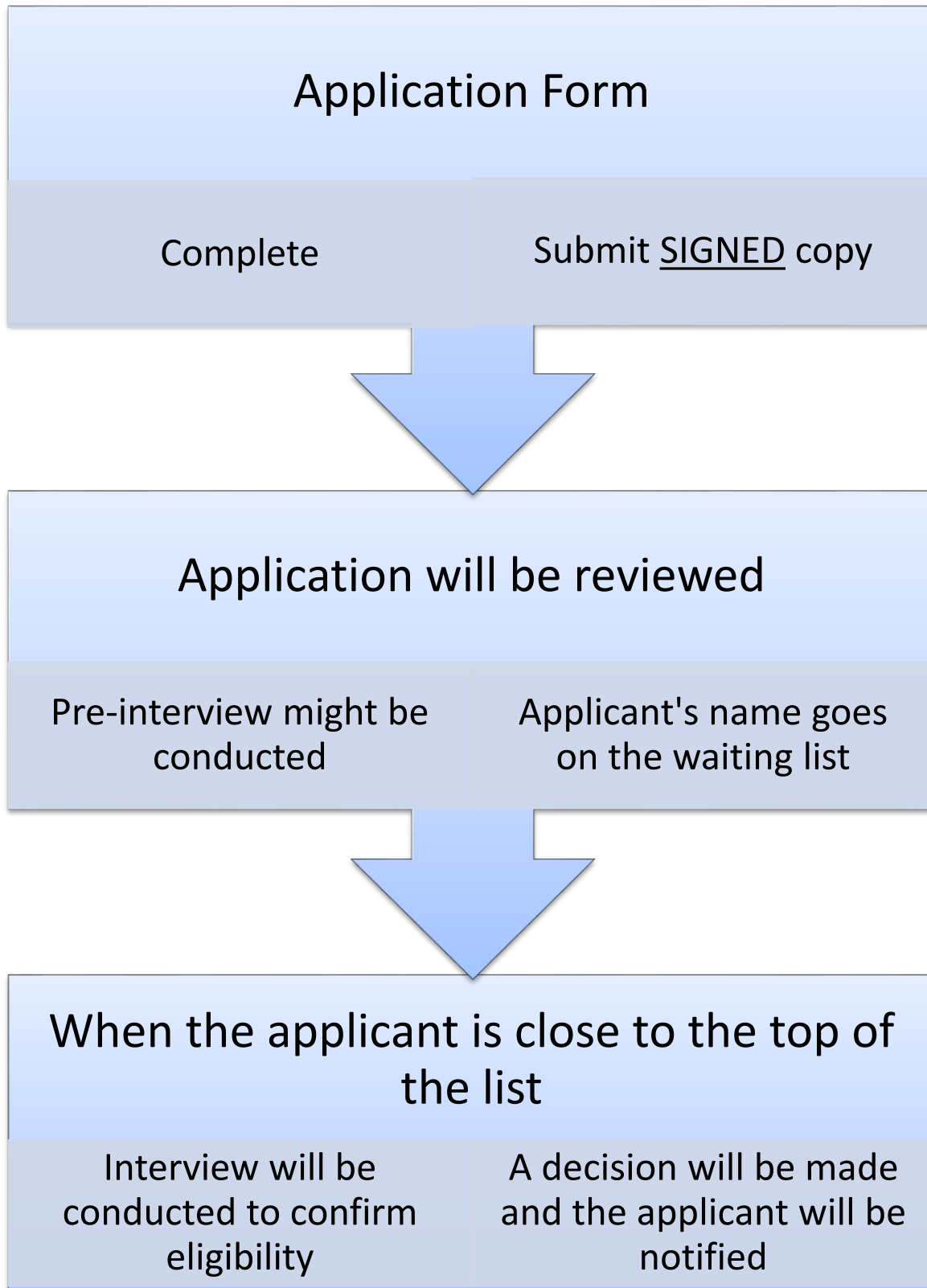


St. Demetrius Apartments



APPLICATION FORM

Application Process



Important information - please read carefully

**Please ensure that all application requirements are fulfilled
before submitting your application,
in order to avoid delays in processing.**

Application check-list

- ☐ All relevant sections of the application are completed
- ☐ Medical assessment pages are filled out and signed by your family physician
- ☐ Power of Attorney (POA) pages are signed by the appointed person(s)
- ☐ Pages 5, 9, 11 (if applicable), 22, 23 are signed by applicant(s)
- ☐ Pages 12-13, 14-15 (if applicable), 23 are signed by POA(s)
- ☐ A clear copy of Photo ID is attached
- ☐ A clear copy of proof of residency status (citizenship/permanent resident/refugee) is attached

PLEASE NOTE!

