

OUR SAVIOUR THISTLETOWN LUTHERAN LODGE

2715 ISLINGTON AVE., REXDALE M9V 5H3

PHONE: 744-2144

FAX: 744-9787

Application for Rental Accommodation

Thank you for your interest in applying for housing.

We enclose an application and a brochure outlining the many options available to seniors.

Once your application is received, our staff will contact you to arrange an appointment to fully discuss your housing needs.

INSTRUCTIONS:

- 1. Please print all information in ink, and
- 2. Complete all applicable sections, 1 through 13.
- 3. Do not write in shaded areas.
- 4. Carefully read declaration before signing.
- 5. Please see reverse side of this page for definition of income.
- 6. Return completed application to Our Saviour Thistletown Lutheran Lodge, 2715 Islington Ave, Rexdale, Ontario M9V 5H3

Definition of Income

"Income means all Income, benefits and gains, of every kind and from every source including, but not limited to the following:

- (a) gross salaries, wages, overtimo payments, commission, bonuses, tips, gratuities;
- (b) grants, scholarships or bursary payments;
- (c) the greater of the net income from the business or the total withdrawals from the business as personal salary or other benefits of any member of the family or of the applicant who is self-employed in a business:
- (d) the gross amount of unemployment insurance benefits;
- (e) the gross amount of workers' compensation payments or other industrial accident insurance payments or payments made because of illness or disability;
- (f) the gross amount of any old age security, federal guaranteed income supplement and spouse's allowance and the Ontario Guaranteed Annual Income (GAINS);
- (g) the gross amount of every kind of pension allowance, benefit and annuity whether from a federal, provincial or municipal government of Canada or any level of government of any other country or state from any other source:
- (h) the gross amount of alimony, separation, maintenance or support payments made to the applicant:

- (i) the gross amount of gains from investments including interest on dividends, stocks, shares and other securities, and where the actual income cannot be determined, an imputed rate of return set by the landlord from time to time:
- (i) the gross interest income from savings or chequing accounts in a bank, trust company or a credit union:
- (k) the gross amount of interest earned or payable from bonds, debentures, term deposits or investments, certificates, mortgages, capital gains or lump sum payments or other
- (i) an imputed income amount equal to the total appraised value of all assets which do not produce interest income multiplied by a rate of return set by the landlord from time to time.
- "Gross Family Income" means the aggregate income of:
- (1) the applicant and every person expected to reside in the accommodation applied for:
- "Spouse" means:
- (1) a man and a woman who are married to each other.
- (2) a man and a woman who not being married to each other evidence an intention to cohabit in a relationship of some permenence.

Examples of Possible Sources of Income

Employment

- Full-time Part-time
- Seasonal
- o irregular
- e Casual
- Odd Jobs
- Shift Bonuses
- Yearly or Seasonai Bonuses
- · Cost of Living Bonuses
- Overtime Earnings
- Commissions Tips and Gratuities
- Disability Pay
- Sickness Pay
- Long Term Income **Protection Payments**
- Separation/Vacation Pay

Self-Employment

- o Tetaring
- Taxi
- o Child Care

- · Music Teaching
- Business
- Babysitting

Pansions and Allowances

- Old Age Security (OAS)
- Guaranteed Income Supplement (GIS)
- Guaranteed Annual Income Systom (GAINS)
- Canada Pension Plan (CPP)
- Quebec Pension Plan
- Foreign Pensions (other countries)

- Widow's Pension
- Company Pension
- Private Pension Public Service Pension
- Civillan War Pension
- Disability Pension
- War Veteran's Allowance (D.V.A.)
- War Veteran's Allowance (other countries)
- · Military or Militia or Civil Defence Allowances
- Canada Manpower Retraining Allowance
- Training Allowances
- Retraining Allowances

Contract.

