

**APPLICATION FOR RICHVIEW RESIDENCE  
KIPLING BUILDING(no vehicle/no parking requirement)**



**Please note that Richview Residence is a seniors-only building. By completing this form, you confirm that you are 59 years of age or older.**

**a. APPLICANT INFORMATION:**

\_\_\_ Mr. \_\_\_ Mrs. \_\_\_\_\_  
\_\_\_ Miss \_\_\_ Ms. Last Name First Name Initial

Home Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

Current Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Day Gender: \_\_\_\_\_

**b. CO-APPLICANT INFORMATION:**

\_\_\_ Mr. \_\_\_ Mrs. \_\_\_\_\_  
\_\_\_ Miss \_\_\_ Ms. Last Name First Name Initial

Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Current Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Day Gender: \_\_\_\_\_

**c. STATEMENT OF INTEREST**

Why would you like to live at Richview Residence? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**d. SUITE TYPE & PARKING REQUIREMENTS:**

I am applying for a ONE BEDROOM / TWO BEDROOM / JUNIOR ONE BEDROOM apartment (circle one).

Do you require a modified unit to accommodate a wheelchair? Yes/No(Please circle one)

**e. RENTAL/RESIDENTIAL HISTORY:**

Have you or the co-applicant ever been in rent arrears? Yes/No (circle one). If yes, please provide details: \_\_\_\_\_

Please list the addresses that you and/or your co-applicant(if applicable) have resided over the past five years, if different from current address. If you did not rent the property from a Landlord, please indicate the nature of the arrangement( i.e. staying with family members, etc.) Please also indicate a least one prior Landlord who may be available for a reference call. If you do not have a prior landlord who can act as a reference, please provide us with an alternate reference in Part 4.

1. Address: \_\_\_\_\_

Resided from \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Relationship with the Property Owner(i.e. landlord-tenant, family member, etc.)\_\_\_\_\_

Name & Phone Number of Landlord (if applicable):

\_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Available for a Reference call? Yes/No(Please circle one)

2. Address: \_\_\_\_\_

Resided from \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Relationship with the Property Owner(i.e. landlord-tenant, family member, etc.)\_\_\_\_\_

Name & Phone Number of Landlord (if applicable):

\_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Available for a Reference call? Yes/No(Please circle one)

3. Address: \_\_\_\_\_

Resided from \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Relationship with the Property Owner(i.e. landlord-tenant, family member, etc.)\_\_\_\_\_

Name & Phone Number of Landlord (if applicable):

\_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Available for a Reference call? Yes/No(Please circle one)

4. If Richview Residence is unable to contact the Applicant or Co-Applicant, we will attempt to contact you through the alternate contact information you provide as follows:

Relationship to you: \_\_\_\_\_

Name & Phone Number:

\_\_\_\_\_ (       ) \_\_\_\_\_ - \_\_\_\_\_

#### **d. ADDITIONAL INFORMATION**

Is there any additional information you wish to provide regarding your housing needs?

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### **ACKNOWLEDGMENT**

Richview Residence is a non-profit, non-smoking housing facility for seniors who are capable of living independently within the community, with or without supports. Please note that supports must be co-ordinated by residents. While assisted living services are available, they must be accessed by applying to Ontario Health at Home. By signing this form, you acknowledge that:

- a. You are age 59 or older;
- b. To the extent to which you require additional supports with respect to your day to day needs, you are able to co-ordinate them yourself; and
- c. You understand that this is a non-smoking facility.

I/we certify that the information provided in this form is accurate. We have reviewed and agree with the Acknowledgment.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

*The information in this application is being collected in compliance with the requirements of the Federal Privacy Information Protection and Electronic Documents Act as follows:*

### **CONSENT FOR COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION:**

#### **What is "Personal Information"?**

Personal information includes any factual or subjective information, recorded or not, about an identifiable individual. This includes information in any form, such as:

- age, name, ID numbers, income, assets, household composition, residency status, rent payment record, etc;
- opinions, evaluations, comments, social status, or disciplinary actions; and
- employee files, credit records, loan records, medical records, existence of a dispute between a landlord and a tenant, intentions (for example, to acquire goods or services, or change jobs).

Personal information does not include the name, title, business address or telephone number of an employee of an organization.

**Collection and Use of Your Personal Information**

The Richview Baptist Foundation will collect, retain and use the personal information provided by you in your application and its attachments for the following purposes:

- considering your application for tenancy;
- verifying the information that you have provided in your application and its attachments relating to the administration and processing of your application for tenancy;
- meeting legal and regulatory requirements arising out of or relating to your tenancy.

**Disclosure of Your Personal Information**

The Richview Baptist Foundation will not disclose the personal information provided by you in your application to the following parties except as may be required by specific social agencies or government departments responsible for the operation of social housing programs under the *Housing Services Act*.

This may include disclosure as follows:

- to the Government of Canada, a department, ministry or agency of it, without further notice to me if the information is necessary for the purpose of administering or enforcing the Income Tax Act(Canada) or the Immigration Act;
- to any agent working on behalf of Richview Baptist Foundation for the purposes of complying with the *Housing Services Act*.

**Consent**

I authorize Richview Baptist Foundation to collect, use and disclose the personal information that I have provided in my application and its attachments as described above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**(To be signed by all individuals who have applied for tenancy at Richview Residence.)**

*A complete copy of the Richview Baptist Foundation's Privacy, Review and Internal Transfer policies are available at [www.richviewresidence.org](http://www.richviewresidence.org) or by request at our office (416) 247-5316.*

Completed applications should be sent to:  
Richview Baptist Foundation, 1540 Kipling Avenue, Toronto, Ontario, M9R 4C6  
or sent as an attachment to: [theoffice@richviewresidence.org](mailto:theoffice@richviewresidence.org).