Applications for small or large bachelor and 1-bedroom apartments may expire after 12 months.

Final decision about eligibility for tenancy will be made after one-on-one interview.

APPLICANT #1

Mr. _____
Miss _____
Mrs. _____
Ms. _____

Last Name

First Name

Initial

Sex: Male _____ Female _____

Date of Birth: _____ _____ _____
 Month Day Year

Citizenship: Canadian Citizen _____ Landed Immigrant _____ Refugee _____

Applicant's Phone Number: (____) ____ - _____ **Alternate:** (____) ____ - _____

What language(s) do you speak? _____

APPLICANT #2

Mr. _____
Miss _____
Mrs. _____
Ms. _____

Last Name

First Name

Initial

Sex: Male _____ Female _____

Date of Birth: _____ _____ _____
 Month Day Year

Citizenship: Canadian Citizen _____ Landed Immigrant _____ Refugee _____

Applicant's Phone Number: (____) ____ - _____ **Alternate:** (____) ____ - _____

What language(s) do you speak? _____

APPLICANT'S #1 CURRENT ADDRESS

Street Number	Street Address	Apt.
City/Municipality	Province	Postal Code
() -	Email Address	
Telephone Number		
Present Landlord's Name	Landlord's Phone Number	
Landlord's Address		

DESCRIPTION OF CURRENT RESIDENCE

Present Residence Type: House_____ Apartment_____ Condo_____

Board
with Family_____ Other_____

APPLICANT'S #2 CURRENT ADDRESS (IF DIFFERENT FROM ABOVE)

Street Number	Street Address	Apt.
City/Municipality	Province	Postal Code
() -	Email Address	
Telephone Number		
Present Landlord's Name	Landlord's Phone Number	
Landlord's Address		

DESCRIPTION OF CURRENT RESIDENCE

Present Residence Type: House_____ Apartment_____ Condo_____

Board
with Family_____ Other_____

REASONS FOR APPLYING TO ST. DEMETRIUS APARTMENTS

Please check all that are applicable:

_____ Companionship

_____ Security

_____ Dining program (Lunches Mon.-Sat.)

_____ Rent at current residence is too high

_____ Distance from transportation is a problem

_____ Family problems

_____ Health

_____ Eviction

_____ Activities/Programs

_____ Require additional services

_____ Distance from shopping

_____ Overcrowding in current residence

_____ Poor quality of current residence

_____ Difficulty with stairs

_____ Other(explain) _____

SUITE TYPE PREFERENCE

From the list below, choose your first and second choice of suite type you wish to have by placing a 1 beside your first choice and a 2 beside your second choice:

SMALL BACHELOR _____

LARGE BACHELOR _____

ONE BEDROOM _____

TWO BEDROOM _____

NOTE: *Two bedroom units are not available for single applicants.*

Special Requests: (e.g., floor level, side of building, etc.)

PARKING REQUIREMENTS

Do you need a parking space?

Yes _____

No _____

Please Note: There is currently an extensive waiting list for parking. Only one parking spot per unit.

As an applicant for tenancy at St. Demetrius Apartments (the Building) at 123 La Rose Avenue, I understand that because of the limited parking availability at the Building, I may not be able to rent a parking space on the first day of my tenancy at the Building. I acknowledge that my name may be placed on the parking waiting list upon my becoming a tenant at the Building.

I acknowledge that potential waiting time for a parking space may approximately be 18-24 months. I agree to make my own parking arrangements in the meantime. I agree not to use the Building's visitor parking to park my vehicle.

