



**Parkview Services for Seniors  
Parkview Village Apartment Rental Application**

Parkview Services for Seniors (“Parkview”) offers independent living apartments. Apartments are rentable at fair market price. Parkview has 90 one bedroom apartments and 34 two bedroom apartments. Tenants are required to pay utilities in addition to the rent. No subsidized housing is available at Parkview. Acceptance of this application is subject at all times to eligibility and availability of accommodation. Please visit [www.york.ca](http://www.york.ca) for more information on subsidized housing options.

**Eligibility**

- All members of your household are sixty (60) or older or you are applying as a couple and both members 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 Rental Choice 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 Accommodation (Accommodation has become available and registration occurs.)**

- Banking Information
- Income Information
- Emergency Contact
- Automobile Information
- Property Insurance Information
- Sign Declaration & Consent

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

**Please include first page.**

# CONFIDENTIAL APPLICATION FOR ACCOMMODATION

## Part 1 Intention of Interest (Waitlist)

| 1. Applicant & Co Applicant Information   |            | Office Use Only<br>Date application received<br>/ /<br>Day Month Year |                               |  |
|---|------------|---|-------------------------------|--|
| Applicant- Surname  | First Name | <input type="checkbox"/> Mr.  | <input type="checkbox"/> Mrs. | Date of Birth<br>/ /<br>Day Month Year |
|   |            | <input type="checkbox"/> Ms.  | <input type="checkbox"/> Miss |  |
| Co-Applicant or Permitted Occupant - Surname  | First Name | <input type="checkbox"/> Mr.  | <input type="checkbox"/> Mrs. | Date of Birth<br>/ /<br>Day Month Year |
|   |            | <input type="checkbox"/> Ms.  | <input type="checkbox"/> Miss |  |
| <i>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.)</i> |            |   |                               |  |
| Address   |            | City/Town   |                               | Postal Code                            |
| Home Phone No. ( )  |            | Alternate Phone No. ( )   |                               |  |
| Email Address   |            |   |                               |  |

|                                  |   |
|----------------------------------|---|
| <b>2. Rental Housing Options</b> | Floor plans are available on Parkview's website, visit <a href="http://www.parkviewhome.ca">www.parkviewhome.ca</a> . You may select as many options as you wish. Your name will be added to the waiting list for each option selected. |
| √                                | <b>Rental Options</b>   |
|                                  | 1 bedroom apartment      544 SF   |
|                                  | 1 bedroom apartment with accessibility modifications  |
|                                  | 2 bedroom apartment      781 SF   |
|                                  | 2 bedroom apartment with accessibility modifications  |

|                                     |
|-------------------------------------|
| <b>3. Declaration &amp; Consent</b> |
|-------------------------------------|

- 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.
- I/We agree to contact Parkview on an annual basis to confirm continued interest in accommodation.
- I/We understand Parkview Village Apartment Rentals are independent living and any medical or care support services are provided through third party partnerships and are the responsibility of the Tenant 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.

|  |  |             |
|--|--|-------------|
| <b>Applicant's Name(Print):</b>                          | <b>Applicant's Signature:</b>                            | <b>Date</b> |
| <b>Co-Applicant or Permitted Occupant's Name(Print):</b> | <b>Co-Applicant's or Permitted Occupant's Signature:</b> | <b>Date</b> |

You will receive notification you have been put on Parkview Village 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.)**

|  |   |                    |
|--|---|--------------------|
| <b>Income Information</b>  | Provide details for each Applicant/Co-Applicant |                    |
| List all sources of income (verification through Notice of Assessment, monthly bank assessment will be required) |   |                    |
| Tenant(s) Name   | Source of Income                                | Net Monthly Amount |
|  |   |                    |
|  |   |                    |
|  |   |                    |

|                            |                                      |  |
|----------------------------|--------------------------------------|--|
| <b>Banking Information</b> | Preauthorized payments are preferred |  |
| Bank                       | Branch                               |  |
| Checking Account #         | Savings Account #                    |  |

|  |  |  |
|--|--|--|
| <b>Emergency Contact Information</b>   | This information is only used in the event of emergency and/or at the request of the Tenant. |  |
| Name   | Relationship   |  |
| Daytime Phone No. (     )  | Alternate Phone No. (     )  |  |
| Email Address  |  |  |
| <i>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.</i> |  |  |

|                               |       |      |
|-------------------------------|-------|------|
| <b>Automobile Information</b> |       |      |
| Make                          | Model | Year |
| Licence Plate                 |       |      |
| Automobile Insurance Policy # |       |      |

|                                       |  |  |
|---------------------------------------|--|--|
| <b>Property Insurance Information</b> | You will be required to provide your annual insurance policy |  |
| Policy #                              |  |  |

## 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 Apartment Rentals are independent living and any medical or care support services are provided through third party partnerships and the responsibility of the Tenant 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.

|                                    |                                  |             |
|------------------------------------|----------------------------------|-------------|
| <b>Applicant's Name(Print):</b>    | <b>Applicant's Signature:</b>    | <b>Date</b> |
| <b>Co-Applicant's Name(Print):</b> | <b>Co-Applicant's Signature:</b> | <b>Date</b> |