

St. Matthew's Bracondale House  
707 St. Clair Avenue West  
Toronto, ON M6C 4A1

Telephone: 416-656-2669

Fax: 416-656-8052

Email: bsilveira@smbh.ca

Date Received (to be filled by office staff):

## APPLICATION FOR MARKET RENT

| Applicant Information   |                                  |                                     |                                  |   |                                    |
|---|----------------------------------|-------------------------------------|----------------------------------|---|------------------------------------|
| <b>First Name:</b>  | <b>Middle Name:</b>              | <b>Last Name:</b>                   |                                  |   |                                    |
| _____   | _____                            | _____                               |                                  |   |                                    |
| <b>Marital Status:</b>  |                                  |                                     |                                  |   |                                    |
| <input type="checkbox"/> Single   | <input type="checkbox"/> Married | <input type="checkbox"/> Common-law | <input type="checkbox"/> Widowed | <input type="checkbox"/> Divorced         | <input type="checkbox"/> Separated |
| <b>Date of Birth:</b>   |                                  |                                     | _____                            | _____                                     | _____                              |
|   |                                  |                                     | Month                            | Day                                       | Year                               |
| <b>Citizenship Status</b>   |                                  |                                     | <input type="checkbox"/> Citizen | <input type="checkbox"/> Landed Immigrant |                                    |
| Date entered Canada (if not born here): _____                                       |                                  |                                     |                                  |   |                                    |
| Please provide your Record of Landing if you have been here for less than 10 years. |                                  |                                     |                                  |   |                                    |
| Record of Landing Attached: <input type="checkbox"/>                                |                                  |                                     |                                  |   |                                    |

| Co-Applicant Information  |                                  |                                     |                                  |   |                                    |
|---|----------------------------------|-------------------------------------|----------------------------------|---|------------------------------------|
| <b>First Name:</b>  | <b>Middle Name:</b>              | <b>Last Name:</b>                   |                                  |   |                                    |
| _____   | _____                            | _____                               |                                  |   |                                    |
| <b>Marital Status:</b>  |                                  |                                     |                                  |   |                                    |
| <input type="checkbox"/> Single   | <input type="checkbox"/> Married | <input type="checkbox"/> Common-law | <input type="checkbox"/> Widowed | <input type="checkbox"/> Divorced         | <input type="checkbox"/> Separated |
| <b>Date of Birth:</b>   |                                  |                                     | _____                            | _____                                     | _____                              |
|   |                                  |                                     | Month                            | Day                                       | Year                               |
| <b>Citizenship Status</b>   |                                  |                                     | <input type="checkbox"/> Citizen | <input type="checkbox"/> Landed Immigrant |                                    |
| Date entered Canada (if not born here): _____                                       |                                  |                                     |                                  |   |                                    |
| Please provide your Record of Landing if you have been here for less than 10 years. |                                  |                                     |                                  |   |                                    |
| Record of Landing Attached <input type="checkbox"/>                                 |                                  |                                     |                                  |   |                                    |

Present Address and Contact Information

Street Address:

Apartment #:

\_\_\_\_\_

City:

Province:

Postal Code:

\_\_\_\_\_

Home phone:

Cellphone or Business Phone:

\_\_\_\_\_

Mailing Address (if different from current address):

\_\_\_\_\_

\_\_\_\_\_

Type of residence:

House/Condo

Apartment

Relatives

Other: \_\_\_\_\_

Time at this address: From \_\_\_\_\_ to present

Do you own or rent?

Own

Rent

Are you under notice to vacate?

Yes

No

How much notice is required for moving?

Less than 1 month

1 month

2 months

More than 2 months

Cost of your present accommodation:

\$ \_\_\_\_\_ per month

Additional expenses (heat, hydro, water, etc.):

\$ \_\_\_\_\_ per month

References

Reference #1—from current landlord (if applicable):

Full Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Reference #2—must be from a non-relative:

Full Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship to applicant/co-applicant: \_\_\_\_\_

| Income and Assets (Income from all sources must be declared) |                |              |
|--|----------------|--------------|
|  | Monthly Income |              |
| Source of Income   | Applicant      | Co-Applicant |
| Canada Pension   | \$             | \$           |
| Old Age Pension – Other Countries                            | \$             | \$           |
| ODSP or other disability pensions                            | \$             | \$           |
| Private Pensions (please specify below):<br>_____            | \$             | \$           |
| Income Supplement (Gains)                                    | \$             | \$           |
| Employment Income (Full-time or Part-time)                   | \$             | \$           |
| <b>Total Monthly Income</b>                                  | <b>\$</b>      | <b>\$</b>    |

| Apartment Details   |                                    |                                   |
|---|------------------------------------|-----------------------------------|
| <p><i>Please note: In order to qualify for housing at St. Matthew's Bracondale House, the applicant must meet the following eligibility criteria:</i></p> <ol style="list-style-type: none"> <li><i>1. Must be a Canadian citizen</i></li> <li><i>2. Must be 65 years or older</i></li> <li><i>3. Must be able to live independently</i></li> </ol> |                                    |                                   |
| What type of apartment are you applying for?  | <input type="checkbox"/> 1-bedroom | <input type="checkbox"/> Bachelor |
| Do you require underground parking?   | <input type="checkbox"/> Yes       | <input type="checkbox"/> No       |
| Have you applied to Toronto social housing (Housing Connections) for subsidized housing?  |                                    |                                   |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No        |                                   |

| Contact Information of Applicant/Co-Applicant's Family Doctor: |       |
|--|-------|
| Name:  | _____ |
| Phone Number:  | _____ |

St. Matthew's Bracondale House is not a nursing home. To be considered for tenancy, applicants must be able to manage independently and be in good health. If after a time the applicant, now tenant, becomes ill and requires further care, he or she will be moved to an appropriate care centre. This move will be at the tenant's expense. In case of illness, we request the name of a responsible relative or friend who we can contact. This person should understand that he or she will need to work with the Bracondale staff on the tenant's behalf in the event of emergency or other extenuating circumstances.

**Full Name of Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Relationship to applicant:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cellphone:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_

**Declaration:**

I declare all statements in this application to be correct and complete, and hereby authorize you to make any inquiries you deem necessary to verify the above information.

I understand that this application does not constitute an agreement on the part of St. Matthew's Bracondale House. In the event that a lease is signed for an apartment at Bracondale House, the apartment will be occupied by only myself and the other member of my family who I have listed on this application.

I hereby certify that I am a bona fide legal resident of Canada and that I have no outstanding debts to any government housing agency.

Dated at \_\_\_\_\_ a.m./p.m. on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Co-Applicant