Name: _____
Applicant #1

Signature: _____
Applicant #1

Name: _____
Applicant #2

Signature: _____
Applicant #2

PREVIOUS LANDLORD & RESIDENTIAL HISTORY

Please note that where applicable, a reference form filled out by the current landlord may be requested at the time of the interview.

Applicant #1: List previous addresses at which you have resided over the past five years:

1.

Street Number Street Address Apt.

Former Landlord's Name Landlord's Phone Number

Resided from ____ Y ____ M ____ D to ____ Y ____ M ____ D _____
Reason for Leaving

2.

Street Number Street Address Apt.

Former Landlord's Name Landlord's Phone Number

Resided from ____ Y ____ M ____ D to ____ Y ____ M ____ D _____
Reason for Leaving

Applicant #2: List previous addresses at which you have resided over the past five years (if different from above):

1.

Street Number Street Address Apt.

Former Landlord's Name Landlord's Phone Number

Resided from ____ Y ____ M ____ D to ____ Y ____ M ____ D _____
Reason for Leaving

2.

Street Number Street Address Apt.

Former Landlord's Name Landlord's Phone Number

Resided from ____ Y ____ M ____ D to ____ Y ____ M ____ D _____
Reason for Leaving

INCOME VERIFICATION
(for both applicants, if applicable)

EMPLOYMENT INCOME (if applicable)

Present Employer's Name: _____

Position: _____

Work Phone: _____

Length of Employment: Years _____ Months _____

Field of Employment: _____

Total Monthly Income: _____

Other Income

1. OAS (Old Age Security): _____

2. CPP (Canada Pension Plan): _____

3. Employment Pension: _____

4. Other: _____

Total Monthly Income: _____

INCOME VERIFICATION

Amount of annual Income from all sources (\$): _____

Amount of monthly Income from all sources (\$): _____

Consumer Credit and Tenancy History Inquiry Consent Form¹

(For one (1) tenancy applicant otherwise complete a separate application)²

Definitions:

The word “**Information**” means credit information, personal information, and information about the services you use that are provided by St. Demetrius Development Corporation as listed in this rental application and information relating to your tenancy at the Premises applied for in this rental application including information regarding the duration of your tenancy, monthly rent, emergency contacts and any matters relating to your lease/tenancy agreement, including misrepresentations relating to, defaults under and/or breaches of your lease/tenancy agreement or any other matter experienced by St. Demetrius Development Corporation.

“**Credit Information**” means information about you, including your name, age, date of birth, occupation, place of residence, previous places of residence, occupancy length, marital status, co-occupant’s/spouse’s/same-sex partner’s name and age, number of dependents, particulars of education or professional qualifications, field of employment, places of employment, previous places of employment, employment durations, estimated income, paying habits, outstanding debt obligations, cost of living obligations, involvement in bankruptcy proceedings or Housing Provider and tenant disputes, assets, and banking information (including account and credit card information).

“**Personal Information**” means information about you including but not limited to credit information that may be relevant to your suitability as a tenant or for the assessment of other applications made by you (e.g. loans, financial, internet, phones, cable) if you have consented to the use of the information for this purpose, and may include: publicly available information obtained from the Internet, news sources or public records, databases and listings; online maps of your address used to verify the address information provided by you; and references (provided by you to the Housing Provider) concerning your character, reputation, physical or personal characteristics or mode of living or about any other matter or experience concerning you that is relevant to your suitability as a tenant.

Collection, Use and Disclosure of Information:

In consideration for the St. Demetrius Development Corporation accepting you as a tenant and entering into a lease/tenancy agreement with you, you expressly consent to and authorize the following:

1. St. Demetrius Development Corporation may obtain Information about you through a tenancy and/or credit report conducted by **Rent Check Credit Bureau Ltd.** and as permitted or required by law. You expressly authorize **Rent Check Credit Bureau Ltd.** to provide Information regarding you to St. Demetrius Development Corporation.
2. St. Demetrius Development Corporation may use Information about you to determine your suitability as a tenant as permitted or required by law.
3. St. Demetrius Development Corporation may disclose Credit Information about you to **Rent Check Credit Bureau Ltd.**, as permitted or required by law, for inclusion within a database of rent-roll information and within a tenancy file on you, for purposes of:
 - tenancy reporting and credit reporting in accordance with provincial credit and consumer reporting acts;
 - establishing a credit history and or rental history;
 - maintaining aggregate statistical data for purposes of tenancy and credit scoring; and
 - supporting business application approval processing, usability studies and research.
4. You expressly authorize **Rent Check Credit Bureau Ltd.** to retain positive Credit Information regarding you for the purposes outlined in section 3 above, for up to 20 (twenty) years. Negative Credit Information shall be maintained on record in accordance with provincial credit and consumer reporting acts.
5. You agree that all statements on this Residential Rental Application are true and you expressly authorize all references given to release information about you to St. Demetrius Development Corporation for verification subject to sections 1 to 5.
6. **Rent Check Credit Bureau Ltd.** may also disclose your Information to any third party, but only with your prior express consent to do so or where required by law.

¹ **DISCLAIMER:** Rent Check does not represent, warrant or guarantee that this Consent Form will be valid or enforceable in all circumstances or for every Housing Provider. Each individual Housing Provider should modify the language of this Consent Form to suit their individual circumstances and should obtain legal advice regarding the appropriate consent to be obtained from their prospective tenants.

² Signature space is provided for one applicant however Rent Check suggests that if more than one applicant that the housing provider present additional tenancy applicants with a separate copy of this Residential Rental Application for completion.

Information

The undersigned applicant hereby confirms the "**Information**" set out in the ***Consumer Credit and Tenancy History Inquiry Consent Form*** of this Application.

Applicant

Please provide your consent to the Collection, Use and Disclosure of Information by checking the following box and signing in the appropriate space below:

☐ Yes, I have read, understood and voluntarily consent to the above terms and Information content.

Applicant's Signature

_____/_____/_____
Date: (yyyy / mm / dd)

Housing Provider to sign once applicant is approved:

St. Demetrius Development Corporation's Agent Signature

_____/_____/_____
Approved on Date: (yyyy / mm / dd)

Consumer Credit and Tenancy History Inquiry Consent Form¹

(For one (1) tenancy applicant otherwise complete a separate application)²

Definitions:

The word “**Information**” means credit information, personal information, and information about the services you use that are provided by St. Demetrius Development Corporation as listed in this rental application and information relating to your tenancy at the Premises applied for in this rental application including information regarding the duration of your tenancy, monthly rent, emergency contacts and any matters relating to your lease/tenancy agreement, including misrepresentations relating to, defaults under and/or breaches of your lease/tenancy agreement or any other matter experienced by St. Demetrius Development Corporation .

“**Credit Information**” means information about you, including your name, age, date of birth, occupation, place of residence, previous places of residence, occupancy length, marital status, co-occupant’s/spouse’s/same-sex partner’s name and age, number of dependents, particulars of education or professional qualifications, field of employment, places of employment, previous places of employment, employment durations, estimated income, paying habits, outstanding debt obligations, cost of living obligations, involvement in bankruptcy proceedings or Housing Provider and tenant disputes, assets, and banking information (including account and credit card information).

“**Personal Information**” means information about you including but not limited to credit information that may be relevant to your suitability as a tenant or for the assessment of other applications made by you (e.g. loans, financial, internet, phones, cable) if you have consented to the use of the information for this purpose, and may include: publicly available information obtained from the Internet, news sources or public records, databases and listings; online maps of your address used to verify the address information provided by you; and references (provided by you to the Housing Provider) concerning your character, reputation, physical or personal characteristics or mode of living or about any other matter or experience concerning you that is relevant to your suitability as a tenant.

Collection, Use and Disclosure of Information:

In consideration for the St. Demetrius Development Corporation accepting you as a tenant and entering into a lease/tenancy agreement with you, you expressly consent to and authorize the following:

7. St. Demetrius Development Corporation may obtain Information about you through a tenancy and/or credit report conducted by **Rent Check Credit Bureau Ltd.** and as permitted or required by law. You expressly authorize **Rent Check Credit Bureau Ltd.** to provide Information regarding you to St. Demetrius Development Corporation.

