INSTRUCTION PAGE

Please read the following information carefully before filling out this application. By completing and submitting this application form **with all necessary required documents**, your name will be placed on Loyola Arrupe Corporation's waiting list for residence in both 515 Parkside Drive and 1709 Bloor St. West, **according to the date we receive your application**.

WHO CAN APPLY?

Any person who is a permanent, legal resident of Canada and 59 years of age or older can apply.

TIPS ON FILLING OUT YOUR APPLICATION

- Please print and fill out all sections (1 through 11) of the application form in ink.
- Read carefully the *Consent to Release and *Declaration in sections 10 and 11. All household members must sign the form at the end of these sections.
- You will be required to provide documentation to verify any information you have included in your application form.
- It is your responsibility to ensure that the information that you provide is accurate and up to date and inform the management office of any change in address, telephone, income or unit size.
- At the time of offer, a full credit check will be required prior to approval.
- Please do not hesitate to contact our administration office for more information.

• Email, Mail or deliver your application to the administration office at the following address:

MARKET RENT APPLICATION

Loyola Arrupe Corporation Attention: Administration 1709 Bloor St. West Toronto, Ontario M6P 4E5 admin@lac1709.ca

Tel:	(416) 766-7977
Fax:	(416) 766-9258

For Office Use Only

Date Application Received:

Please NOTE: If your application is not complete, if documents are missing or out of date, your application will not be processed.

Required Income Information

For Waitlist:

• Copy of most current NOA (Notice Of Assessment)

For Approval at time of offer:

• Full credit check

Secti	Section 1 - Applicant Information					
First I	Name:			Middle Name:	Family Name:	
Socia	l Insura	ince Nu	mber:		Status in Canada: Canadian Citizen □ Landed Immigrant □	
Sex	М	F	Other	Do not wish to disclose		
Date	of Birth:	: M	D Y			

Section 2 - Household Information - Please list 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 Nur	nber:	Street /	Address:		
City:	Prov	vince:	Postal	Code:	
Home Phone N	Home Phone Number: Email:				
Mailing Addres	Mailing Address (if different from above address):				
Type of Residence:	House / Condo	Apartment	Other (specify)		
Do you own or rent?		Own			
		Rent			
Landlord's Name (if applicable): Daytime Phone Number:				:	
How much notice to move do you require?		1 Month			
		2 Months			
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 Na	ord=s Name: Daytime Phone Number:				
Period From:		Period To:		Reason for Leaving:	

Section 5 – Personal Reference - 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:		
Emai:			
Relationship:			

Section 6 - Income Information - Copy of most current NOA (Notice Of Assessment) of applicant(s)				
Name	Current NOA	Amount on Line 23600 of NOA		
	Year:			
	Year:			

Section 7 - Employment Information			
Are you presently	Yes	Is co-applicant presently employed?	Yes
employed?	No		No
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:	

Name:	Type of Asset: (list individually)	Value (\$):		
Name.	Type of Asset. (list individually)	value (y).		
Total value (\$) of assets:				

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2 Bedroom	Unit	1 Bedroom Unit	Bache	lor Unit

Section 10 - Consent to Release - this is a legal agreement with Loyola Arrupe Corporation. Please read carefully, and sign in the spaces below.			
I understand that there are laws that allow Loyola Arrupe Corporation to collect personal information			
about me. I understand that Loyola Arrupe Corporation will use	e the information I give them to see if I qualify for		
housing in their complex.			
I give Loyola Arrupe Corporation permission to verify the information that I have given them with a person or agency that can confirm the information provided.			
	6-7977 Telephone 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 once returned to the management offices.

I understand that any accommodation provided to me will be occupied by only the applicant and coapplicant listed on the application. If at any time it comes to the attention of Loyola Arrupe Corporation that the information provided is incorrect or not true, Loyola Arrupe Corporation 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: