CANADIAN LEGION TORONTO HOMES – LEASE APPLICATION

Affordable Housing for Veterans and their Spouse/Partner NOT Assisted Living 4-4715 Bathurst Street, Toronto, ON M2R 1X1

Tel: 416-222-9945 Fax: 416-222-2895 Email: cdnlegionhomes@gmail.com

1.	I hereby make application for a monthly lease of a Bachelor: or One Bedroom Unit in Canadian Legion Toronto Homes.						
2.	I am Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Co-habituating ☐ * *if so, only the Veteran's name will appear as tenant, the other will go on as an "Occupant"						
3.	Place of Birth Date of Birth						
4.	Social Insurance No:						
5. Your present address							
	Email: Phone No Rent \$						
6.	If application approved Only my spouse/partner named below will live with me in a One Bedroom and no other person. Spouse/Partners' Name: Date & Place of Birth: Spouse/Partner's Social Insurance No:						
7.	. Bachelor units are for one person only. One Bedroom suites are for couples (2) only. Monthly Rent amounts for Veterans: Bachelor \$ One bedroom \$ RENT INCREASED EACH JANUARY ACCORDING TO LANDLORD AND TENANT BOARD						
8.	Previous addresses for last four years: 1)						
9.	Do you own a home? Monthly expenses for accommodation \$						
	Does your rent include (Please Check) Present monthly rent \$ Cable: Parking: Present monthly rent \$ Cable: Parking: Parking: Present monthly rent \$ Cable: Parking: Present monthly rent \$ Present monthly rent monthly ren						
11.	Name, address and phone number of person well acquainted with me for reference (not family)						
12.	When were you last two employed (name of employer and phone number)						
	Phone NoHow long						
	Phone NoHow long						
	Occupation:						

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3. <u>SERVICE D</u>	SERVICE DATA: (If both have served, give both Regimental Number and Branch of Service)							
Regimental N	Iumber		Bran	ch of S	Service			
Corp or Unit_	Corp or Unit			Where Served_				
If female Vet	eran, state name ui	nder which you serv	ed					
4. Membership in	Membership in Veterans' Organization (Branch)				#:			
		rantee rent in case o			or illness and be responsible for ed.			
Name:		_ Signature			Phone No:			
Relationship	Relationship			Phone No				
17. Your present								
•	your spouse/partne		able to	look a	fter yourselves and maintain your			
19. Do you have a Pet?		Dog 🔲	Cat		Some Restrictions May Apply			
20. Do you presently	y own a car?	(YES)	(NO)					
License Plate No	o:			Make	e/Model:			
Insurance:	Compan	y:			No:			

Parking is allowed for one tenant owned car per apartment and parking is unassigned.

There is NO VISITOR PARKING.

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21. Total Monthly Income	(Applicant)	(Spouse/Partner)					
XX							
Veteran's Allowance	\$	\$					
Disability Pension	\$	\$					
Old Age Security	\$	\$					
Canada Pension Plan	\$	\$					
Guaranteed Income Supplement	\$	\$					
Other Monthly Income	\$	\$					
Wages	\$	\$					
Other Assets	\$	\$					
Totals:	\$	\$					
 a) Copy of your discharge papers b) Your most recent Income Tax Notice of Assessment(s). Note: You are required to supply a current copy in July of your Notice of Assessment(s) for the preceding year must to be presented to the office to show that you have not exceeded our benchmark of \$39,500.00 total combined household income for residence in Canadian Legion Toronto Homes as we are a low rental housing complex for Veterans. 							
DECLARATION: I application and that all statements are tr forfeit my application to Canadian Legio	ue to the best of my know	declare that I am the person named in this ledge and belief, if proven to be false I will					
Signature of Applicant:		Date					
Signature of Spouse/Partner:		Date:					

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