

INDEPENDENT SENIORS APARTMENT BUILDING **60+**

*RENTAL APPLICATION FOR MARKET RENT

list your choice of building you prefer to live below in the box with 1st, 2nd or 3rd

- | | |
|---|------------------------------|
| <input type="checkbox"/> CABOTO TERRACE, 3050 Dufferin St., North York, Ontario M6B 4G3 | Parking Required |
| <input type="checkbox"/> CASA DELZOTTO, 3010 Dufferin St., North York, Ontario M6B 4J5 | Yes <input type="checkbox"/> |
| <input type="checkbox"/> CASA ABRUZZO, 338 Falstaff Ave., North York, Ontario M6L 3E7 | No <input type="checkbox"/> |

DATE _____

Smoker Non-Smoker

1. Applicant

Name		Last Name		First Name	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.		<input type="checkbox"/> Miss <input type="checkbox"/> Ms			
Street No.	Street Name	Apt. No.	City	Province	Postal Code
Area Code/ Home Phone No.		Area Code/ Work Phone No.		<input type="checkbox"/> Single (1) <input type="checkbox"/> Widowed (3) <input type="checkbox"/> Divorced (5) <input type="checkbox"/> Married (2) <input type="checkbox"/> Separated (4) <input type="checkbox"/> Common-Law (6)	
Social Insurance #		Date of Birth		Sex	
Give Name of a Person we may contact if we cannot reach you or the co-applicant (and that can act as interpreter if required)		Name		Telephone No.	

2. Spouse/Co-Applicant

Name		Last Name		First Name	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.		<input type="checkbox"/> Miss <input type="checkbox"/> Ms			
Street No.	Street Name	Apt. No.	City	Province	Postal Code
Area Code/ Home Phone No.		Area Code/ Work Phone No.		<input type="checkbox"/> Single (1) <input type="checkbox"/> Widowed (3) <input type="checkbox"/> Divorced (5) <input type="checkbox"/> Married (2) <input type="checkbox"/> Separated (4) <input type="checkbox"/> Common-Law (6)	
Social Insurance #		Date of Birth		Sex	

3. Present Accommodation

Which of the Accommodation stated below, do you have now?		
<input type="checkbox"/> Room (1) <input type="checkbox"/> Condo (2) <input type="checkbox"/> Apartment (3) <input type="checkbox"/> House (4) <input type="checkbox"/> Staying with Friends or Relatives (5) <input type="checkbox"/> Other (O) Explain > _____		
Are you or any person who lives with you:	Do you have a lease?	If yes, Expiry Date
<input type="checkbox"/> Visually Impaired <input type="checkbox"/> Wheelchair User <input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly Y M D
Present Landlord's Name	Address	Telephone No
How long have you lived at present address _____ Year(s) _____ Month(s)		

*** (please note average wait times 2 to 3 years for 1 Bedroom and 5 to 6 for 2 Bedroom).**

*** (note bene i tempi di attesa medi 2-3 anni per 1 camera da letto e 5-6 anni per 2 camera da letto).**

5. Statement of Gross Monthly Income and Assets

your application will be returned to you if a copy of your recent income tax return is not attached

(Attach your recent income tax return and proof of all household income)

List all Monthly Income and Assets for you and all other persons who will live with you in the Rental Unit.				
Income Source	Applicant	Co-Applicant	Assets Source	Assets Value
Employment (from all Sources)			Bank Account 1	
Canada Pension			Bank Account 2	
Family Benefits			Bonds	
Old Age Security			Securities/Stocks	
Supplements			Mortgages held	
Foreign Pension			Interest	
Worker's Compensation			Other Assets	
General Welfare				
Unemployment Insurance				
Other Income				
Total Incomes	\$	\$	Total Assets	

Do you or other persons who will live with you own property now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , please advise what type (i.e. winterized home, cottage or land) and give Address/Location and approximate value.
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Subject to the other terms of this Application, the above information is strictly confidential and will not be released by us except where such information is to be relied upon by us in any legal proceedings, or must otherwise be produced in accordance with relevant law.

APPLICANT'S ACKNOWLEDGEMENT

The undersigned acknowledges that I.C.B.S.A.C. – C.A.B.C. is not a nursing home and that to be accepted as a tenant and to remain a tenant the undersigned must be able to either: (i) manage on her/his own and be in good health or (ii) make arrangements satisfactory to I.C.B.S.A.C. – C.A.B.C. to receive all appropriate support services from a service agency in the community. Tenants are responsible to care for their personal needs and if the time should come that any resident: (i) is not able to care for her/his personal needs, or (ii) has not made arrangements satisfactory to I.C.B.S.A.C. – C.A.B.C. to receive all appropriate support services from a service agency in the community, then it shall be necessary for such resident to find accommodation elsewhere and vacate the premises.

