

# MARGUERITA RESIDENCE CORPORATION

48 CHURCH STREET, BROCKVILLE, ONTARIO K6V 6L3

## APPLICATION FOR SENIORS RENTAL ACCOMMODATION

Office email - margapt@cogeco.net      Manager email - tblanchard@cogeco.net

Tel: (613)345-2734

The Marguerita Residence Corporation buildings are non-smoking. By signing this Application you are stating that you are a non-smoker and agree to the terms of the said Policy.

1 BEDROOM \_\_\_\_\_ 2 BEDROOM \_\_\_\_\_ MARGUERITA \_\_\_\_\_ MARYANNA \_\_\_\_\_ WSV \_\_\_\_\_

DATE: \_\_\_\_\_ Mr: \_\_\_\_\_ Mrs: \_\_\_\_\_ Miss: \_\_\_\_\_

1. Name: \_\_\_\_\_  
Last Name (PRINT) Given Name

Address: \_\_\_\_\_ Tel:# \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

2. Age \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ year \_\_\_\_\_ SIN# \_\_\_\_\_  
(For RGI subsidy only)

3. Alternate Contact Info: Name: \_\_\_\_\_

Relationship: (son/daughter etc.) \_\_\_\_\_ Tel. # \_\_\_\_\_

### 4. IF TWO PERSONS TO OCCUPY APARTMENT, PLEASE COMPLETE

Name: \_\_\_\_\_  
Last Name (PRINT) Given Name

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

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

Relationship to First Applicant: \_\_\_\_\_

5. Do you own a vehicle: No \_\_\_\_\_ Yes \_\_\_\_\_ If we have no parking will you still move? \_\_\_\_\_

6. Do you have a pet: No \_\_\_\_\_ Yes: \_\_\_\_\_ Type of Pet: \_\_\_\_\_

PLEASE COMPLETE OTHER SIDE



**\*\*PLEASE NOTE\*\*** You must be 60 years of age to be waitlisted and 65 years of age for occupancy

*Financial Information need NOT be completed if applying for a two bedroom apartment. (Two bedroom apartments are NOT subsidized). Singles are eligible for two bedroom apartments; however, couples get preference.*

| Income:                    | First Applicant | Second Applicant |
|----------------------------|-----------------|------------------|
| 1. Old Age Pension         | \$ _____        | \$ _____         |
| 2. Canada pension          | \$ _____        | \$ _____         |
| 3. Pension Income          | \$ _____        | \$ _____         |
| 4. Pension Income - Spouse | \$ _____        | \$ _____         |
| 5. Supplement              | \$ _____        | \$ _____         |
| 6. GAINS                   | \$ _____        | \$ _____         |
| 7. Income from Investments | \$ _____        | \$ _____         |
| 8. Income from Employer    | \$ _____        | \$ _____         |
| 9. Other income            | \$ _____        | \$ _____         |
| <b>Total Income</b>        | \$ _____        | \$ _____         |

**Note:** We will also need a copy of your most recent " *Notice of assessment*".  
when applying for a subsidy.

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**APPLICANT(S) STATEMENTS:**

I declare the information on this application to be correct.

I understand that this application does not constitute an Agreement on the part of MARGUERITA RESIDENCE CORPORATION, or it's Agent, to provide me with a rental accommodation.

I acknowledge that this application becomes the property of Marguerita Residence Corporation upon delivery by myself to it, or it's Agent.

I further acknowledge the right of Marguerita Residence Corporation or it's Agent at any time prior to the execution and delivery to me of a lease hereby applied for, to withdraw, revoke or cancel without penalty or or liability for damages or otherwise, any acceptance or approval of this application previously made or given.

I HEREBY AUTHORIZE THE MARGUERITA RESIDENCE CORPORATION OR IT'S AGENT TO MAKE ANY ENQUIRIES IT DEEMS NECESSARY TO VERIFY ALL THE ABOVE INFORMATION.

Dated at: \_\_\_\_\_ This: \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_

First Applicant: \_\_\_\_\_ Second applicant: \_\_\_\_\_