

Bloor St. E. Unit #

Bloor Park Village Rental Application

Please Note: This application can not be used to apply for the Affordable Housing Program.

Instructions:

1. Please read and complete all sections on the application.
2. After you have completed the application form, return it to:

Bloor Park Village Inc.
55 Blue Willow Drive
Woodbridge, Ontario L4L 9E8
Phone: 905-265-1976
Fax: 905-265-1979
Email: bloorparkvillage@mediterracorp.com
Attention: Tenant Placement
3. If you require any assistance or have any questions about completing the application, please contact the above office.
4. Once your completed application has been received, you will be placed on the waiting list.
5. Please notify us if your contact information has changes.

KEEP YOUR FILE UP-TO DATE

Tell us immediately if you move or if your telephone number changes.

If we cannot contact you, your name may be removed from the waiting list and we may be unable to offer you housing.

INSTRUCTIONS FOR EMAILING APPLICATIONS:

- Download and complete application
- Re-save a copy of your application as BPV-Application-YourName
- Email saved file as an attachment and email to both bloorparkvillage@mediterracorp.com and to jspina@mediterracorp.onmicrosoft.com

Bloor Park Village Rental Application

Contact Information					
Last Name:			First Name:		
Apt/Unit #	Street #	Street Name			
City		Province	Postal Code		
Phone #		Cell #			
Email Address					
Household Information					
Please provide information about all adults and children - including yourself - who will live with you.					
Last Name	First Name	Relationship	Date of Birth DD/MM/YY	Male/Female	Social Insurance Number
		Self			
Income Information - Please provide a copy of your Revenue Canada Notice of Assessment					
Name of Person Receiving Income		Source of Income (i.e Employed/Ontario Works/ODSP)		Dates Employed or Benefits Received	
Name of Employer / Caseworker					
Phone #		Email Address			
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Income Information - Continued

Name of Person Receiving Income	Source of Income (i.e. Employed/Ontario Works/ODSP)	Dates Employed or Benefits Received

Name of Employer / Caseworker

Phone #	Email Address
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Building Choices - Type of Unit**What size unit do you require?**

- One Bedroom
- Two Bedroom
- Three Bedroom

Modified Units:

Do you require a modified unit (e.g. wheelchair accessible unit)?

Yes No

If Yes, details of the medical need for the modified unit must be provided by a health care professional

References

Last Name:		First Name:	
Relationship:		Address (Number, Street, Apartment, City, Province)	
Daytime phone	Cell Phone	Email Address	Has known me for state number of years
Last Name:		First Name:	
Relationship:		Address (Number, Street, Apartment, City, Province)	
Daytime phone	Cell Phone	Email Address	Has known me for state number of years
Last Name:		First Name:	
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PRIVACY STATEMENT

Cher-Brook Properties Corporation is committed to protecting the privacy of all visitors to our site. We have taken appropriate measures to protect and ensure the privacy of any personal information you provide. The Corporation is subject to the provisions of the *Personal Information Protection and Electronic Documentation Act (PIPEDA)*.

USE AND DISCLOSURE OF PERSONAL INFORMATION

The Corporation is the sole owner of the information collected. The Corporation does not use or retain personal information that you provide for any secondary purposes unless you have first been notified and your permission has been obtained. The Corporation will not sell, rent, share or otherwise disclose your personal information to any organization or individual outside the Corporation unless you are first notified and your permission is received, except in the following circumstances. The Corporation may disclose your personal information:

- To companies contracted to process your request
- For law enforcement purposes
- For purposes of acting in an emergency to facilitate contact with your next of kin or friend if you become injured or take ill

RESERVING UNITS PRIOR TO APPLICATION APPROVAL

Applicant's that wish to reserve a specific unit prior to approval of this application will be required to submit a reservation deposit in the amount of \$250.00 along with this application. A response to this application will be provided to the applicant within 2 business days from date of submission. Upon approval the above noted reservation deposit fee will be applied to the Applicant's last month's rent deposit. In the event an Applicant is approved and he or she refuses to sign the lease, the deposit will be forfeited in full to the Landlord and will not be returned. If an Applicant is not approved Applicant's deposit will be returned to him or her in full.

Applicant: _____

Applicant: _____

Signature: _____

Signature: _____

RENTAL REQUIREMENTS

1. I have read this application and understand that all requested information I provide is to be accurate and truthful.
2. I understand that documents provided become property of Cher-Brook Properties Corporation
3. I understand that it is a precondition of occupancy that the Tenant deliver to the Landlord a certificate of insurance showing the Landlord as co insured on the policy. The Certificate **must be** in the format hereto attached and the Tenant may complete the attached insurance application and submit directly to the agent. If such certificate is not delivered as stated the landlord may cancel the rental agreement and forfeit any deposit paid by the prospective tenant

NAME (PLEASE PRINT)	SIGNATURE	DATE (MM/DD/YYYY)
Applicant		
Spouse/partner/common-law		
Dependants (18 years of age or older)		

CREDIT REPORT AUTHORIZATION FORM

I, _____ hereby authorize the financial institution noted below to release to CIBC any and all credit information relating to the operation of my account or any of my financial dealings.

