



Seniors Villa East Ferris: Mailing Address: 440 Hwy 94, CORBEIL ON P0H 1K0
 Email Address: board@seniorsvilla.org
 Online: <https://sites.google.com/seniorsvilla.org/seniors-villa/home>

Instructions:

1. Please print clearly.
2. Read, sign and date the Arm's Length Declaration at the end of the application.
3. Your application can be submitted to a SVEF Director in person, by mail, or email.
4. Your application must be renewed every 2 years.

To be eligible for housing, you must meet the following conditions:

- Must be a Canadian Citizen, Landed Immigrant or Refugee Claimant.
- Tenant must be 65 years of age or over, only a spouse may be under (proof of age required).
- Maximum total gross household income is \$81,200. (CRA Notice of Assessment required as proof)
- Capacity to live independently and to make own arrangements for supportive services.

I / We hereby make application to rent an apartment located at:

440 & 450 Hwy 94, Corbeil ON P0H 1K0	Tenancy offer will only be made for selected location(s) Refusal of offer will result in revocation of existing application with the option of renewing it at the time of refusal
102 & 104 Catherine Drive, Astorville, ON P0H 1B0	
5 & 7 Edmond Drive, Astorville, On P0H 1B0	

SECTION # 1: GENERAL APPLICANT QUESTIONS – (circle YES or NO accordingly)

1. Is the applicant 65 years of age or older at the time of this application?	YES	NO
2. Do you currently live in East Ferris?	YES	NO
3. Did you formerly live in East Ferris? If YES provide former address:	YES	NO
4. Do you have ties to East Ferris? If YES describe ties:	YES	NO
5. Do you intend to reside in apartment unit all year round?	YES	NO
6. Will you own a home or any other residence (a place serving as a dwelling or home) while renting an East Ferris Villa? If "YES"- Explain:	YES	NO
7. Do you have pets?	YES	NO
8. Do you or any co-applicants smoke? <i>Note: buildings are non-smoking, including suites.</i>	YES	NO
9. Have you declared bankruptcy or filed a consumer proposal in the past 7 years?	YES	NO

SECTION # 2: APPLICANTS INFORMATION

I / We acknowledge and agree that no other persons shall occupy the premises other than those identified below. Co-signers and/or Guarantors must also be listed as an applicant and marked with an * at top of column.

INFORMATION	Applicant # 1	Applicant # 2	Applicant #3/Co-Signer*
First Name:			
Middle Initial:			
Last Name:			
Email Address:			
Date of Birth			
Daytime Tel. #:			
Evening Tel. #:			
Vehicle Make:			
Vehicle Plate #:			

SECTION # 3: CONTACT IN CASE OF EMERGENCY

Full Name:		Relationship:	
Address:		Daytime Tel. #:	
Email Address:		Evening Tel. #:	

SECTION # 4: RENTAL HISTORY

Do you currently own your own home? If "YES "provide address and duration.	YES	NO
Address: _____ Years: _____		
If less than 5 years complete history below:		

Current Address:

Street Number & Name:	
City:	
Province:	
# of Years:	
Landlord's Name:	
Landlord Tel Number:	

Previous Address:

Street Number & Name:	
City:	
Province:	
# of Years:	
Landlord's Name:	
Landlord Tel Number:	

SECTION # 5: ARMS LENGTH DECLARATION

I/We declare that all information given in this application is correct and complete. I/We agree that the application and any supporting documents become the property of Senior Villas East Ferris Board (SVEF). 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 person(s) listed below.

I/We give SVEF and their representative or property manager (agent) permission to check my credit history, references and other relevant investigation to determine my ability to pay rent and maintain the rental unit in keeping with industry standards. I/We understand that the building is a non-smoking facility and any smoking inside the building is grounds for lease termination/eviction per the Residential Tenancies Act.

I/We understand and agree that a tenancy agreement/lease will be entered into at the discretion of SVEF.

I/We understand that I will be required to obtain tenants liability insurance and will provide proof of the same prior to signing a lease agreement.

In the event that SVEF accepts my application I understand that full payment of last month's rent is required at signing the lease agreement and my first month's rent is required to be paid in full prior to receiving keys.

In the event that SVEF does not accept/approve my application, I understand the reasons for refusal may not be divulged. I/We understand that this application is not an agreement on the part of SVEF or its agent to provide me with rental accommodation.

I/We declare we have an arms-length relationship with all current directors of SVEF, or if we are within arms-length relationship with any current director we will disclose it.

Please provide your consent to the collection, use and disclosure of information by signing in the appropriate space below:

EXPRESS CONSENT	Applicant 1	Applicant 2	Applicant 3/Co-Signer
	I have read, understand and agree to the terms and provide my consent.	I have read, understand and agree to the terms and provide my consent.	I have read, understand and agree to the terms and provide my consent.
Applicant's signature			
Print Name			
Date (yyyy/mm/dd)			