

Income Information

Income means all money you receive, from all places. Here are some examples of possible places you receive income from. There may be others.

Employment

- full-time work
- part-time work
- irregular work
- casual work
- seasonal work / odd jobs
- shift bonuses
- disability / sickness pay
- tips or gratuities
- commissions
- overtime pay
- seasonal or vacation pay
- yearly or seasonal bonuses
- cost of living bonuses
- long term income protection plan

Self-Employment

- tutoring
- child care
- teaching music

Pension, Allowances and Other Income

- Ontario Works (OW)
- Ontario Disability Support (ODSP)
- Old Age Security (OAS)
- Guaranteed Income Supplement (GIS)
- Guaranteed Annual Income Systems
- Canada Pension Plan (CPP)
- Quebec Pension Plan (QPP)
- Widow's Pension
- Alimony / Support Payments
- War Veteran's Allowances (DVA & Other)
- Employment Insurance
- Training Allowances
- Payments under Compensation for Victims of Crime Act
- Company Pension
- Private Pension
- Public Service Pension
- Workplace Safety & Insurance Board
- Immigration allowances
- RRIF
- Support from relatives

Asset Information

Assets are valuable things that you own (eg. property). There are some assets that give you income. There are others that do not give you income. Here are some examples of both kinds:

Assets which give you income:

- farm property from which you make money
- real estate which you rent to someone
- a licence which gives you income
- a business which gives you income
- one-time lump-sum payment (eg. Inheritance, court and out-of-court settlements) which you then invest or place in an interest bearing account
- investments

Examples of investments are:

- savings and chequing accounts at a bank, trust company, credit union
- annuities
- Guaranteed Investment Certificates (GIC)
- stocks and shares
- bonds or debentures
- mortgages, loans, notes
- term deposits

Assets which do not give you income

(all of these must also be declared)

- life insurance (with a "cash surrender" value)
- Registered Retirement Savings Plan (RRSP)
- real estate which does not give you income (eg. house, condominium, summer cottage, farmland, commercial or vacant land)
- collections or investments in other valuable assets which do not give you income
- business which does not give you income

If you have any questions regarding items that are not listed here, please call our office at (416) 766-7977 Monday to Friday between 9:00 am and 4:00 pm for clarification.

Section 1 - Applicant Information								
First Name:		Middle Name:			Family Name:			
Social Insurance Number:				Status in Canada: Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/>				
Sex:	M <input type="checkbox"/>	F <input type="checkbox"/>	Marital Status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Common Law <input type="checkbox"/>	Widowed <input type="checkbox"/>
Date of Birth:				Any special requirements regarding housing:				

Section 2 - Household Information - Please list any other people that will be living with you. They must be 59 years of age or older unless they are your spouse or common-law partner.						
Name	Relationship to You	Date of Birth M D Y			Sex M/F	Status in Canada Citizen, etc.

Section 3 - Present Address					
Apartment Number:		Street Address:			
City:		Province:		Postal Code:	
Home Phone Number:			Work Phone Number:		
Mailing Address (if different from above address):					
Type of Residence:	House / Condo <input type="checkbox"/>	Apartment <input type="checkbox"/>	Hospital / Institution <input type="checkbox"/>	Relatives <input type="checkbox"/>	Other (specify) <input type="checkbox"/>
Do you own or rent?		Own <input type="checkbox"/>	Do you have a separate bedroom?		Yes <input type="checkbox"/>
		Rent <input type="checkbox"/>			No <input type="checkbox"/>
Landlord's Name (if applicable):			Daytime Phone Number:		
How much notice to move do you require?		1 Month <input type="checkbox"/>	Are you under notice to vacate? (If yes, please attach)		Yes <input type="checkbox"/>
		2 Months <input type="checkbox"/>			No <input type="checkbox"/>
		2 Months + <input type="checkbox"/>			
Monthly Expenses:	Rent:	Heat:	Water:	Hydro:	Total:

Section 4 - Previous Landlord and Residential History - Please state previous addresses you and / or your co-applicant (if applicable) have resided at in the past five years. Attach extra pages if more space is needed for additional residences.

Apartment Number:		Street Address:			
City:		Province:		Postal Code:	
Landlord's Name:			Daytime Phone Number:		
Period From:		Period To:		Reason for Leaving:	

Section 5 - Contact Information - Please list a person we can contact on your behalf of your household that can verify the information provided. For example: a relative or friend.

First Name:		Middle Name:		Family Name:	
Home Phone Number:			Work Phone Number:		
Relationship:					

Section 6 - Income Information - list all sources of income being received by you and all other persons who will be living with you. **Please see Instruction Page (Page #2) for examples of types of income.** Use extra paper, if needed. Please feel free to attach your most recent Income Tax Return or bank statements.

Name	Income Source: (list individually)	Gross Income per Month:
Total gross income per month:		

Section 7 - Employment Information			
Are you presently employed?	Yes <input type="checkbox"/>	Is co-applicant presently employed?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>		No <input type="checkbox"/>
If yes, please list name of current employer?		If yes, please list name of current employer?	
Address and telephone number:		Address and telephone number:	
Years Employed:		Years Employed:	

Section 7 - Assets Information - list all assets owned by you and all other persons who will be living with you. Please see Instruction Page (Page #2) for examples of types of assets. Use extra paper, if needed.		
Name:	Type of Asset: (list individually)	Value (\$):
Total value (\$) of assets:		

Section 8 - Health Factors		
Physicians Name:	Daytime Phone Number:	
Address:		
Do you (or co-applicant) have any health problems or disabilities which may affect your tenancy?		
Do you require a wheelchair accessible unit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section 9 - Housing Requirements - Please be aware it is possible to be considered for more than one unit size.

2 Bedroom Unit

1 Bedroom Unit

Bachelor Unit

Section 10 - Consent to Release - this is a legal agreement with Loyola Arrupe Corporation and Loyola Arrupe Phase II Inc. Please read carefully, and sign in the spaces below.

I understand that there are laws that allow Loyola Arrupe Corporation and Loyola Arrupe Phase II Inc. to collect personal information about me.

I understand that Loyola Arrupe Corporation and Loyola Arrupe Phase II Inc. will use the information I give them to see if I qualify for housing in their complex.

I give Loyola Arrupe Corporation and Loyola Arrupe Phase II Inc. permission to verify the information that I have given them with a person or agency that can confirm the information provided.

Loyola Arrupe Corporation / Loyola Arrupe Phase II Inc.
1709 Bloor St. West
Toronto, Ontario
M6P 4E5

(416) 766-7977 Telephone
(416) 766-9258 Fax

Applicant's Signature:

Co-Applicant's Signature:

Date:

Date:

Section 11 - Declaration

I declare all statements in the foregoing application to be correct and complete. The application and supporting documents become the property of Loyola Arrupe Corporation and Loyola Arrupe Phase II Inc. once returned to the management offices.

I understand that any accommodation provided to me will be occupied by only the applicant and co-applicant listed on the application. If at any time it comes to the attention of Loyola Arrupe Corporation and Loyola Arrupe Phase II Inc. that the information provided is incorrect or not true, Loyola Arrupe Corporation and Loyola Arrupe Phase II Inc. may cancel my application or lease, take legal action, or both.

I certify that I am in Canada legally and that I have no outstanding debts to any Government Housing Agency or private Housing Agency.

Applicant's Signature:

Co-Applicant's Signature:

Date:

Date: