

**PLEASE PRINT CLEARLY**

1. Applicant's Name: \_\_\_\_\_  
(Last Name) (First Name)

Present Address: P.O. Box or Street Address.: \_\_\_\_\_  
City, Town or Village: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Length of Tenancy: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (mm/dd/yyyy)

Present Landlord's Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Landlord's Telephone Number: \_\_\_\_\_

2. Co-Applicant's Name: \_\_\_\_\_  
(Last Name) (First Name)

Present Address: P.O. Box or Street Address.: \_\_\_\_\_  
City, Town or Village: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Length of Tenancy: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (mm/dd/yyyy)

Present Landlord's Name and Address: \_\_\_\_\_  
(If different from above) \_\_\_\_\_  
\_\_\_\_\_

Landlord's Telephone Number: \_\_\_\_\_

3. Have you lived in a Green Acres Foundation facility in the past?  Yes  No

If yes, which facility? \_\_\_\_\_

4. Marital Status:  Married  Widowed  Single  
 Separated  Divorced  Adult Interdependent Relationship

5. Are you a:  Canadian Citizen  
 Landed Immigrant  
 or \_\_\_\_\_

6. Name of person(s) to be contacted in **case of an emergency** (if none available, please list closest friends):

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

7. Please list all assets:

Own Home: Value: \$ \_\_\_\_\_ Mortgage Amount: \$ \_\_\_\_\_

Own Vehicle: Value: \$ \_\_\_\_\_ Year/Make/Model: \_\_\_\_\_

Investments: Value: \$ \_\_\_\_\_ License Plate Number: \_\_\_\_\_

Other Value: \$ \_\_\_\_\_ RRSPs: \$ \_\_\_\_\_

Total Cash & Bank Deposits: \$ \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

8. If you or your Co-Applicant have employment income(s), please state the name(s) and address(es) of the employer(s):

Name of your Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Name of your Co-Applicant's Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

9. Describe your present accommodation:  Own  Rent

Type of Dwelling: \_\_\_\_\_

Total number of bedrooms: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_

Rental payments: \$ \_\_\_\_\_

Do rental payments include: Heat  Yes  No Electricity  Yes  No Water  Yes  No

Is the dwelling shared with another family?  Yes  No

Number of person(s) sharing your present accommodation: \_\_\_\_\_ Adults \_\_\_\_\_ Children

10. Do you and/or the co-applicant require accommodation adapted for special needs (i.e., wheelchair accessibility, etc.)?  Yes  No

If yes, please give details: \_\_\_\_\_

11. Family Doctor's Name: \_\_\_\_\_  
 Clinic: \_\_\_\_\_ Telephone No.: \_\_\_\_\_
12. Do you have a pet?  Yes  No  
 If YES, what kind(s) and how many of each? \_\_\_\_\_
13. When are you prepared to move? \_\_\_\_\_
14. Reasons for wanting to move: \_\_\_\_\_  
 \_\_\_\_\_
15. If you have been given an "Eviction Notice", please submit a copy of the notice and state the reason for eviction:  
 \_\_\_\_\_  
 \_\_\_\_\_
16. Do you, or have you ever lived in a building that had bed bugs?  Yes  No  
 If yes, where? \_\_\_\_\_
17. References (not relatives)
- |              |              |
|--------------|--------------|
| 1. _____     | 2. _____     |
| _____        | _____        |
| Phone: _____ | Phone: _____ |

**Eligibility Criteria:**

To be eligible for tenancy, the tenant must be at least 65 years of age, in core need, a Canadian Citizen or individuals lawfully admitted into Canada for permanent residence, have the mental and physical capabilities to perform daily living skills independently with controlled behaviour, good judgment/ decision making abilities and be physically mobile with or without the aid of a cane, walker or wheelchair. The Resident must have continence of bowels and bladder or self-managed incontinence.

I understand that this application does not constitute an agreement on the part of Green Acres Foundation to provide me with rental accommodation.

I further acknowledge the right of the Green Acres Foundation at any time prior to the execution and delivery of a lease hereby applied for, to withdraw, revoke, or cancel without penalty or liability for damage or otherwise, any acceptance or approval of this application previously made or given. I hereby authorize you to make any inquiries you deem necessary to verify facts contained herein by any method the Green Acres Foundation deems necessary being fully aware that discovery of any false statement shall cancel any further consideration of my application.

I further agree that I am obligated to advise the Green Acres Foundation, in writing, of any changes in family composition, gross income, assets, employment, or change of address, should they occur.

\_\_\_\_\_  
 Witness

\_\_\_\_\_  
 Applicant

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

