**Parkview Services for Seniors**

**Parkview Village Life Lease Application**

Parkview Services for Seniors (“Parkview”) offers Life Leases as a living option. A Life Lease is a contractual agreement where the resident makes an initial capital contribution in exchange for the right to occupy a cluster or suite. Monthly operating fees cover the property taxes, building maintenance and in-suite repairs and facility fees are collected in addition. When the resident wishes to terminate the agreement or the agreement is terminated for any other reason, the unit is given an opinion of value, the right to occupy agreement is resold at current market value, and the proceeds are shared between Parkview and the resident. Parkview has 20 bungalow-style units and 45 Suite style units run under this Life Lease model.

**Eligibility**

* All members of your household are sixty (60) or older or you are applying as a couple and both persons are sixty (60) or older.

**All information is kept in strict confidence in accordance with the Personal Information Protection and Electronic Documents Act (PIPEDA).**

**Part 1 – Intention of Interest (Your name will be put on the wait list for accommodation. This waitlist is lengthy and may take several years before housing is available.)**

**⃝** Contact Information

**⃝** Indicate Life Lease Preferences

⃝Sign Declaration & Consent

**⃝** Mail, deliver, fax or email your Intention of Interest:

Parkview Village:

12184 Ninth Line

Stouffville, ON L4A 3N6

**Email:** [bclayton@parkviewvillage.ca](mailto:bclayton@parkviewvillage.ca)

**Fax:** 905-640-7944

**Part 2- Offer of Life Lease Accommodation (Accommodation has become available and registration occurs.)**

**⃝** Banking Information

⃝Emergency Contact

⃝Automobile Information

⃝Property Insurance Information

⃝ Sign Declaration & Consent

**If you have any questions please contact 905-640-1940 ext. 2023.**

**CONFIDENTIAL APPLICATION FOR ACCOMMODATION**

**Part 1 Intention of Interest (Waitlist)**

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| **1. Applicant & Co Applicant Information** | | Office Use Only  Date application received  / /  Day Month Year | |
| **Applicant**- Surname | First Name | □ Mr. □Mrs.  □ Ms. □Miss | Date of Birth  / /  Day Month Year |
| **Co-Applicant or Permitted Occupant** -Surname | First Name | □ Mr. □Mrs.  □ Ms. □Miss | Date of Birth  / /  Day Month Year |
| *Date of birth for each applicant must be verified by Parkview to process your application. Only the following picture identification will be accepted: Provincial Drivers’ License, Provincial Photo Card, Permanent Resident Card, Canadian Passport, Documentation confirming Refugee or Protected Person Status (Health card will not be accepted.)* | | | |
| **Address** | | **City/Town** | **Postal Code** |
| **Home Phone No.**  ( ) | | **Alternate Phone No.**  ( ) | |
| **Email Address** | | | |

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| **2. Life Lease Options** | Floor plans are available on Parkview’s website, visit [www.parkviewhome.ca](http://www.parkviewhome.ca). You may select as many options as you wish. Your name will be added to the waiting list for each option selected. |
| **√** | **Life Lease Options** |
|  | **Bungalow Style Units (12132 Ninth Line)** |
|  | Cluster - 1 bedroom, 1 bath 690 SF |
|  | Cluster - 2 bedroom, 1 bath 825 SF |
|  | Cluster - 2 bedroom, 1 bath 990 SF |
|  | Cluster - 2 bedroom, den, 1 bath 1120 SF |
|  | Cluster - 2 bedroom, den, 1 bath 1170 SF |
|  | **Suite Style Units (12140 Ninth Line)** |
|  | Suite- 1 bedroom, 1 bath 861 SF |
|  | Suite- 1 bedroom, 1 bath 917 SF |
|  | Suite- 2 bedroom , 2 bath 1048 SF |
|  | Suite- 2 bedroom , 2 bath 1130 SF |
|  | Suite- 2 bedroom , 2 bath 1181 SF |
|  | Suite- 2 bedroom , 2 bath 1183 SF |
|  | Suite- 2 bedroom , 2 bath 1414 SF |
|  | Suite- 3 bedroom , 2 bath 1260 SF |
|  | Suite- 3 bedroom , 2 bath 1269 SF |
|  | Suite- 3 bedroom , 2 bath 1280 SF |
|  | Suite- 3 bedroom , 2 bath 1824 SF |

