

APPLICATION FOR APARTMENT RENTAL
LEGION CREST COMPLEX
 SENIOR CITIZENS (60+)
 70 FITTONS RD. WEST, ORILLIA, ON L3V 6X6
 80 FITTONS RD. WEST, ORILLIA, ON L3V 7A1
****SMOKE-FREE PREMISES****

NAME _____
 LAST NAME (PRINT) **GIVEN NAMES (PRINT)**

ADDRESS _____
 STREET & NUMBER **CITY** **PROVINCE** **POSTAL CODE** **TELEPHONE**

HOW MANY YEARS _____ **EMAIL ADDRESS** _____

DATE OF BIRTH _____ **GENERAL HEALTH** **GOOD** **FAIR** **BAD**
 () () ()
 HEARING () () ()
 EYE SIGHT () () ()

- ARE YOU?** (A) A VETERAN ()
 (B) VETERAN'S WIDOW ()
 (C) SON OR DAUGHTER OF VETERAN ()
 (D) PARENT OF VETERAN ()
 (E) VETERAN'S SERVICE NUMBER _____

IF TWO PERSONS TO OCCUPY UNIT – COMPLETE BELOW

NAME _____
 LAST NAME (PRINT) **GIVEN NAMES (PRINT)**

ADDRESS _____
 STREET & NUMBER **CITY** **PROVINCE** **POSTAL CODE** **TELEPHONE**

HOW MANY YEARS _____

DATE OF BIRTH _____ **GENERAL HEALTH** **GOOD** **FAIR** **BAD**
 () () ()
 HEARING () () ()
 EYE SIGHT () () ()

RELATIONSHIP TO FIRST APPLICANT _____

PRESENT LIVING CONDITIONS:

I AM NOW OCCUPYING

			OWN USE	SHARED
FURNISHED ROOM(S)	()	APARTMENT	()	()
ROOM WITH RELATIVES	()	MY/OUR HOUSE	()	()

MY MONTHLY RENTAL FOR ABOVE IS \$ _____

REASON FOR LEAVING PRESENT ACCOMMODATION

- | | | | |
|------------------|-----|-------------------------|-------|
| RENT TOO HIGH | () | STAIRS | () |
| UNSUITABLE NOISE | () | OVERCROWDING | () |
| NOT ON BUS ROUTE | () | OTHER REASONS (EXPLAIN) | _____ |

ARE YOU CURRENTLY RECEIVING RENT SUBSIDY? Y OR N

IF YOU ANSWERED YES FROM WHOM _____

FINANCIAL RESOURCES OF APPLICANT(S)

(To be completed for subsidized housing only)

MONTHLY INCOME

	<u>FIRST APPLICANT</u>	<u>SECOND APPLICANT</u>
GOVERNMENT PENSION - OAS	\$ _____	\$ _____
- CPP	\$ _____	\$ _____
WAR VETERAN ALLOWANCE	\$ _____	\$ _____
RETIREMENT PENSION	\$ _____	\$ _____
GOVERNMENT ANNUITY	\$ _____	\$ _____
BANK INTEREST	\$ _____	\$ _____
MONTHLY INCOME FROM EMPLOYER	\$ _____	\$ _____
WSIB	\$ _____	\$ _____
OTHER	\$ _____	\$ _____
TOTAL MONTHLY INCOME	\$ _____	\$ _____

ASSETS

	<u>FIRST APPLICANT</u>	<u>SECOND APPLICANT</u>
BANK NAME, BRANCH, ADDRESS WHICH HANDLES YOUR ACCOUNT	_____	_____
	_____	_____
	_____	_____
REAL ESTATE	\$ _____	\$ _____
STOCKS, BONDS, ETC.	\$ _____	\$ _____
BANK ACCOUNT BALANCE(S)	\$ _____	\$ _____
OTHER ASSETS (STATE PARTICULARS)	\$ _____	\$ _____
_____	\$ _____	\$ _____
<u>TOTAL</u>	\$ _____	\$ _____

I DECLARE THE ABOVE INFORMATION TO BE CORRECT.

AFTER 3 REFUSALS FOR ACCOMMODATION YOUR APPLICATION WILL BE REMOVED FROM THE WAITING LIST.

I UNDERSTAND THAT THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT ON THE PART OF LEGION CREST COMPLEX - ORILLIA LEGION BRANCH 34 SENIOR CITIZENS COMPLEX, OR IT'S AGENT, TO PROVIDE ME WITH RENTAL ACCOMMODATION. I ACKNOWLEDGE THAT THIS APPLICATION BECOMES THE PROPERTY OF LEGION CREST - ORILLIA LEGION BRANCH 34 SENIOR CITIZENS COMPLEX UPON DELEVERY BY ME TO IT OR ITS AGENT.

I FURTHER ACKNOWLEDGE THE RIGHT OF LEGION CREST -ORILLIA LEGION BRANCH 34 SENIOR CITIZENS COMPLEX OR ITS AGENT AT ANY TIME PRIOR TO THE EXECUTION AND DELIVERY TO ME OF A LEASE HEREBY APPLIED FOR, TO WITHDRAW, REVOKE, OR CANCEL, WITHOUT PENALTY OR LIABILITY FOR DAMAGES OR OTHERWISE, ANY ACCEPTANCE OR APPROVAL OF THIS APPLICATION PREVIOUSLY MADE OR GIVEN.

APPLICANT SIGNATURE

OFFICE STAFF SIGNATURE

SECOND APPLICANT SIGNATURE

DATE

DATE