- Workers' Compensation Payments
- Insurance Payments
- Previncial or Municipal Payments
- Unemployment Insurance Commission Payments
- Payments under Compensation for Victims of Crime Act

- Payments from Official Guardian or Public Trustee
- Separation Payments
- Alimony Payments
- Support Payments (For Spouse or Child)
- Support Payment from Relatives or Other Sources
- One-time iump-sum payments (inheritances, court and out of court settlements)
- Life interest in a trust or estate

Examples of Assets

incemo Producing Assets

- e Savings account at bank, trust company, credit union, annuities; Guaranteed Investment Certificates; stocks or sharea; bonds; debentures; mortgages; loans; notes; term deposita
- Licence which produces income (e.g. taxi licence)
- · Business interest which produces income

Non-Income Producing Assets

- · Life insurance (with a cash surrender value)
- · Registered Retirement Savings Plan
- Real Estate (house, condominium, summer cottages, farmland, commercial or vacant land) which does not produce income
- · Collection of, or investment in, other valuable non-income producing assets
- · Business asset which does not produce income
- Assets transferred

APPLICATION FORM

	Plea	se Print	: DAT	E APPLICATION	ON RECEIVED
1. APPLICANT					
Mr. Mrs. LAST	NAME		FIRST NAME		
SOCIAL INSURANCE NUMBER			N	MARITAL STAT	rus
SOCIAL INSUHANCE NUMBER	DATE OF BI		iii əngre		vorced
	YYMM		Married Common t Widowed	Law 🔲 M	eparated arried-Spouse Institution
CITIZEŅSHIP		**************************************			
Canadian Citizen					
Landed Immigrant	Date Entered Canada	· YY M M	D D		
WERE YOU SPONSORED TO CANADA	0 Myra		<i>D D</i>		
•	· · · · · · · · · · · · · · · · · · ·	□ NO			
PLEASE PROVIDE "RECORD OF LAND	MG. IL LANDED ONE	ER 10 YEARS.	☐ ATTA	ACHED	
2. CO-APPLICANT					
	NAME		FIRST NAME	····	•
Miss Ms.					
			. N	ARITAL STAT	บร
SOCIAL INSURANCE NUMBER	DATE OF BI		☐ Single		vorced
			☐ Married☐ Common		parated arried-Spouse
	YY M M	00	☐ Widowed		Institution
CITIZENSHIP					
Canadian Citizen					•
☐ Landed Immigrant	Date Entered Canada	YY MM			
MEDE VOLLOGOVOGO TO CAMA					
WERE YOU SPONSORED TO CANADA		□ NO			••
PLEASE PROVIDE "RECORD OF LAND	ING" IF LANDED UND	ER 10 YEARS.	☐ ATT	ACHED	
3. COMPLETE CURRENT ADDRESS					
STREET NO. STRE	ET ADDRESS			AP	T. NO.
CITY/MUNICIPALITY	PROVINCE	PC	STAL CODE	TELEPH	ONE NO.
MUNICIPALITY OF RESIDENCE					
☐ TORONTO ☐ ETOBI					
	DE METRO	SCARBOROUGH	☐ YORK		EAST YORK
DATE FROM LAND	0000014445				
DATE FROM LANDS	ORD'S NAME	ADDRESS		TELEPH	IONE NO.
	•				
YY MM					
MAILING ADDRESS (IF DIFFERENT FR	OM ABOVE)				
C10					
STREET NO. STRE	ET ADDRESS			APT	Γ NO.
			•		l
CITY/MUNICIPALITY	PROVINCE		POSTA	L CODE	
					İ
4. DESCRIPTION OF PRESENT RESIDEN	CE				
DO YOU OWN? YES	DO YOU RENT?	☐ YES			
□ NO		□ NO			,
☐ House ☐ Flat ☐ Apartment ☐ Furnished Room	☐ Unfurnished Room ☐ Board with Relative	,	titution/Hostel		
	Board with Relativ		fy)		•••••
DO YOU HAVE A SEPARATE YES COST OF ACCOMMODATION					
ARE YOU UNDER NOTICE TO VACATE				Per Month	Per
		~ Pent	\$	Month	Week
□ No □ Yes IF YES, ATTAC				_	
HOW MUCH NOTICE TO MOVE DO YO	J REQUIRE?	Heat			. 🗆
Less than 1 Month	If Pai	i Separately Water			
1 Month		Hydro	\$		
2 Months		117010	~ ······		
		TOTAL :	\$		

5. HOUSING CONDITION
(e) ARE THERE ANY OTHER ASPECTS OF YOUR CURRENT ACCOMMODATION WHICH ARE INADEQUATE? (e.g. KITCHEN OR BATHROOM FACILITIES, HEATING, LIGHTING, VENTILATION, ACCESSIBILITY, LACK OF PRIVACY?)