INFORMATION CONSENT

The undersigned consents to I.C.B.S.A.C. – C.A.B.C. obtaining such information as may be deemed necessary at any time in connection with the undersigned in respect of her/his application for the above premises being applied for herein and for any renewal or extension thereof. The undersigned also consents to the disclosure of any information concerning the undersigned and the sharing or exchange of information concerning the undersigned, with and to: (i) any credit reporting agency or to any person to whom the undersigned has or proposed to have financial relations and to I.C.B.S.A.C. – C.A.B.C. obtaining a credit report concerning the undersigned and/or (ii) any physician or other health care professional. The undersigned agrees to provide to I.C.B.S.A.C. – C.A.B.C. satisfactory evidence of age, health, income and Canadian Residency. The undersigned further agrees to submit to I.C.B.S.A.C. – C.A.B.C. forthwith, a **certificate of health** executed by his/her **doctor** in the form required by I.C.B.S.A.C. – C.A.B.C.

Attached (following page)

DATED AT CITY OF TORONTO this _____ day of _____ 20____

Witness:	Applicant:
Witness:	Co-Applicant:

7. To Be Completed by the Physician (Please print):

Medical Report

Applicant's Name

Date of Birth

Your patient is applying with the VILLA CHARITIES NON-PROFIT Housing Project Caboto Terrace/Casa DelZotto/Casa Abruzzo. The information you provide below will assist in assessing your patient's housing unit. It is essential that you are as specific as possible in your evaluation so that we can make a correct decision as to whether our accommodation meets your patient's current needs.

Thank you for your assistance.

Diagnosis and Prognosis

How are the above health problems aggravated by your patient's present accommodation?

In your opinion, why will your patient's medical status be improved by alternate accommodation?

Will your patient need any special structures, (i.e elevator, grab bars, wheelchair access)?

I can verify that he/she/they is/are able to carry out the following essential activities of day-to-day living either independently or with some assistance

Essential Day-to-Day Activities:	Independently	With Assistance
Dressing/bathing	<input type="checkbox"/>	<input type="checkbox"/>
Preparing meals	<input type="checkbox"/>	<input type="checkbox"/>
Taking medication	<input type="checkbox"/>	<input type="checkbox"/>
Doing Laundry	<input type="checkbox"/>	<input type="checkbox"/>
Shopping for basic needs; food, clothing etc.	<input type="checkbox"/>	<input type="checkbox"/>

Tenant Obligations:

Comprehending the obligations of the lease	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning the unit: removing garbage	<input type="checkbox"/>	<input type="checkbox"/>
Operating the stove safely	<input type="checkbox"/>	<input type="checkbox"/>
Paying monthly rent on time	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining reasonably quiet in the unit	<input type="checkbox"/>	<input type="checkbox"/>

Physician's Certification:

I certify that this information represents my best judgment and is accurate to the best of my knowledge.

Signature

Date

Physician's Name

Telephone Number

Release from Patient

I hereby authorize and direct you to release any medical information pertaining to my health as and when requested to: Caboto Terrace/Casa Del Zotto/Casa Abruzzo.

Patient's Signature

Date

Notification: (Pursuant to the Freedom of Information and Privacy Act, 1987) Legal Authority for this form comes from:

1. Housing Development Act, R.S.O., 1980 C.209, and 2. Ontario Housing Corporation Act, R.S.O., 1980, c.339.

ITALIAN CANADIAN BENEVOLENT SENIORS APARTMENT CORPORATION

**CABOTO TERRACE and CASA DELZOTTO
RULES AND REGULATIONS
OF THE RENTED PREMISES AND ITS ENVIRONS**

- | | |
|--------------------------------|--|
| Water Apparatus | 1. The water closets and other water apparatus shall not be used for any purpose other than those for which they are constructed and no sweepings, garbage, rubbish, rags, ashes or other substance shall be thrown therein. The Tenant will be responsible for any damage resulting therefrom. |
| Windows Heating | 2. Tenants must observe strict care not to allow windows and doors to remain open so as to admit rain or snow or so as to risk the freezing of plumbing, heating or other facilities. The Tenant will be responsible for the cost of repairing or replacing such damaged radiators and pipes together with any other damage to the premises or property of others resulting therefrom. |
| Locks | 3. Tenants shall be responsible for keeping locks and trimmings whole in or upon the doors and windows of the rented premises; wherever any part thereof shall become lost or broken the same shall be immediately replaced or repaired under the direction and to the satisfaction of the Landlord and shall be paid for by the Tenant responsible. No additional locks shall be placed upon or on any door without the prior written consent of the Landlord. |
| Garbage | 4. All garbage to be <i>securely wrapped</i> and placed or deposited, as directed from time to time by the Landlord. |
| Caution | 5. No goods, chattels, fixtures or other items that might overload the floors of the rented premises shall be brought into the said premises nor shall items be moved on, in or over floors, sidewalks, steps, stairways, lawns or other property of the Landlord so as to damage same; Tenants will be held responsible for any damage caused by movements of their items in, out of or about the rented premises.
6. Nothing shall be thrown by Tenants, their families, guests, visitors, or servants out of the windows or doors or down stairwells or other areas of the premises. |
| Personal Property | 7. The Tenant shall not place or allow to be placed bicycles, baby carriages or other personal property in public areas or on sidewalks, neither shall articles be permitted to remain outside in such areas overnight or when not in use. Personal property left in public areas may be removed and disposed of by the Landlord. |
| Antenna | 8. No telegraphic or telephone connections shall be made without the prior written consent of the Landlord except to facilities provided by the Landlord within the rented premises and no electric wiring shall be installed and no electric fixtures shall be installed except where provisions therefor has been made by the Landlord without the prior written consent of the Landlord. |
| Soliciting | 9. No sale or auction of any kind shall be held in or about the rented premises without the prior written consent of the Landlord. |
| Water | 10. The water shall not be left running unless in actual use in the rented premises. |
| Cooking | 11. No cooking shall be done in or about any demised premises except in kitchen areas provided therefor. |
| Entrance Doors | 12. Entrance doors of residential suites shall remain closed except during ingress or egress. |
| Daycare | 13. The providing of day care for children or "babysitting" on a regular basis is deemed by the Landlord as a business and is thus prohibited under the terms of this agreement. |
| Light Bulbs & Fuses | 14. The supply and replacement of electric light bulbs and fuses within the rented premises is the responsibility of the Tenant. |
| Keys | 15. The Tenant shall deliver keys of the rented premises, and the premises of the Landlord, on termination of tenancy. |
| Signs | 16. No signs, advertisements or notices will be posted or inscribed on any part of the building by any Tenant. |

- Projections** 17 Awnings, shades, flower boxes, aerials, or other items or projections shall not be installed or placed outside of the rented premises without the written approval of the Landlord.
- Delivery** 18 The Landlord shall have the right to limit access to the building by delivery services where such services in the opinion of the Landlord are not in the best interests of the building or its occupants.
- Cleanliness** 19 The Tenant shall not allow any ashes, refuse, garbage or other loose or objectionable material to accumulate in or about the rented premises, yards or passages of such premises and will at all times keep the said premises in clean conditions, and shall immediately before the termination of the term hereby created, clean the floors, windows and woodwork of the premises hereby rented.
- Pets** 20 **For reasons that include concerns for our tenants and the maintenance of our building, we generally discourage the keeping of pets. However, we do recognize that some pets do provide companionship and other sociological benefits and will permit you to keep a pet dependant on proper notice and type of pet you wish to keep.**
- Laundry** 21 Laundry facilities are available on the main floor, no washing machines or dishwashers are allowed in the apartment.
- Smoking** 22 **Smoking is prohibited in all halls, elevators and laundry room.**
- Decorating** 23 Tenants shall not paint, paper or decorate any part of their leased premises without the written consent of the management.
- Damage** 24 Tenants will be held responsible for any damage to the leased premises.
- Public Area** 25 Tenants are not to move furniture from any public areas.
- Moving** 26 The elevator wall pads are to be used whenever the elevator is used for the movement of boxes, crates, furniture, etc. The Building Superintendent must be advised of your move in advance to schedule use of the elevator, as it is his responsibility to have the pads in place prior to the movement of goods or furniture.
- Heating** 27 The building is electrically heated with each apartment individually controlled. No additional portable electric heaters are permitted.
- Parking** 28 Residents owning automobiles may park in reserved spaces in the parking lot and/or underground parking. The lease agreement does not include the cost of this facility. No overnight parking is permitted for visitors in the parking lot.