



**St. Matthew's Bracondale House**  
**707 St. Clair Ave West**  
**Toronto, Ontario**  
**M6C 4A1**  
**Tel: (416) 256-2669**

Located in Toronto's St. Clair West neighbourhood, Bracondale combines independent living with supportive services and recreational programming. Our building has 100 one-bedroom units and 30 bachelor units, available both at market rent and through the city's subsidized housing list.

Each apartment is self-contained, fully carpeted and has:

- A kitchen equipped with a fridge, stove and oven
- A full bathroom with a grab bar to prevent falls, as well as an emergency pull cord
- Large bay windows in the living/dining room
- Individual heat and air conditioning controls

In addition Bracondale has a operating system to let guests in the building, as well as 24

Rent	
Bachelor Apartment (390 ft <sup>2</sup> )	\$829/month
One-Bedroom Apartment (500 ft <sup>2</sup> )	\$1,092/month



**Kitchen and living room of a one bedroom apartment**

Utilities and Amenities	
Heating and electricity (Hydro)	Included in rent
Water	Included in rent

Basic Cable (Rogers)	Included in rent
Amenity fees (office and reception services; access to on-site laundry facilities, recreation areas and lounges)	Included in rent
Parking	\$25.00/month (Outdoor) \$50.00/month (Indoor)

Other Facilities	
<ul style="list-style-type: none"> <li>▪ On-site office and reception area</li> <li>▪ Library and games area</li> <li>▪ <del>Two dining rooms for meals and socials</del> (closed due to COVID-19)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Two furnished lounges</li> <li>▪ Large recreation room for all activities and special events</li> </ul>

**Applicant Information**

**First Name:**

**Middle Name:**

**Last Name:**

**Marital Status:**

Single     Married     Common-law     Widowed     Divorced     Separated

**Date of Birth:**

\_\_\_\_\_

Month

Day

Year

**Citizenship Status**

Citizen

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:*

**Co-Applicant Information**

**First Name:**

**Middle Name:**

**Last Name:**

**Marital Status:**

Single     Married     Common-law     Widowed     Divorced     Separated

**Date of Birth:**

\_\_\_\_\_

Month

Day

Year

**Citizenship Status**

Citizen

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*

**Present Address and Contact Information**

**Street Address:**

**Apartment #:**

**City:**

**Province:**

**Postal Code:**

<b>Home phone:</b> _____	<b>Cellphone or Business Phone:</b> _____
<b>Mailing Address (if different from current address):</b> _____ _____	
<b>Type of residence:</b> <input type="checkbox"/> House/Condo <input type="checkbox"/> Apartment <input type="checkbox"/> Relatives <input type="checkbox"/> Other: _____	
<b>Time at this address:</b> From _____ to present	
<b>Do you own or rent?</b>	<input type="checkbox"/> Own <input type="checkbox"/> Rent
<b>Are you under notice to vacate?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>How much notice is required for moving?</b>	
<input type="checkbox"/> Less than 1 month <input type="checkbox"/> 1 month <input type="checkbox"/> 2 months <input type="checkbox"/> More than 2 months	
<b>Cost of your present accommodation:</b>	\$ _____ per month
<b>Additional expenses (heat, hydro, water, etc.):</b>	\$ _____ per month

<b>References</b>		
<b>Reference #1—from current landlord (if applicable):</b>		
Full Name: _____	Phone #: _____	
<b>Reference #2—must be from a non-relative:</b>		
Full Name: _____	Phone #: _____	
Relationship to applicant/co-applicant: _____		
<b>Income and Assets (Income from all sources must be declared)</b>		
	<b>Monthly Income</b>	
<b>Source of Income</b>	<b>Applicant</b>	<b>Co-Applicant</b>
Canada Pension	\$	\$

Old Age Pension – Other Countries	\$	\$
ODSP or other disability pensions	\$	\$
Private Pensions (please specify below): _____	\$	\$
Income Supplement (Gains)	\$	\$
Employment Income (Full-time or Part-time)	\$	\$
<b>Total Monthly Income</b>	<b>\$</b>	<b>\$</b>

<b>Apartment Details</b>		
<i>Please note: In order to qualify for housing at St. Matthew's Bracondale House, the applicant must meet the following eligibility criteria:</i>		
<ol style="list-style-type: none"> <li>1. <i>Must be a Canadian citizen</i></li> <li>2. <i>Must be 65 years or older</i></li> <li>3. <i>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	

<b>Contact Information of Applicant/Co-Applicant's Family Doctor:</b>	
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