The Wexford

The Home that Love Built

PROSPECTIVE TENANT PACKAGE



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Seniors Apartments for Independent Living

TO THE PROSPECTIVE TENANT:

General procedure to apply for an apartment:

1. Complete the Application for Apartment.

2. Please provide us with a copy of your most recent Notice of Assessment to verify your income.

3. Please provide us with a copy of your identity confirming that you are over 59 years of age.

4. Your name will be placed on our waiting list according to the date we received your completed application.

5. You will be contacted by telephone at such time as an apartment becomes available to show the specific apartment.

6. If you should move during the time when your name is on our waiting list, please contact us with your new address and telephone number for our records. Failure to update your information will eliminate you from the list.

7. You must have General Liability Insurance upon moving into the Wexford Residence in the event that you, the Tenant, cause damage to the property. Please provide confirmation that this insurance is in place.

8. The Wexford Residence strongly recommends that you obtain content insurance, as the Wexford does not insure your personal property.

9. Utilities (heat, hydro and water) included.

10. Outdoor parking: You may be placed on a waitlist for parking as only limited spots available.

For further information, please contact the Coordinator of Tenant Services & ASC at: (416) 701-2506.

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TENANCY APPLICATION

General Information

Surname: 1. 2.	First: 1. 2.		Middle: 1. 2.
Address:	City	Province	Postal Code:
Home Phone #	Other Phone #:	Place of Birth:	
Date of Birth: 1. 2.	Social Insurance:		

Please confirm that you are over 59 years of age: ☐

Please confirm that your annual income is less than $64,817: ☐
Please provide us with a copy of your most recent Notice of Assessment to verify your income. (Toronto City Guideline 2012-12)

Contact Information

First Contact:

Name:_____ Relationship: _____

Address: _____

Home Phone: _____ Other Phone: _____

Second Contact:

Name:_____ Relationship: _____

Address: _____

Home Phone: _____ Other Phone: _____

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The Wexford Residence Inc. is a private, not for profit charitable organization which operates a long-term care facility and a senior's apartment building for independent living.

As a charitable organization, we provide a variety of programs and services to assist you to maintain your independence and provide social and community activities.

Please circle the services that you require while at The Wexford Residence.

Purchase meals from the Main Dining Room – subsidized	yes	no
Emergency call bell to RN in Long Term Care	yes	no
Active Seniors Centre paid & drop-in programs	yes	no
Tenant Association social activities	yes	no
Coffee Kiosk	yes	no
Exercise class	yes	no
Falls prevention class	yes	no
Outings	yes	no
Laundry facilities	yes	no
Wellness programs	yes	no
Multi-denominational church services	yes	no
Hairdresser on site	yes	no

In addition to the above services, The Wexford also provides apartment appliances (fridge, stove) and window coverings (sheers).

Accommodation Preference

☐ Small Bachelor ☐ Large Bachelor

☐ One Bedroom ☐ One Bedroom with balcony

☐ Two Bedroom

Parking Required: ☐ Yes ☐ No

(Optional) **Financial Information**

If you wish to apply for a subsidy, please complete the section below.

Monthly Income:

Income Source	Amount
Canada Pension Plan	$
Old Age Security	$
Supplement	$
D.V.A	$
Retirement Pension	$
Employment Income	$
Disability Allowance	$
Other	$
Total	$

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(To be filled by your bank)

To Whom It May Concern:

Credit reference on prospective tenant/s

(Mr./Mrs./Miss/Ms.)

_____

NAME

Chequing / Savings Account # _____ _____

Please answer A & B below: Information with regard to the client's account activity.

(A) *Is there any history of NSF cheques?*

(B) *Are regular deposits made to this account, which would ensure payment of rent?*

_____

Name and signature of the bank staff

_____

Stamp of the bank

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Declaration

I declare that the information is complete and correct.

X_____ X_____

Applicant's Signature Date

X_____ X_____

Spouse's/Co-Applicant's Signature Date