



Momiji Seniors Centre  
3555 Kingston Road, Scarborough, Ontario, M1M 3W4  
Telephone: (416) 261-6683 Web: www.momiji.on.ca

## Application Form for Tenancy

Confidential when Completed

1a. APPLICANT		
Given Name	Middle Initial	Family Name
1b. CO-APPLICANT		
Given Name	Middle Initial	Family Name

2. CURRENT ADDRESS			
Street No.	Street Address	Apt No.	
City	Province	Postal Code	Telephone No.
Mailing Address (if different from Current Address)			

3a. APPLICANT PERSONAL INFORMATION			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth (DD/MM/YY)
Marital Status	<input type="checkbox"/> Never Married	<input type="checkbox"/> Married	<input type="checkbox"/> Common Law
	<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated
	<input type="checkbox"/> Married-Spouse in Institution		
Status in Canada	<input type="checkbox"/> Citizen	<input type="checkbox"/> Landed Immigrant	<input type="checkbox"/> Refugee Claimant
If Landed Immigrant, Date Entered Canada (DD/MM/YY)			
Language Written:	<input type="checkbox"/> English	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other (specify)
Spoken:	<input type="checkbox"/> English	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other (specify)
Social Insurance Number			
Health Card Number			

3b. CO-APPLICANT PERSONAL INFORMATION			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth (DD/MM/YY)
Marital Status	<input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Married-Spouse in Institution	<input type="checkbox"/> Married <input type="checkbox"/> Divorced	<input type="checkbox"/> Common Law <input type="checkbox"/> Separated
Status in Canada	<input type="checkbox"/> Citizen	<input type="checkbox"/> Landed Immigrant	<input type="checkbox"/> Refugee Claimant
If Landed Immigrant, Date Entered Canada (DD/MM/YY)			
Language Written:	<input type="checkbox"/> English	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other (specify)
Spoken:	<input type="checkbox"/> English	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other (specify)
Social Insurance Number			
Health Card Number			

4. ALTERNATE CONTACT PERSON(S) [e.g. Next of Kin, Sponsor, Interpreter]	
Name	Address
Home Telephone (    )	Business Telephone (    )
Relationship	
Name	Address
Home Telephone (    )	Business Telephone (    )
Relationship	

5. HEALTH INFORMATION	
Physician's Name	Address
Telephone No. (    )	
Do you or your co-applicant have any health concerns or disabilities? If yes, specify.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

6. SUPPORT SERVICES	
Do you or your co-applicant require any support services [e.g. Housekeeping, Transportation, Food Preparation, Personal Care]? If yes, who helps you now?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

7. FINANCIAL INFORMATION					
Do you wish to be considered for Rent Assistance?					
<input type="checkbox"/> Yes Complete ONLY 7a. Statement of Income and Assets <input type="checkbox"/> No Complete ONLY 7b. Waiver for Rent Assistance					
7a. Statement of Income and Assets (for rent calculation only) (Attach all necessary documentation to verify the following information)					
Statement of Monthly Income			Combined Statement of Assets and Interest		
	Applicant	Co-Applicant		Assets	Monthly Interest
Old Age Security			Bank Accounts		
GAINS			Bonds		
Canada Pension			Certificates		
Family Benefits			Term Deposits		
General Welfare			Debentures		
Workers' Compensation			RRSP		
Foreign Pension			Other Assets		
Private Pension			Assets Transferred		
Annuities			Transferred to		
Employment Income			Original Date (DD/MM/YY) Original Value		
Other Income			Property Owned		
			Cottage/Property		
			Less Mortgage O/S		(       )
			Principal Residence		
			Less Mortgage O/S		(       )
			TOTAL ASSETS		
TOTAL INCOME			TOTAL INTEREST FROM ASSETS		
TOTAL COMBINED INCOME			TOTAL COMBINED ASSETS AND INTEREST		

7b. Waiver for Rent Assistance		
<p>I hereby waive the right to request for rent assistance from the Ministry of Municipal Affairs and Housing to be a tenant of Momiji Seniors Residence. It is, thus not necessary for me to disclose my income information.</p> <p>I fully understand that I will be responsible for Full Market Rent during the term of the lease.</p>		
Witness	Applicant	Date
Witness	Co-Applicant	Date

8. DECLARATIONS and AUTHORIZATION		
<p>I understand that tenants at Momiji Seniors Centre must be capable of living independently, and I understand that I will be interviewed before my application is approved.</p> <p>I declare that all the information in this application is correct and hereby authorize Momiji Health Care Society and its agents to verify any or all of the information contain herein, and to perform a credit check at its discretion.</p> <p>I do consent Momiji Health Care Society collecting such information about me as may be necessary to determine my ability to live independently and I hereby authorize Momiji Health Care Society to obtain such information from any person, corporation or social agency, including my physician and family members.</p> <p>I do authorize Momiji Health Care Society 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 (only applicable to applicants who require rent assistance).</p>		
Witness	Applicant	Date
Witness	Co-Applicant	Date
<p>If Applicant signs with an X and/or Applicant cannot complete this form, state reasons:</p>		

<p>I prefer a unit with:                      <input type="checkbox"/> 1-bedroom                      <input type="checkbox"/> 2-bedrooms</p>
---