



Hellenic Home for the Aged Inc.  
 33 Winona Drive  
 Toronto, Ontario M6G 3Z7  
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 website: [www.hellenichome.org](http://www.hellenichome.org)

**FOR OFFICE USE ONLY:**

Date application received: \_\_\_\_\_

Application received by: \_\_\_\_\_

Date application received by Coordinator of Tenant Services:

\_\_\_\_\_ Initial \_\_\_\_\_

## Application Form for MARKET RENT Housing

Please fill out all sections of this form.

**Note:** All applicants applying for housing with the Hellenic Home for the Aged Inc., must be **59** years of age or older.

**HELLENIC HOME DISCLOSURE**

The Hellenic Home for the Aged Inc. will ensure that all applicants to the Hellenic Home for the Aged Inc. will be treated in a fair, consistent and accurate manner. The Hellenic Home for the Aged Inc. will further ensure that all personal information remains confidential.

**Section 1 – APPLICANT #1 INFORMATION**

First Name:		Family Name:	
Apartment #	Street Address:	City:	
Province:	Postal Code:	Telephone # (      )	
Are you a Canadian citizen? <input type="checkbox"/>		Are you a Landed Immigrant? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Section 2 – CO-APPLICANT #2 INFORMATION**

First Name:		Family Name:	
Apartment #	Street Address:	City:	
Province:	Postal Code:	Telephone # (      )	
Are you a Canadian citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a Landed Immigrant? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Number of bedrooms applying for:**    **One Bedroom** \_\_\_\_\_ **Two Bedroom** \_\_\_\_\_

Is parking required:    Yes \_\_\_\_\_    No \_\_\_\_\_

**Section 3 - HOUSEHOLD INFORMATION**

NAME	Relationship To You	Date of Birth			SEX  M/F	Ontario Health Card Number
		Month	Day	Year		
Your Name	SELF					

**Section 4 – INCOME INFORMATION** – List all monies being received by you and all persons who will be living with you. Please see “Instruction Page” for examples of types of income. Use extra paper, if needed.

NAME	Applicant #1	Applicant # 2	GROSS INCOME PER MONTH
Canada Pension Plan			\$
Old Age Security			\$
Supplement			\$
Retirement Pension			\$
Employment Income			\$
Disability Allowance			\$
Other			\$
<b>Grand Total</b>			\$

**Section 5 – ASSETS INFORMATION** – List all assets owned by you and all persons who will be living with you. Please see “Instruction Page” for examples of types of assets. Use extra paper if needed.

TYPE OF ASSET	Applicant #1	Applicant # 2	VALUE
			\$
			\$
			\$
			\$
<b>Grand Total</b>			\$

**Bank Name:** \_\_\_\_\_ **Branch #:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Section 6 – SPECIAL NEEDS**

Does any member of your household have “Special Needs” that require the following?

Medical Problems: Any medical condition(s) that you feel we should be aware of, that may impede your abilities to perform your daily living activities, please explain:

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Wheelchair Accessible Unit

Any modifications required to Unit? Please Explain:

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**Section 7 – MANAGING DAILY**

People in this building are supposed to be able to live independently with or without external supports. Do you believe that you and your co-applicant can live independently?  Yes  No (If NO please explain why)

**Section 8 - ESSENTIAL DAY-TO-DAY ACTIVITIES**

Please answer the following questions, as to how you and your co-applicant manage with the following essential day-to-day activities:

APPLICANT #1			APPLICANT #2 (co-applicant)		
Dressing/Bathing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dressing/Bathing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Preparing Meals:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Preparing Meals:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Taking Medication:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Taking Medication:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Doing Laundry:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Doing Laundry:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shopping for Basic Needs:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Shopping for Basic Needs:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Moving Within the Unit (Mobility):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Moving Within the Unit (Mobility):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Using Public or Private Transit:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Using Public or Private Transit:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Managing Common Elements:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Managing Common Elements:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cleaning the Unit:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cleaning the Unit:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Section 9 – CONTACT INFORMATION** – Please list a person we can contact on your behalf.

Name of Contact:	Relationship to You?
Address:	Telephone (home):
	Telephone (work):
	Telephone (cell):
	Telephone (pager):
Name of contact:	Relationship to you?
Address:	Telephone (home):
	Telephone (work):
	Telephone (cell):
	Telephone (pager):

**Section 10 – HOUSING HISTORY** – List all previous addresses for the past 5 years. Use extra paper if needed.

Apt.#	Street Address:	City:
Landlord's Name:	Landlord's Address:	
Date you moved in:	Date you moved out:	Why did you move out?

Apt.#	Street Address:	City:
Landlord's Name:	Landlord's Address:	
Date you moved in:	Date you moved out:	Why did you move out?

**Section 11 – Preplanning**

**Do You Have a Will?**  Yes  No

**Do you have an Advanced Directive (Do Not Resuscitate Orders)?**  Yes  No

**Have you established a Power of Attorney?**

**For Personal Care?**  Yes  No

**For Finance?**  Yes  No

Subject to the other terms of this application, the above information is strictly confidential and will not be released by us except where such information is to be relied upon by us in any legal proceedings, or must otherwise be produced in accordance with relevant law.

**Applicant's Acknowledgement**

The undersigned acknowledges that Hellenic Home for the Aged Inc. apartment units are not a nursing home and that to be accepted as a tenant and to remain a tenant the undersigned must be able to either (a) manage on her/his own and be in good health or (b) make arrangements satisfactory to Hellenic Home for the Aged Inc. to receive all appropriate support services from a service agency in the community. Tenants are responsible to care for her/his personal needs, and if the time should come that any tenant (a) is not able to care for her/his personal needs or (b) has not made arrangements satisfactory to Hellenic Home for the Aged Inc. to receive all appropriate support services from a service agency in the community, then it shall be necessary for such tenant to find accommodation elsewhere and vacate the premises.

**Information Consent**

The undersigned consents to Hellenic Home for the Aged Inc., obtaining such information as may be deemed necessary at any time in connection with the undersigned in respect of her/his application for the above premises being applied for herein and for any renewal or extension thereof. The undersigned also consents to the disclosure of any information concerning the undersigned and the sharing or exchange of information concerning the undersigned, with and to (a) any credit reporting agency or to any person to whom the undersigned has or proposed to have financial relations and to Hellenic Home for the Aged Inc. obtaining a credit report concerning the undersigned and/or (b) any physician or other health care professional. The undersigned agrees to provide to Hellenic Home for the Aged Inc. satisfactory evidence of age health, income and Canadian Residency.

\_\_\_\_\_  
**Signature (applicant #1)**

\_\_\_\_\_  
**Signature (applicant #2 – co-applicant)**

Date: \_\_\_\_\_

In accordance with s.99(3) of the Social Housing Reform Act, 2000, 11 and 39 Winona Drive's mandate is to serve Seniors of Greek Origin. This agreement is fully recognized by the City of Toronto and administration and operations will be consistent with the mandate.

With your application please ensure you have enclosed a copy of any one of the following documents:

- Greek Passport
- Birth Certificate
- Permanent Resident Status (Taftotita)

A \$30.00 nonrefundable deposit is required for administration costs. Please make the cheque payable to "Hellenic Home for the Aged Inc." and submit with this application.

**Please mail to:**  
**Coordinator of Tenant Services**  
**Hellenic Home for the Aged Inc.**  
**33 Winona Drive**  
**Toronto, Ontario. M6G 3Z7**  
**Fax: 416-654-0943**

## Instruction Page

### **Income information**

Report **all** of the gross monthly income (before deductions) and estimated value of assets owned for **each member** of your household. You do not have to attach proof with this application, but it will be required later.

**Income Information** includes money from:

- Employment and Self Employment
- Ontario Works
- Ontario Disability Support Program
- Employment Insurance
- Old Age Security
- Canada Pension Plan
- Other income
- Foreign Pension

### **Assets Information**

**Types of Assets** include any savings, investments or property that you own such as:

- Guaranteed Income Certificates
- Bank accounts
- Registered Retirement Saving Plans
- A business or business licence
- Real estate such as a house, land, or a farm.