

Date:

# Seniors Villa of East Ferris Inc.

Application for Senior Housing

- You must be a Canadian Citizen, Landed Immigrant or Refugee Claimant
- One person in your household must be 60 years of age (Senior as per the Federal Government Standards)
- You must be able to live independently and make your own arrangements for supportive services if they are needed
  - \* Note: The information provided on this application as well as any documents to be forwarded by the applicant will be used to determine your ability to become a tenant of the Seniors Villa of East Ferris Inc.

#### Instructions

- 1. Please Print Clearly
- 2. Please fill out all sections of the form
- 3. Read and sign and scan the Release and Consent Declaration Form
- 4. Return the form to:

Seniors Villa of East Ferris Inc. Board@Seniorsvilla.org

Applicant Contact Information		
Primary Applicant		
Address		
Home Phone		
Cell		
Email		
Secondary Applicant		
Address		
Home Phone		
Cell		
Email		

**Vehicle Information** NOTE: (Current parking fee will apply for second vehicle)

Make	Model		Licence Plate
II income for yourse his section must be Proof of age required	nation for all persons who was all others who will live filled out and proof of incon	in the unit you are applyin	are applying for. You must rep g for. ment) must be provided.
First Name	Last Name	Date of Birth DD/MM/YY	Net Annual Income
Have you resided in the	township of East Ferris?		
If yes, for which time pe	priod		
Do any of your family m	embers live with you other than y	our spouse?	
Does anyone in your ho	ousehold require services in order	to live independently?	
If yes, please specify w	hat type of support services are re	equired and how they are provide	ed:
Current Landlord	<u>Information</u>		
andlord Name			
ddress			
Iome Phone			

Cell			
I own my current home	Yes	No	
It will be sold prior to being offered a Villa residence	Yes	No	
It will be rented after being offered a Villa residence	Yes	No	
Move in date			
General Information			
Do you own a recreational v	rehicle?		
Do you have any pets?			
If yes, what kind and how m	any?		
Volunteer History			
Dates Description			

**Emergency Declaration** 

Is this an emergency situation?	
If yes, please describe:	

#### **Declaration and Consent**

- · I/We declare that all information given in this application is correct and complete. I agree that the application and any supporting documents become the property of the Seniors Villa of East Ferris Inc. and copies of the application and supporting documents may be given to Board Members for selection and placement.
- · I/We agree to provide any supporting material as may be required.
- · I/We understand and agree that if accommodation is provided to me the unit will be occupied by me and the persons listed on this application only.
- · Personal Information collected by the Seniors Villa of East Ferris Inc., pursuant to the *Residential Tenancies Act, 2006* (RTA), will be used to determine eligibility for housing, an application for placement on a waiting list and to determine my housing status.
- · Pursuant to the Provincial/Municipal Freedom of Information and Protection of Privacy Act, I/we give our consent:
  - > To verify information given in this application and I/we authorize any person, corporation or any social agency having knowledge of any such required information to release the information to the Seniors Villa of East Ferris Inc.
  - > To supply any supporting documents as required for my application.
  - > To disclose the information given on this form to municipal department or agencies that assist in the provision of affordable housing and social agencies providing social assistance to me and persons listed on this application.
- Personal Information contained in this form or in attachments is collected by the Seniors Villa of East Ferris Inc. pursuant to the Freedom of Information and Protection of Privacy Act, (R.S.O. 1990, c.M.56)
- · Questions about this collection should be directed to the Board of Directors of the Seniors Villa of East Ferris Inc. at the address listed on this application.
- · I/We are responsible for reporting to the Seniors Villa of East Ferris Inc. any changes in the following within 10 business days:
  - > The number of people who live with me
  - > Telephone number

### > Housing needs should they change

· I/We understand that this application is not an agreement on the part of the Seniors Villa of East Ferris Inc. or its agent to provide me with rental accommodation.

Applicant Signature	Date
Household Member Signature	Date
Household Member Signature	Date
Household Member Signature	Date

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## **Please Check Your Preference**

- 2 Corbeil
- 2 Astorville Catherine Drive
- 2 Astorville Edmond Road
- I have no preference

\*\*PLEASE NOTE THESE ARE SMOKE FREE UNITS\*\*