8. St. Demetrius Development Corporation may use Information about you to determine your suitability as a tenant as permitted or required by law.

9. St. Demetrius Development Corporation may disclose Credit Information about you to **Rent Check Credit Bureau Ltd.**, as permitted or required by law, for inclusion within a database of rent-roll information and within a tenancy file on you, for purposes of:

- tenancy reporting and credit reporting in accordance with provincial credit and consumer reporting acts;
- establishing a credit history and or rental history;
- maintaining aggregate statistical data for purposes of tenancy and credit scoring; and
- supporting business application approval processing, usability studies and research.

10. You expressly authorize **Rent Check Credit Bureau Ltd.** to retain positive Credit Information regarding you for the purposes outlined in section 3 above, for up to 20 (twenty) years. Negative Credit Information shall be maintained on record in accordance with provincial credit and consumer reporting acts.

11. You agree that all statements on this Residential Rental Application are true and you expressly authorize all references given to release information about you to St. Demetrius Development Corporation for verification subject to sections 1 to 5.

12. **Rent Check Credit Bureau Ltd.** may also disclose your Information to any third party, but only with your prior express consent to do so or where required by law.

³ **DISCLAIMER:** Rent Check does not represent, warrant or guarantee that this Consent Form will be valid or enforceable in all circumstances or for every Housing Provider. Each individual Housing Provider should modify the language of this Consent Form to suit their individual circumstances and should obtain legal advice regarding the appropriate consent to be obtained from their prospective tenants.

⁴ **Signature space is provided for one applicant however Rent Check suggests that if more than one applicant that the housing provider present additional tenancy applicants with a separate copy of this Residential Rental Application for completion.**

Information

The undersigned applicant hereby confirms the "**Information**" set out in the *Consumer Credit and Tenancy History Inquiry Consent Form* of this Application.

Applicant

Please provide your consent to the Collection, Use and Disclosure of Information by checking the following box and signing in the appropriate space below:

☐ Yes, I have read, understood and voluntarily consent to the above terms and Information content.

Applicant's Signature

_____/_____/_____
Date: (yyyy / mm / dd)

Housing Provider to sign once applicant is approved:

St. Demetrius Development Corporation's Agent Signature

_____/_____/_____
Approved on Date: (yyyy / mm / dd)

SUPPORT AGREEMENT

Do you have a Power of Attorney for personal care? ___ Yes ___ No

If “yes”, please have your Power of Attorney(s) initial the Support Agreement below.

I/we, Attorney(s) for Personal Care of the Applicant confirm that I/we are responsible for the future care of the Applicant(s), should it become necessary. I/we acknowledge and understand that St. Demetrius Apartments is an apartment building for seniors who are capable of living independently.

Power of Attorney for Personal Care initial: []

Date: ____/____/____
(yyyy/mm/dd)

BELOW PLEASE PROVIDE THE INFORMATION ABOUT YOUR POWER OF ATTORNEY(S) FOR PERSONAL CARE

1. _____
Name Home Phone Number Bus. Phone Number

Street Address Apt. City

Province Postal Code Relationship to Applicant

Email Address
2. _____
Name Home Phone Number Bus. Phone Number

Street Address Apt. City

Province Postal Code Relationship to Applicant

Email Address

Do you have a Power of Attorney for property? ____ Yes ____ No

**BELOW PLEASE PROVIDE INFORMATION ABOUT YOUR POWER OF ATTORNEY FOR PROPERTY
(IF DIFFERENT FROM ABOVE)**

1. _____
Name Home Phone Number Bus. Phone Number
- _____
Street Address Apt. City
- _____
Province Postal Code Relationship to Applicant
- _____
Email Address
2. _____
Name Home Phone Number Bus. Phone Number
- _____
Street Address Apt. City
- _____
Province Postal Code Relationship to Applicant
- _____
Email Address

APPLICANT'S WILL

Do you have a will? ____ Yes ____ No

Please note that you will be asked to provide copies of your *Power(s) of Attorney* and your *Will* prior to moving-in.

