APPLICATION FOR RICHVIEW RESIDENCE CLEMENT BUILDING



*Please note that as of May 1st, 2011 a Non-Smoking policy is in effect.

APPLICANT INFORMATION:

Mr Miss	_Mrs _Ms.	Last Name	First Na	me Initial
Home Phone	Number: ()		
Cell Phone N	umber: ()		
Email address	S:			
Current Addre	ess:			
At this addres	s, do you REN	T or OWN? (circle one)		
Date of Birth:	Year	Month	Gen Day	der:
Citizenship:	Were you spo	lian Citizen Landed In onsored to Canada? \ de copy of Record of Landin	/es No	,
CO-APPLI	CANT INFO	ORMATION:		
Mr Miss	_Mrs _Ms.	Last Name	First Na	me Initial
Phone Number	er: ()			
Current Addre	ess:			
At this addres	s, do you REN	T or OWN? (circle one)		
Date of Birth:	Year	Month	Gen	der:
Citizenship:	Were you spo	lian Citizen Landed In onsored to Canada? \ de copy of Record of Landin	'es No	•

SUITE TYPE & PARKING REQUIREMENTS:

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

Do you require a parking space? * Yes/No (circle o *Provided there are available parking spaces.	ne) If yes, how many spaces do you require?
RENTAL/RESIDENTIAL HISTORY:	
Have you or the co-applicant ever been in rent arreadetails:	· · · · · · · · · · · · · · · · · · ·
State previous addresses where you and/or your cofive years, if different from current address:	-applicant (if applicable) have resided over the past
1. Address:	
Resided from to	Reason for leaving
Name & Phone Number of Landlord (if applica	able):
	()
2. Address:	
Resided from to	Reason for leaving
Name & Phone Number of Landlord (if applica	able):
	()
3. Address:	
Resided from to	Reason for leaving
Name & Phone Number of Landlord (if applica	able):
	()
NEEDS ASSESSMENT/SUITABILITY F	OR RESIDENCY:
Richview Residence is a non-profit housing facility f However, we do provide programs, services and fac they age in place. As a resident, please indicate the the following:	cilities to enhance the quality of life of our residents as
Special suite accommodation designed Great Need / Moderate Need / No Need (circle)	
Supportive Housing services including care response: Great Need / Moderate Need / No	e coordination, personal support and emergency Need (circle one)
Why would you like to live at Richview Residence?	

Specify any relevant health problems or disa	abilities:	
Doctor's Name	Phone Number ()	
ALTERNATE CONTACTS:		
If Richview Residence is unable to contact through the alternate contact information you		npt to contact you
1. Name:	Relationship to Applicant:	
Home Phone ()	Bus. Phone ()	
Address		
2. Name:	Relationship to Applicant:	
Home Phone ()	Bus. Phone ()	
Address		
APPLICANT/CO-APPLICANT SIG		
Applicant Signature C	o-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;
- calculating your rent;
- meeting legal and regulatory requirements arising out of or relating to your tenancy;
- for the use of the Richview Baptist Foundation's auditor to verify our financial records;
- for the purpose of contacting necessary services or your next-of-kin in case of emergency;

Disclosure of Your Personal Information

The Richview Baptist Foundation will disclose the personal information provided by you in your application to the following parties for the purposes described above to any social agency providing any form of assistance to you, or other government subsidy under the *Ontario Works Act, 1997*, the *Ontario Disability Support Program Act, 1997* or the *Day Nurseries Act*, or any government department responsible for social housing programs under the *Housing Services Act*, or the Richview Baptist Foundation's housing portfolio operating agreement;

- 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;
- to relevant agencies or next of kin in case of emergency;
- to credit bureaus and other businesses that provide credit or rental history information about you;
- to a third party in connection with the potential or actual sale, reorganization, merger, consolidation or disposition of the business of the Richview Baptist Foundation and;
- to the Richview Community Care Services Corporation, who provides service to some of our residents. As part of the Richview Baptist Foundation's services to its residents, we will from time to time, release to the Richview Community Care Services Corporation information and data that is reasonably required for them to perform their services to residents of our facilities.

Consent

I authorize and agree that the Richview Baptist Foundation may collect, use and disclose the personal information that I have provided in my application and its attachments as described above. I understand and acknowledge that, in addition to the foregoing, the Richview Baptist Foundation will also collect, use and disclose my personal information as required or permitted by law.

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 polices are available at 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.