# APPLICATION FOR RICHVIEW RESIDENCE KIPLING BUILDING



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

## **APPLICANT INFORMATION:**

Mr Miss		Last Name	First Name	 Initial
IVIISS	_ IVIS.	Last Name	FIIST Name	IIIIIai
Home Phone	Number: (	)		
Cell Phone No	umber: (	)		
Email address	S:			
Current Addre	ess:			
At this addres	s, do you REi	NT or OWN? (circle one)		
Date of Birth:			Gender:	
26.10 0. 2	Year	 Month	Day	
CO-APPLI	CANT INF	ORMATION:		
Mr.	Mrs.			
Miss	Ms.	Last Name	First Name	Initial
Phone Number	er: ( )			
Current Addre	ess:			
At this addres	s, do you REi	NT or OWN? (circle one)		
Date of Birth:			Gender:	
	Year	Month	Day	
Citizenship:	Were you sp	dian Citizen Landed In onsored to Canada? vide copy of Record of Landi	Yes No	•

## **SUITE TYPE & PARKING REQUIREMENTS:**

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

	ou require a parking s vided there are avai			, how many	spaces do you require?
REI	NTAL/RESIDEN	TIAL HISTORY:	:		
	e you or the co-applications:			•	e). If yes, please provide
	e previous addresses five years, if different			t (if applicab	le) have resided over the
	1. Address:				
	Resided from	to	Reason	for leaving	
	Name & Phone Num	nber of Landlord (if a	applicable):		
			(	)	<b>-</b>
	2. Address:				
	Resided from	to	Reason	for leaving	
	Name & Phone Num	nber of Landlord (if a	applicable):		
			(	)	
	3. Address:				
	Resided from	to	Reason	for leaving	
	Name & Phone Num	nber of Landlord (if a	applicable):		
			(	)	
NE	EDS ASSESSME	ENT/SUITABILI	TY FOR RE	SIDENCY	<b>':</b>
How as th	ever, we do provide p	programs, services a	and facilities to e	enhance the	pable of living independently quality of life of our residents ou anticipate the need of
	1. Special suite ac Great Need / Moder			elchair useı	'S:
	2. Supportive Housi response: Great No	•	•	•	al support and emergency
Why	would you like to live	at Richview Reside	nce?		

Doctor's Name	Phone Number ( )	
ALTERNATE CONTACTS	<b>S</b> :	
	o contact the Applicant or Co-Applicant, we will attended information you provide as follows:	empt to contact
1. Name:	Relationship to Applicant:	
Home Phone ( )	Bus. Phone ( )	
Address		
2. Name:	Relationship to Applicant:	
Home Phone ( )	Bus. Phone ( )	
Address		
APPLICANT/CO-APPLIC	ANT SIGNATURES:  bmission of this application for Richview Residence	<b>)</b> :
	Co-Applicant Signature	

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, Internal 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.