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| **3. Declaration & Consent** | | |
| * I/We declare that all information given in this application is correct and hereby authorize Parkview to verify any or all of the information contained herein. * Upon submission, the application and any supporting documents become the property of Parkview and will be protected in accordance with Personal Information Protection and Electronic Documents Act (PIPEDA) and I/We hereby consent to the collection, use and disclosure of this personal information by Parkview for the purposes of evaluating mine/our application and offering me/us residential accommodation. * I/We agree that if housing is provided, it will be occupied only by the persons listed on this application who meet all applicable eligibility requirements. Applicant substitutions are strictly prohibited without the prior written consent of Parkview and will void this application. * I/We understand that this application does not constitute an agreement on the part of Parkview to provide me/us with housing. * I/We understand that should I/we decline three offers of housing my/our name will be placed at the bottom of the current waiting list. * I/We understand that I/we are responsible to inform Parkview of any significant changes to the information recorded on this application form. This application and its place on the * I/We agree to contact Parkview on an annual basis to confirm continued interest in accommodation. * I/We understand Parkview’s Life Lease Housing is independent living and any medical or care support services are provided through third party partnerships and are the responsibility of the Resident to arrange. * I/We understand that Parkview has a no-smoking/vaping policy that will be abided by as covered in the rules and procedures. * I/We acknowledge that Parkview is relying on the truth of the statements and representations I/We have made in this application. Should any of the information provided be untrue, I/We understand that our application may be voided at the sole option of Parkview. | | |
| **Applicant’s Name(Print):** | **Applicant’s Signature:** | **Date** |
| **Co-Applicant or Permitted Occupant’s Name(Print):** | **Co-Applicant’s or Permitted Occupant’s Signature:** | **Date** |

You will receive notification you have been put on Parkview Village Life Lease wait list once this portion has been submitted and verified for completion. As there is a lengthy waitlist for accommodation Part 2 will not be required to be completed until time accommodation is available.

**Part 2- Registration (Complete at the time accommodation is being offered.)**

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| **Banking Information** | Preauthorized payments are preferred | |
| Bank | | Branch |
| Checking Account # | | Savings Account # |

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| --- | --- |
| **Emergency Contact Information** | This information is only used in the event of emergency and/or at the request of the resident. |
| Name | Relationship |
| Daytime Phone No. ( ) | Alternate Phone No. ( ) |
| Email Address | |
| *I/We hereby authorize and direct Parkview to contact and disclose personal information to my/our emergency contact at such times(s) as may be determined by Parkview in its sole and absolute discretion.* | |

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| **Automobile Information** |  | | |
| Make | Model | | Year |
| Licence Plate | |  | |
| Automobile Insurance Policy # | |  | |

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| **Property Insurance Information** | You will be required to provide your annual insurance policy | |
| Policy # | |  |

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| **Declaration & Consent** | | |
| * I/We declare that all information given in this registration is correct and hereby authorize the Parkview to verify any or all of the information contained herein. * The registration and any supporting documents become the property of Parkview and will be protected in accordance with Personal Information Protection and Electronic Documents Act (PIPEDA) and I/We hereby consent to the collection, use and disclosure of this personal information by Parkview for the purposes of evaluating mine/our application and offering me/us residential accommodation. * I/We agree that if housing is provided, it will be occupied only by the persons listed on this application who meet all applicable eligibility requirements. Applicant substitutions are strictly prohibited without the prior written consent of Parkview and will void this application. * I/We understand that Parkview may request additional information including, but not limited to information required to complete a credit check at the time housing is offered. * I/We understand that I/We are responsible to inform Parkview of any significant changes to the information recorded on this application form. * I/We agree to provide Parkview with a current copy of my property insurance policy annually. * I/We understand Parkview Village Life Lease Housing is independent living and any medical or care support services are provided through third party partnerships and the responsibility of the Resident to arrange. * I/We understand that Parkview has a no-smoking/vaping policy that will be abided by as covered in the rules and procedures. * I/We have received a copy of “Human Rights of Tenants”. * I/We acknowledge that Parkview is relying on the truth of the statements and representations I/We have made in this application. Should any of the information provided be untrue, I/We understand that our application may be voided at the sole option of Parkview. | | |
| **Applicant’s Name(Print):** | **Applicant’s Signature:** | **Date** |
| **Co-Applicant’s Name(Print):** | **Co-Applicant’s Signature:** | **Date** |