(b) IS THERE ANYTHING ABOUT YOUR CURRENT ACCOMMODATION WHICH IS HAZARDOUS TO YOUR SAFETY? (e.g. FAULTY WIRING, FALLING PLASTER, NO FIRE EXITS, BROKEN STAIRS, ETC.)
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
6. REASON[S] FOR APPLYING FOR SENIOR CITIZEN HOUSING
☐ Rent Too High ☐ Family Problems ☐ Difficulty with Stairs
☐ Distance from Shopping ☐ Companionship/Security ☐ Eviction
☐ Distance from Transportation ☐ Poor Quality of Accommodation ☐ Notice to Vacate
Overcrowding/Inadequate Room Health
7. PREVIOUS LANDLORD AND RESIDENTIAL HISTORY
STATE PREVIOUS ADDRESSES YOU AND/OR YOUR CO-APPLICANT (IF APPLICABLE) HAVE RESIDED AT IN THE PAST FIVE YEARS.
1. STREET NO STREET ADDRESS APT. NO APT. NO
LANDLORD'S NAME
PERIOD FROM TO REASON FOR LEAVING
2. STREET NO STREET ADDRESS
LANDLORD'S NAME
PERIOD FROM
3. STREET NO STREET ADDRESS APT. NO
LANDLORO'S NAME TELEPHONE NO
PERIOD FROMTO
8. PREVIOUS TENANCY IN SUBSIDIZED RENTAL ACCOMMODATION IN ONTARIO
HAS APPLICANT OR CO-APPLICANT PREVIOUSLY RESIDED IN SUBSIDIZED RENTAL ACCOMMODATION IN ONTARIO?
Applicant Yes No Co-Applicant Yes No
Housing agency Date of occupancy
STREET NO STREET ADDRESS FROM TO
REASON FOR LEAVING
9. Alternate Person(s) to be contacyed (next of kin, sponsor, interpreter)
1. NAME
I ELEPTIONE TEI EDUONE
AREA CODE
Z. NAME
RELATIONSHIP

10. STATEMENT OF MONT	HLY INCOME			COMBINED STATEMENT OF A	SSETS AND	INTEREST
	Applicant	Co-Applicant			Assets	Monthly interest
Old Age Security				Bank Account		
GAINS				Cash/Non Interest Account		
Canada Pension				Bonds		
Family Benefits			- }	Cert./Debentures/Term Deposits		
General Welfare			ĺ	RRSP		
Workers' Compensation			1	Value of Securities/Stocks 1		
DVA Allowance			1	Value of Securities/Stocks 2		
War Pension			ļ	Investment in Business		
Foreign Pension				Loans Owing to you		
Private Pension 1				Cash Surr. Value Life Insurance		
Private Pension 2		-		Mortgage Held Bal. O/S		
Annuities				Other Assets		
				ASSET TRANSFERRED		
Life Int. in Trust/Estate				MODEL ILIMITAL CHINES	L.,	
Employment-Income					M D E	
Unemployment Insurance				Original Date		_
Alimony/Support				Original Value		
Support (Sponsorship)						
Other Income				Transferred to	440000000000000000	••••••
TOTAL INCOMES				PROPERTY OWNED		
TOTAL COMBINED INCO	ME			Cottage/Property		
				Less Mortgage O/S	1	
FOR OFFICE USE ONLY Approved Deductions				Net Value		
Employment Expense				Principal Residence		<u> </u>
X		·		Less Mortgage O/S	_	
	<u> </u>			. Net Value		
OHIP Payments						7
X				TOTAL ASSETS		
Other				INTEREST FROM ASSETS		
***************************************			+	MONTHLY INCOME		
MONTHLY INCOME			_	TOTAL FOR RENT CALCULATION	М	
MONTHLY MOONE				•		
INCOME TAX			FC	OR OFFICE USE ONLY		
HAVE YOU ENCLOSED		•	-		•	
OF YOUR INCOME TAX	RETURN?			•		
☐ YES ☐ NO						11441/57
EMPLOYMENT				PLEASE TICI CONTACTED	K BOX IF YOU AT WORK	MAY BE
APPLICANT EM	FO ! C. ! O ! W. W. I.			•••••		
ΔD	ADDRESS BUSINESS TELEPHONE					
CO-APPLICANT EMPLOYER'S NAME EMPLOYED FROM						
AC	DRESS			TELEPI	 HONE	*************
IF IN RECEIPT OF SOCIAL ASSISTANCE (I.B. FAMILY BENEFITS, GAINS, GENERAL WELFARE ASSISTANCE) GIVE NAME OF WORKER						
AGENCY	•••••	************			• • • • • • • • • • • • • • • • • • • •	
WORKER'S NAME TELEPHONE NO						
		٠				
WORKER'S NAME			********	TELEPHON	E NO	***************************************