1. Customer Information (Please Print Clearly)

Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____

2. Bank Account Information

Deposit Account Number: _____ Branch Transit Number: _____

Financial Institution Number: _____ Chequing Account: _____

Savings Account: _____

Financial Institution Name: _____

Branch Address: _____

Signature of Account Holder:

Signature of Joint Account Holder (if applicable):

✕ _____

Name: _____
(Please Print)

Name: _____
(Please Print)

Date: _____

Date: _____

Consent for Disclosure of Personal Information for Background Checks

To ensure accuracy, you must PRINT in clear CAPITAL letters and complete this form in its entirety.

Reason for disclosure and consent:

I understand that **River Park Village Corporation** has engaged SterlingBackcheck to conduct the following background inquiries in connection with my application or candidacy for employment with **River Park Village Corporation**: Employment Reference Interviews, Employment Verifications, Education Verifications, Credential Verifications, Credit Bureau Inquiry, Name Based Canadian Criminal Record Check, Civil Court Search or Drivers Abstract. The information collected by SterlingBackcheck will be kept strictly confidential and will be obtained and used only in accordance with applicable municipal, provincial and/or federal freedom of information and privacy legislation.

I certify that to the best of my knowledge, the information I have provided on all SterlingBackcheck consent forms and on my résumé and/or application form is complete and accurate in every respect. I understand that a false statement or omission of facts therein may disqualify me from employment or result in my subsequent dismissal for cause if I am employed.

Personal Identification information:

I understand that the following information is for identification (ID) purposes only, allowing SterlingBackcheck to accurately proceed with the assembly of background check reports. I consent to the provision of the following personal information to SterlingBackcheck for the purposes of completing background check reports on behalf of **River Park Village Corporation**. I understand that SterlingBackcheck will hold all personal identification information confidential and will only release information to third parties as necessary for the completion of background check reports.

Position Applied For: ▼	
Candidate Signature: X	Date: (yyyy/mm/dd) ▼ / /

~ Please PRINT in CAPITAL letters ~

Given Name(s): ▼	Middle Name(s): ▼	Gender: ▼ <i>Check One</i> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Surname: ▼	Maiden name: ▼	
Aliases, nicknames and any other names: ▼		
Place of Birth: ▼	Date of Birth: ▼	
City Province Country	yyy / mm / dd	
Current Address: ▼	From: ▼	To: ▼
Unit Number Street Number Street Name	yyy mm dd yyy mm dd	
Current Address Continued: ▼		
City Province Country	Postal Code	
Previous Address – if less than 5 years ago: ▼	From: ▼	To: ▼
Unit Number Street Number Street Name	yyy mm dd yyy mm dd	
Previous Address – Continued: ▼		
City Province Country	Postal Code	
Telephone Number: ▼	Alternative Telephone Number: ▼	SIN: ▼

Consent for Disclosure of Personal Information

Canadian Credit Bureau Inquiry with Identity Cross-Check

To ensure accuracy, you must PRINT in clear CAPITAL letters and complete this form in its entirety.

In connection with my application for employment with **River Park Village Corporation**, I understand that the background check process includes a Canadian Credit Bureau Inquiry with Identity Cross-Check, with retrieval of information from a major Canadian credit bureau.

I hereby consent to a Canadian Credit Bureau Inquiry with Identity Cross-Check by SterlingBackcheck, on behalf of **River Park Village Corporation**, which will include information about me, including any previous bankruptcies, legal proceedings, collection actions, negative banking items and other information reported by my creditors, and I hereby authorize any public or private institution to provide and release to SterlingBackcheck information related to my credit record. I authorize SterlingBackcheck to release all personal information obtained during the above Canadian Credit Bureau Inquiry with Identity Cross-Check to **River Park Village Corporation**.

Please PRINT your full name: ▼	
Candidate Signature: X	Date: (yyyy/mm/dd) ▼ / /

Consent for Disclosure of Personal Information

Name Based Canadian Criminal Record Check

To ensure accuracy, you must PRINT in clear CAPITAL letters and complete this form in its entirety.

PLEASE NOTE: The following information and photocopies of identification are for identification purposes only, allowing SterlingBackcheck to accurately proceed with the assembly of a Name Based Criminal Record Check. SterlingBackcheck will hold all personal information confidential.