**IF THE POWER OF ATTORNEY(S) IS/ARE DIFFERENT FOR THE APPLICANT #2,
PLEASE FILL OUT THE FOLLOWING 2 PAGES.**

SUPPORT AGREEMENT

Do you have a Power of Attorney for personal care? ___ Yes ___ No

If “yes”, please have your Power of Attorney(s) initial the Support Agreement below.

I/we, Attorney(s) for Personal Care of the Applicant confirm that I/we are responsible for the future care of the Applicant(s), should it become necessary. I/we acknowledge and understand that St. Demetrius Apartments is an apartment building for seniors who are capable of living independently.

Power of Attorney for Personal Care initial: []

Date: ____/____/____
(yyyy/mm/dd)

BELOW PLEASE PROVIDE THE INFORMATION ABOUT YOUR POWER OF ATTORNEY(S) FOR PERSONAL CARE

1. _____
Name Home Phone Number Bus. Phone Number

Street Address Apt. City

Province Postal Code Relationship to Applicant

Email Address

2. _____
Name Home Phone Number Bus. Phone Number

Street Address Apt. City

Province Postal Code Relationship to Applicant

Email Address

Do you have a Power of Attorney for property? ____ Yes ____ No

**BELOW PLEASE PROVIDE INFORMATION ABOUT YOUR POWER OF ATTORNEY FOR PROPERTY
(IF DIFFERENT FROM ABOVE)**

1. _____
Name Home Phone Number Bus. Phone Number
- _____
Street Address Apt. City
- _____
Province Postal Code Relationship to Applicant
- _____
Email Address
2. _____
Name Home Phone Number Bus. Phone Number
- _____
Street Address Apt. City
- _____
Province Postal Code Relationship to Applicant
- _____
Email Address

APPLICANT'S WILL

Do you have a will? ____ Yes ____ No

Please note that you will be asked to provide copies of your *Power(s) of Attorney* and your *Will* prior to moving-in.

MEDICAL ASSESSMENT – APPLICANT #1

Please have your physician complete this section.

Attach additional information if necessary. This section should be submitted along with the other completed parts of this application form.

St. Demetrius is not a nursing home. It is an apartment building for Seniors who are self-sufficient, and for seniors who can retain independence with assistance from the Supportive Housing program.

Applicant's Name:

Date of Birth _____ Height _____ Weight _____

Blood Pressure Range _____ Heart Rate: _____

Does the applicant smoke? Yes _____ No _____

Medical Assessment

Medical History:

Present Condition:

Present Medications:

Diagnosis: List in spaces 1, 2, 3, and 4 in order of importance, the physical and/or cognitive medical conditions that make care or treatment necessary:

Diagnosis	Weeks	Months	Years
1			
2			
3			
4			

For each condition, indicate your prognosis in each vertical line

Present state of Disease	1	2	3	4
Stable				
Mildly Active				
Active				
Consequences on Independence				
Can function independently				
Minimum assistance with A.D.L.				
Moderate assistance with A.D.L.				
Substantial Assistance with A.D.L.				
Prognosis				
Little effect on life span				
Improvement				
Moderate assistance with A.D.L.				
Substantial Assistance with A.D.L.				

In your opinion, would the applicant be capable of independently taking care of his/her personal needs and his/her apartment? ☐ Yes ☐ No

GENERAL COMMENTS:

Physician's Name

Phone Number

Street Number

Street Address

Suite Number

Postal Code

Signature

Date

NEEDS SURVEY

(filled out by Applicant #1)

Daily Living Assessment

Please check the box that describes your need for assistance with the following activities:

ACTIVITIES	RATINGS				REMARKS
	TOTAL I can't do it without help	SUBSTANTIAL I need a lot of help	SOME I may need some help	NONE I don't need help	
Eating					
Dressing					
Grooming					
Bathing					
Toileting					
Transfer/Positioning					
Mobility					
Medication					
House Cleaning					
Laundry					
Cooking					
Shopping					
Finances					
Use of TTC					
Managing Personal Problems					

Please circle the type of your assistive equipment, if you have one:

cane

walker

wheel-chair

scooter

Other Comments:

MEDICAL ASSESSMENT – APPLICANT #2

Please have your physician complete this section.