11. HEALTH FACTORS

PHYSICIAN'S NAME	••••••					
	TELEPHONE NO					
DO YOU OR YOU CO-APPLICANT HAVE ANY HEALTH PROBLEMS OR DISABILITIES?						
IF YES, SPECIFY	• • • • • • • • • • • • • • • • • • • •	•••••				
•••••••••••••••••••••••••••••••••••••••		••••••				
ARE THE ABOVE HEALTH PROBLEMS AGGRAVA	TED BY YOUR CURRENT ACCOMMODATION?	YES I NO				
DO YOU OR YOUR CO-APPLICANT REQUIRE ANY (i.e. Housekeeping, Transportation, Food Preparetion, Per	ASSISTANCE? II YES II NO	. •				
IF YES, WHO HELPS YOU NOW?		••.•••••				
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•••••	••••••					
2 DECLARATION						
1,000,000						
THE APPLICATION AND SUPPORTING DOCUMENT LODGE.	S APPLICATION TO BE CORRECT AND COMPLETE. NTS BECOME THE PROPERTY OF OUR SAVIOUR	THISTLETOWN LUTHERAN				
	·					
I UNDERSTAND THAT ANY ACCOMMODATION PROVIDED TO ME WILL BE OCCUPIED ONLY BY THE APPLICANT AND CO- APPLICANT LISTED ON THE APPLICATION. IF AT ANY TIME, IT COMES TO THE ATTENTION OF THE HOUSING PROVIDER THAT THE ABOVE INFORMATION IS INCORRECT OR HAS BEEN FALSIFIED, MY LEASE MAY BE CANCELLED.						
I HEREBY CERTIFY THAT I AM A BONAFIDE LEGAL RESIDENT OF CANADA AND THAT I HAVE NO OUTSTANDING DEBTS TO ANY GOVERNMENT HOUSING AGENCY.						
I GIVE MY CONSENT AND AUTHORIZATION TO OL	IR SAVIOUR THISTLETOWN LLITHERAN I ODGE					
TO MAKE ANY INQUIRIES THAT IT DEEMS NECESSARY TO VERIFY THE INFORMATION GIVEN IN THIS FORM AND I AUTHORIZE ANY PERSON, CORPORATION OR ANY SOCIAL AGENCY HAVING KNOWLEDGE OF ANY SUCH REQUIRED INFORMATION TO RELEASE THE INFORMATION TO OUR SAVIOUR THISTLETOWN LUTHERAN LODGE. I AGREE TO PROVIDE ANY SUPPORTING MATERIAL REQUIRED FOR MY APPLICATION.						
TO DISCLOSE THE INFORMATION GIVEN ON THIS FORM TO ANY SOCIAL AGENCY PROVIDING ANY FORM OF SOCIAL ASSISTANCE TO ME AND TO ANY SOURCE OF SUBSIDIZED RENTAL ACCOMMODATION WITHIN METROPOLITAN TORONTO.						
MITNESS .	APPLICANT	047				
		DATE				
MITNESS	APPLICANT	DATE				
		DAIE				