THE FOLLOWING HAS BEEN DONE:

- 1.) All sections of the application form have been completed.
- 2.) All signatures have been provided.
- 3.) You have attached the following:
 - (a) proof of identity - photocopy of photo ID
 - (b) proof of status in Canada
 - photocopy of Citizenship/Permanent Resident or Refugee card/certificate

Please bring originals with you when you come to sign your lease.

Please note that you will be required to provide copies of your Power of Attorney documents prior to move-in, as well as confirmation of the Executor of your Will.

YOU MAY DROP OFF YOUR COMPLETED APPLICATION IN PERSON AT THE RESIDENCE MONDAY TO FRIDAY DURING NORMAL BUSINESS HOURS, OR MAIL IT TO:

STS. PETER AND PAUL RESIDENCE
221 Milner Avenue
Toronto, ON
M1S 4P4