



**Momiji Seniors Centre**  
 3555 Kingston Road, Scarborough, Ontario, M1M 3W4  
 Telephone: (416) 261-6683      Web: www.momiji.on.ca

Momiji Health Care Society is a not-for-profit organization that is funded by the government. The following data are collected for the purposes of managing the waitlist as well as reporting, program planning, and communicating with you. The information on this form is strictly confidential and is solely intended for the authorized use.

## Application Form for Tenancy

Confidential when Completed

<b>1a. APPLICANT (Legal Name)</b>			
Prefix Mr. Ms. Mrs. (    )	Given Name	Middle Name or Initial	Family Name
<b>1b. CO-APPLICANT (Legal Name)</b>			
Prefix Mr. Ms. Mrs. (    )	Given Name	Middle Name or Initial	Family Name
Co-Applicant's Relation to Applicant (1a): Do you live with Applicant (1a)? <input type="checkbox"/> Yes (No need to fill the residential address on 2b) <input type="checkbox"/> No			

  

<b>2a. PERSONAL INFORMATION - Applicant</b>			
Street No.	Street Address	Apt / Unit No.	
City	Province	Postal Code	Phone (H): Phone (C):
Mailing Address (if different from above) and reason			
Email Address (I consent to email correspondence):			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		Date of Birth (DD/MM/YY)      Age:	
Marital Status		<input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Married-Spouse in Institution	
Status in Canada <input type="checkbox"/> Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee Claimant			
*If Landed Immigrant, Date Entered Canada (DD/MM/YY)			
Language    Written: <input type="checkbox"/> English <input type="checkbox"/> Japanese <input type="checkbox"/> Other (specify) Spoken: <input type="checkbox"/> English <input type="checkbox"/> Japanese <input type="checkbox"/> Other (specify)			
Do you have your Power of Attorney (POA, legal representative to make decisions for you) assigned?			
Property: <input type="checkbox"/> Yes – Co-applicant <input type="checkbox"/> Yes – Alternate Contact <input type="checkbox"/> Yes – Other (Fill #3) <input type="checkbox"/> No Personal Care: <input type="checkbox"/> Yes – Co-applicant <input type="checkbox"/> Yes – Alternate Contact <input type="checkbox"/> Yes – Other (Fill #3) <input type="checkbox"/> No			

2b. PERSONAL INFORMATION – Co-Applicant			
Street No.		Street Address	
		Apt / Unit No.	
City	Province	Postal Code	Phone (H): Phone (C):
Mailing Address (if different from above) and reason			
Email Address (I consent to email correspondence):			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		Date of Birth (DD/MM/YY) Age:	
Marital Status		<input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Married-Spouse in Institution	
Status in Canada		<input type="checkbox"/> Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee Claimant If Landed Immigrant, Date Entered Canada (DD/MM/YY)	
Language		Written: <input type="checkbox"/> English <input type="checkbox"/> Japanese <input type="checkbox"/> Other (specify) Spoken: <input type="checkbox"/> English <input type="checkbox"/> Japanese <input type="checkbox"/> Other (specify)	
Do you have your Power of Attorney (POA, legal representative to make decisions for you) assigned?			
Property: <input type="checkbox"/> Yes – Applicant <input type="checkbox"/> Yes – Alternate Contact <input type="checkbox"/> Yes – Other (Fill #3) <input type="checkbox"/> No Personal Care: <input type="checkbox"/> Yes – Applicant <input type="checkbox"/> Yes – Alternate Contact <input type="checkbox"/> Yes – Other (Fill #3) <input type="checkbox"/> No			

3. ALTERNATE CONTACT(S) [e.g. POA, Next of Kin, Sponsor, Interpreter] (*Max. 2 each)	
Name	Address
Phone 1 (Home / Cell / Business) ( )	Phone 2 (Home / Cell / Business) ( )
E-mail (consents to email correspondence)	Relationship to Applicant / Co-applicant (circle)
Name	Address
Phone (Home / Cell / Business) ( )	Phone (Home / Cell / Business) ( )
E-mail (consents to email correspondence)	Relationship to Applicant / Co-applicant (circle)
Name	Address
Phone (Home / Cell / Business) ( )	Phone (Home / Cell / Business) ( )
E-mail (consents to email correspondence)	Relationship to Applicant / Co-applicant (circle)
Name	Address
Phone (Home / Cell / Business) ( )	Phone (Home / Cell / Business) ( )
E-mail (consents to email correspondence)	Relationship to applicant / co-applicant (circle)

