



Date Received (to be filled by office staff):

APPLICATION FOR MARKET RENT

Applicant Information		
First Name:	Middle Name:	Last Name:
_____	_____	_____
Marital Status:		
<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		
Date of Birth:	_____	_____
	Month	Day Year
Citizenship Status	<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		
First Name:	Middle Name:	Last Name:
_____	_____	_____
Marital Status:		
<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		
Date of Birth:	_____	_____
	Month	Day Year
Citizenship Status	<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:			
<input type="checkbox"/> House/Condo	<input type="checkbox"/> Apartment	<input type="checkbox"/> Relatives	<input type="checkbox"/> Other: _____
Time at this address: From _____ to present			
Do you own or rent?		<input type="checkbox"/> Own	<input type="checkbox"/> Rent
Are you under notice to vacate?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
How much notice is required for moving?			
<input type="checkbox"/> Less than 1 month	<input type="checkbox"/> 1 month	<input type="checkbox"/> 2 months	<input type="checkbox"/> 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): _____	\$	\$
Income Supplement (Gains)	\$	\$
Employment Income (Full-time or Part-time)	\$	\$
Total Monthly Income	\$	\$

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"> 1. <i>Must be a Canadian citizen</i> 2. <i>Must be 65 years or older</i> 3. <i>Must be able to live independently</i> 		
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