Attach additional information if necessary. This section should be submitted along with the other completed parts of this application form.

St. Demetrius is not a nursing home. It is an apartment building for Seniors who are self-sufficient, and for seniors who can retain independence with assistance from the Supportive Housing program.

Applicant's Name:

Date of Birth _____ Height _____ Weight _____

Blood Pressure Range _____ Heart Rate: _____

Does the applicant smoke? Yes _____ No _____

Medical Assessment

Medical History:

Present Condition:

Present Medications:

Diagnosis: List in spaces 1, 2, 3, and 4 in order of importance, the physical and/or cognitive medical conditions that make care or treatment necessary:

Diagnosis	Weeks	Months	Years
1			
2			
3			
4			

For each condition, indicate your prognosis in each vertical line

Present state of Disease	1	2	3	4
Stable				
Mildly Active				
Active				
Consequences on Independence				
Can function independently				
Minimum assistance with A.D.L.				
Moderate assistance with A.D.L.				
Substantial Assistance with A.D.L.				
Prognosis				
Little effect on life span				
Improvement				
Moderate assistance with A.D.L.				
Substantial Assistance with A.D.L.				

In your opinion, would the applicant be capable of independently taking care of his/her personal needs and his/her apartment? ☐ Yes ☐ No

GENERAL COMMENTS:

Physician's Name

Phone Number

Street Number

Street Address

Suite Number

Postal Code

Signature

Date

NEEDS SURVEY

(filled out by Applicant #2)

Daily Living Assessment

Please check the box that describes your need for assistance with the following activities:

ACTIVITIES	RATINGS				REMARKS
	TOTAL I can't do it without help	SUBSTANTIAL I need a lot of help	SOME I may need some help	NONE I don't need help	
Eating					
Dressing					
Grooming					
Bathing					
Toileting					
Transfer/Positioning					
Mobility					
Medication					
House Cleaning					
Laundry					
Cooking					
Shopping					
Finances					
Use of TTC					
Managing Personal Problems					

Please circle the type of your assistive equipment, if you have one:

cane

walker

wheel-chair

scooter

Other Comments:

Declaration:

I hereby certify that the information in this application is true and complete and that I have not withheld any relevant information. It is also understood that the property management reserve the right to reject this application at their sole discretion.

I have carefully read and understand these conditions.

Signature of Applicant #1 _____ Date _____

Signature of Applicant #2 _____ Date _____



St. Demetrius Apartments

Declaration:

Further to the information stated in the Support Agreement on this application form, I understand that St. Demetrius Apartments is an independent living Seniors Housing Facility. As such, I understand that as a tenant, I must be self-sufficient. I also understand that the meal program is only available to me six times a week, including statutory holidays and that St. Demetrius Apartments does not provide transportation or nursing care. If in the future I am unable to adequately care for myself or my apartment, I and/or my Power of Attorney will arrange for my medical and/or nursing care, and care for my apartment. If necessary, I will seek accommodation elsewhere. I understand that I am to take care of my apartment and maintain it in the same condition as when I first received it. If the apartment is damaged beyond regular wear, I will be responsible for paying the repair costs. I am able to pay the established monthly rent, at the time specified in my lease, as well as the cost of any meal program I may choose to purchase.

Signature of Applicant #1 _____ Date _____

Signature of Applicant #2 _____ Date _____

Signature of POA for Personal Care _____ Date _____

Signature of POA for Property _____ Date _____

Congratulations!

You have completed your form!

What is next?

Review

- All pages on the application are completed
- People appointed signed the form
- Doctor completed and signed pages 16-17 (and pages 19-20 if more than one applicant)
- Copy of Photo ID is attached
- Proof of Citizenship/PR /Refugee status is attached

Submit

- **In person.** We are open Monday to Friday, 9- 11 AM and 1-3 PM
- **By mail:** St. Demetrius Apartments Office, 123 La Rose Avenue, Toronto, ON M9P 3T3
- **By email:** please email file in PDF format to oboyko@stdemetrius.ca

Help

- Phone: 416-243-9051
- Email: oboyko@stdemetrius.ca
- Fax: 416-243-2012
- Website: www.stdemetrius.ca