4. HEALTH INFORMATION													
Applicant's Physician's Name	Address												
Telephone No. (      )													
Co-Applicant's Physician's Name	Address												
Telephone No. (      )													
Do you or your co-applicant have any health concerns or disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:													
<p>For the following, please select those that apply (circle A – Applicant and/or CA – Co-Applicant):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>TRANSFER</b></p> <p><input type="checkbox"/> Independent (A / CA)</p> <p><input type="checkbox"/> With Some Assistance (A / CA)</p> <p><input type="checkbox"/> Total Assistance (A / CA)</p> </div> <div style="width: 50%;"> <p><b>MOBILITY STATUS</b></p> <p><input type="checkbox"/> Fully Ambulatory (A / CA)</p> <p><input type="checkbox"/> Wheelchair (A / CA)</p> <p><input type="checkbox"/> Other (Please Specify):</p> </div> <div style="width: 45%;"> <p><input type="checkbox"/> Cane (A / CA)</p> <p><input type="checkbox"/> Scooter (A / CA)</p> </div> <div style="width: 45%;"> <p><input type="checkbox"/> Walker (A / CA)</p> </div> </div>													
<p><b>HEALTH STATUS</b> – Check off all those that apply.</p> <p>*Note: Momiji is a smoke-free building and a no smoking by-law applies to all areas of the building.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;"><input type="checkbox"/> Alzheimer (A / CA)</td> <td style="width: 25%; padding: 5px;"><input type="checkbox"/> Arthritis (A / CA)</td> <td style="width: 25%; padding: 5px;"><input type="checkbox"/> Parkinson's (A / CA)</td> <td style="width: 25%; padding: 5px;"><input type="checkbox"/> Smoking (A / CA)</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Dementia (A / CA)</td> <td style="padding: 5px;"><input type="checkbox"/> Diabetes (A / CA)</td> <td style="padding: 5px;"><input type="checkbox"/> Heart Disease (A / CA)</td> <td style="padding: 5px;"><input type="checkbox"/> Alcohol (A / CA)</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Depression (A / CA)</td> <td style="padding: 5px;"><input type="checkbox"/> Cancer (A / CA)</td> <td style="padding: 5px;"><input type="checkbox"/> Osteoporosis (A / CA)</td> <td style="padding: 5px;"><input type="checkbox"/> Stroke / TIA (A / CA)</td> </tr> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <input type="checkbox"/> Allergies (A / CA)              List all:           </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <input type="checkbox"/> Other (A / CA)              List all:           </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px; height: 40px;">             Comments           </div>		<input type="checkbox"/> Alzheimer (A / CA)	<input type="checkbox"/> Arthritis (A / CA)	<input type="checkbox"/> Parkinson's (A / CA)	<input type="checkbox"/> Smoking (A / CA)	<input type="checkbox"/> Dementia (A / CA)	<input type="checkbox"/> Diabetes (A / CA)	<input type="checkbox"/> Heart Disease (A / CA)	<input type="checkbox"/> Alcohol (A / CA)	<input type="checkbox"/> Depression (A / CA)	<input type="checkbox"/> Cancer (A / CA)	<input type="checkbox"/> Osteoporosis (A / CA)	<input type="checkbox"/> Stroke / TIA (A / CA)
<input type="checkbox"/> Alzheimer (A / CA)	<input type="checkbox"/> Arthritis (A / CA)	<input type="checkbox"/> Parkinson's (A / CA)	<input type="checkbox"/> Smoking (A / CA)										
<input type="checkbox"/> Dementia (A / CA)	<input type="checkbox"/> Diabetes (A / CA)	<input type="checkbox"/> Heart Disease (A / CA)	<input type="checkbox"/> Alcohol (A / CA)										
<input type="checkbox"/> Depression (A / CA)	<input type="checkbox"/> Cancer (A / CA)	<input type="checkbox"/> Osteoporosis (A / CA)	<input type="checkbox"/> Stroke / TIA (A / CA)										

5. SUPPORT SERVICES
<p>Before answering the following questions, please review the attached list (p.6) of support services that Momiji offers.</p> <ol style="list-style-type: none"> <li>1. Tenants of Momiji Senior Residence should be able to live independently with limited <del>external</del> supports. Do you believe that you (and your co-applicant) can live independently?      <input type="checkbox"/> Yes      <input type="checkbox"/> No If no, please specify.</li> <li>2. Will you need any modifications to your apartment unit (e.g. wider doorways for wheelchairs / walkers, apartment accommodations for wheelchair users, automatic door, etc.)?      <input type="checkbox"/> Yes      <input type="checkbox"/> No If yes, please specify:</li> </ol>

