

MARGUERITA RESIDENCE CORPORATION

48 CHURCH STREET, BROCKVILLE, ONTARIO K6V 6L3

APPLICATION FOR SENIORS RENTAL ACCOMMODATION

Office email - margrecep@gmail.com Manager email- margueritares@gmail.com

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 ____ SVA ____

****PLEASE NOTE**** Applicants wishing to apply for Wall Street Village that need financial assistance must apply at the United Counties of Leeds and Grenville Housing located at 25 Central Avenue Brockville ON.

DATE: _____ Mr: ____ Mrs: ____ Miss: ____ Ms. ____

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

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



Note: We will also need a copy of your most recent "Notice of assessment".

when applying for a subsidy upon acceptance.

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.

First Applicant: _____ Second applicant: _____

