

Tel # 416 - 656-2669

Fax # 416 - 656-8052

Date Received

APPLICANT

Mr Mrs First Name Last Name
 Ms Miss

Date of Birth _____
Day Month Year

Marital Status: Married Common law Widowed Divorced Separated

CITIZENSHIP

Canadian Citizen
 Landed Immigrant Date Entered Canada _____
Day Month Year

Were you sponsored to Canada? Yes No
Please Provide "Record of Landing" if landed under 10 years. Attached

CO - APPLICANT

First Name Last Name
 Mr Mrs
 Ms Miss

Social Insurance Number _____ Date of Birth _____
Day Month Year

Marital Status: Single Married Common Law Widowed Divorced Separated

CITIZENSHIP

Canadian Citizen
 Landed Immigrant Date Entered Canada: _____
Day Month Year

Were you sponsored to Canada? Yes No
Please provide "Record of Landing" if landed under 10 years. Attached

COMPLETE CURRENT ADDRESS

Street Number Address Apt. #

City Province Postal Code Tel. #

Time at this address: From _____ To _____

Landlord's Name: _____ Tel. # _____

MAILING ADDRESS IF DIFFERENT FROM ABOVE

Street Number Address Apt. #

City Province Postal Code Tel. #

DESCRIPTION OF PRESENT RESIDENCE

Do you own? Yes No Do you Rent? Yes No
Are you under notice to vacate? Yes No
How much notice is required for moving? less than one month 1 month 2 months
Cost of your present accommodation ? \$ _____ per month
Extra expenses ~ heat, hydro. \$ _____

STATEMENTS OF MONTHLY INCOME AND ASSETS (Income from all sources must be declared)

SOURCE OF INCOME	MONTHLY INCOME	
	APPLICANT	CO - APPLICANT
CANADA PENSION	\$	\$
OLD AGE PENSION - OTHER COUNTRIES		
OTHER DISABILITIES PENSIONS		
PRIVATE PENSIONS		
SPECIFY		
INCOME SUPPLEMENT (GAINS)		
EMPLOYMENT INCOME FULL OR PART-TIME		
TOTAL MONTHLY INCOME	\$	\$

IN ORDER TO QUALIFY FOR HOUSING AT ST. MATTHEW'S BRACONDALE HOUSE THE INDIVIDUAL MUST MEET THE FOLLOWING ELIGIBILITY CRITERIA:

1 ~ MUST BE A CANADIAN CITIZEN

2 ~ MUST BE 65 YEARS OR OLDER

3 ~ MUST BE ABLE TO LIVE INDEPENDENTLY

HAVE YOU APPLIED TO TORONTO SOCIAL HOUSING CONNECTIONS FOR SUBSIDIZED HOUSING _____

REFERENCES: ONE REFERENCE OTHER THAN A RELATIVE: _____ TEL # _____

AM APPLYING FOR A ~ BEDROOM OR A BACHELOR

REQUIRE UNDERGROUND PARKING: YES NO

ST. MATTHEW'S BRACONDALE HOUSE IS NOT A NURSING HOME. TO BE A TENANT, APPLICANTS MUST BE ABLE TO MANAGE INDEPENDENTLY AND BE IN GOOD HEALTH. IF AFTER TIME THE APPLICANT BECOMES ILL AND REQUIRES FURTHER CARE, HE OR SHE WILL BE MOVED TO AN APPROPRIATE CARE CENTRE. THIS MOVE WOULD BE AT THE TENANT'S EXPENSE . IN CASE OF ILLNESS WE REQUEST THE NAME OF A RESPONSIBLE PERSON WHOM WE CAN CONTACT (A FRIEND OR RELATIVE). THIS PERSON SHOULD UNDERSTAND THAT HE OR SHE WILL NEED TO WORK WITH THE BRACONDALE STAFF ON YOUR BEHALF IN THE EVENT OF AN EMERGENCY OR OTHER EXTENTUATING CIRCUMSTANCES.

RESPONSIBLE PERSON: _____

ADDRESS: _____

RELATIONSHIP: _____

PHONE NUMBER HOME: _____ BUSINESS: _____

PHYSICIAN'S TELEPHONE NUMBER: _____

DECLARATION

I DECLARE ALL STATEMENTS IN THE FOREGOING APPLICATION TO BE CORRECT AND COMPLETE AND HEREBY AUTHORIZE YOU TO MAKE ANY ENQUIRIES 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, IT WILL BE OCCUPIED BY ONLY MYSELF AND THE OTHER MEMBER OF MY FAMILY WHOM I HAVE LISTED ON THIS APPLICATION.

I HEREBY CERTIFY THAT I AM A BONAFIDE LEGAL RESIDENT OF CANADA AND THAT I HAVE NO OUTSTANDING DEBTS TO ANY GOVERNMENT HOUSING AGENCY.

DATED AT _____ THIS _____ DAY OF _____

SIGNATURE OF WITNESS

SIGNATURE OF APPLICANT

SIGNATURE OF WITNESS

SIGNATURE OF CO-APPLICANT