Write “A” (Applicant) and/or “CA” (Co-Applicant) in the rating box that best describes your current need for assistance to complete the following activities:

ACTIVITIES		RATING			COMMENTS
		Total Can't do this without help	Some May need assistance	None Don't need any help	
<b>Essential Daily Activities</b>	Dressing/Bathing				
	Cooking meals				
	Taking medication				
	Laundry				
	Shopping for basic needs				
<b>Tenant Duties</b>	Understanding the obligations of the lease				
	Cleaning the unit				
	Safely operating the stove / oven				
	Paying rent and bills on time				

## 6. RENT ASSISTANCE REQUEST

The government of Ontario provides rent assistance (subsidy) for your rent payment if your income is below certain net income (please confirm the eligible income amount with Momiji Client Intervention Worker).

Would you like to apply for Rent Subsidy (from Government of Ontario)? ☐ Yes (Fill #7) ☐ No (Skip #7)

## 7. FINANCIAL INFORMATION \*Rent-Geared-to-Income (RGI: rent subsidy) applicant(s) only

### STATEMENT OF INCOME AND ASSETS – For rent calculation only

\*Attach a copy of the newest Notice of Assessment to verify your net income.

Annual Income	Applicant	Co-Applicant
Government Old Age Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Canada Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Income (investment interest, dividends, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Total Net Income</b> (From the most recent Notice of Assessment, issued by CRA)	\$ Tax Year ( )	\$ Tax Year ( )
<b>Do you own or partially own property/properties?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*Note: Upon signing the lease agreement, RGI tenants will have to agree to not own property (let go of it within certain period of time if they own). Momiji may require you to submit certain supporting document(s) to confirm eligibility.

## 8. Unit Preference (\*2-bedroom can be only chosen by 2 occupancy with Market Rent)

1<sup>st</sup> Choice: ☐ 1-bedroom ☐ 2-bedroom      2<sup>nd</sup> Choice (if any): ☐ 1-bedroom ☐ 2-bedroom

## 9. DECLARATIONS and AUTHORIZATION

I/we understand that tenants at Momiji Seniors Residence (MSR) must be capable of living independently, and that I/we will be interviewed before my/our application is accepted.

I am / we are aware of the following two sections:

(1) While being on the MSR waiting list, I/we must:

- express my/our intention to remain on the waiting list at least annually (e.g. annual applicant survey);
- update my contact information when any change occurs; and
- inform Momiji staff if no longer wish to / can remain on the waiting list, which includes applying and moving to a long-term care home.

(2) At some point in the MSR waiting process, Momiji will require me/us to:

- submit the copy of Photo ID (government-issued) and proof of valid status to stay in Canada;
- take a specific health assessment, conducted by a Momiji staff;
- obtain a specific doctor note from my/our physician at my/our expense, and submit it to Momiji;
- [RGI applicant only] submit the proof of income (Notice of Assessment); and,
- submit any other necessary information, to determine my/our eligibility to remain on the waiting list and/or to receive the unit offer.

I/we declare that all the information in this application is correct and hereby authorize Momiji Health Care Society and its agents to verify any or all of the information contain herein, and to perform a credit check at its discretion.

I/we consent Momiji Health Care Society collecting such information about me/us as may be necessary to determine my/our ability to live independently and I/we hereby authorize Momiji Health Care Society to obtain such information from any person, corporation or social agency, including my/our physician and family members.

I/we do authorize Momiji Health Care Society to disclose the information given on this form to any social agency providing any form of social assistance to me and to any source of subsidized rental accommodation within Metropolitan Toronto (only applicable to applicants who require rent assistance).

Applicant's signature	Date
Witness (print)	Witness (signature)
Co-Applicant' signature	Date
Witness (print)	Witness (signature)

If the third party (includes family, friend, POA) other than Applicant / Co-Applicant themselves completed this form, state the reasons:

## Support Service Checklist

Our Support Services care team provides support for our tenants to maintain their independent living at Momiji. Our team offers the services listed below for Momiji tenants to support your independent living at Momiji once you move in. Our team will have an initial assessment meeting once you move into Momiji in order to make the official service contracts to meet your needs.

### Personal Care services

Daily Check (phone/visit)
Medication Reminders
Assistance with Bathing / Personal Care
Escorting to Medical Appointments

### Light home making services

Light house cleaning
Laundry
Grocery shopping

### Transportation services (for Fee)

Medical appointments
Non-medical appointments (grocery shopping, bank, etc.)