Given Name(s): ▼		Middle Name(s): ▼		Gender: ▼ <input checked="" type="checkbox"/> Check One <input type="checkbox"/> Male <input type="checkbox"/> Female	
Surname: ▼			Maiden name: ▼		
Aliases, nicknames and any other names: ▼					
Place of Birth: ▼			Date of Birth: ▼		
City		Province	Country		Postal Code
Current Address: ▼			From: ▼	To: ▼	
Unit Number		Street Number	Street Name		Postal Code
Current Address Continued: ▼					
City		Province	Country		Postal Code
Previous Address – if less than 5 years ago: ▼			From: ▼	To: ▼	
Unit Number		Street Number	Street Name		Postal Code
Previous Address – Continued: ▼					
City		Province	Country		Postal Code
Telephone Number: ▼		Alternative Telephone Number: ▼		Position Applied For: ▼	

I certify that the information in this Disclosure for Personal Information is true and correct to the best of my ability.

Only **adult** convictions under the *Criminal Code* or other Canadian Federal Statutes for which you **have not** received a pardon/record suspension should be disclosed. **Do not disclose:** A conviction for which you received a pardon/record suspension in accordance with the Criminal Records Act, a conviction where you were considered a 'young person' under the Youth Criminal Justice Act, Young Offenders Act, or Juvenile Delinquents Act, absolute or conditional discharges (pursuant to section 730 of the Criminal Code), an offence for which you were not convicted, any provincial or municipal offence and any charges dealt with outside of Canada.

Have you been convicted of an offence for which a pardon/record suspension has not been granted? Yes No

If you have answered **Yes** to the question above, please provide details on those criminal convictions (attach additional pages if required):

Location	Date (yyyy/mm/dd)	Offence
	/ /	
	/ /	
	/ /	

Disclaimer: The existence of a conviction will not preclude you from consideration for employment with **River Park Village Corporation**. Details of the offence are requested to enable **River Park Village Corporation** to determine whether the offence is related to your employment or intended employment.

I have applied to **River Park Village Corporation** for employment. Part of the screening process includes a search of the Royal Canadian Mounted Police (RCMP) National Repository of Criminal Records, using the name(s) and date of birth provided above, those listed on other documents I have provided and any others uncovered during the course of my background check. All searches are accessed through the Canadian Police Information Centre (CPIC). SterlingBackcheck, through a working partnership with a Canadian Police Agency, conducts these investigations on behalf of **River Park Village Corporation**. The Criminal Record Check (CRC) will determine whether records may exist on me and are registered on the RCMP National Repository of Criminal Records. I acknowledge that these records include information relating to criminal convictions under the *Criminal Code* and other *Federal Statutes* (Canada) for which a pardon/record suspension has not been granted. I hereby consent and authorize a Canadian Police Department to conduct the CRC and disclose findings on my behalf to SterlingBackcheck.

I authorize SterlingBackcheck to release all information obtained to **River Park Village Corporation** and hold harmless SterlingBackcheck, its police partners and the RCMP upon the release of this information or its findings to **River Park Village Corporation**. I understand that failing to provide accurate information or omission of facts herein may disqualify me from consideration for employment with **River Park Village Corporation**.

Furthermore, if there is a discrepancy with the information provided by myself on this form and that disclosed by a Canadian Police Department during this investigation of my criminal records history, or if the results of a search prove inconclusive, I understand that I have the option to provide my fingerprints to resolve any discrepancy or dispute.

This request is made in compliance with any applicable federal, provincial or municipal public sector privacy legislation which allows a public body or municipality to disclose my personal information to me or my agent upon my request. Also the 'Supplemental Information Sheet' containing further information about the nature of the requested check(s) has been made available to me.

Candidate Signature: <i>Authorizing Name Based CRC</i> X	Date: (yyyy/mm/dd) ▼ / /
Hiring Manager's Signature: <i>Witnessing the candidate's signature</i> X	Date: (yyyy/mm/dd) ▼ / /

Consent for Disclosure of Personal Information Employment References & Verifications

To ensure accuracy, you must PRINT in clear CAPITAL letters and complete this form in its entirety.

In connection with my application for employment with **River Park Village Corporation**, I understand that reference checks and requests for work history verifications may be made regarding my current or past employment. These reports will include some or all of the following components relating to my employment experience: job description, dates of employment, position(s) held, rate of pay, subjective or objective opinions of my job performance, reputation and character, reasons for departure of past employment and/or eligibility for rehire.

Please list the name(s) of your CURRENT employer(s): ▼

May SterlingBackcheck contact your current employer's Human Resources/Payroll department to verify your employment? Yes or No

Please provide 3 work-related references SterlingBackcheck may contact in the space below

DO NOT list employers or people you do not want contacted. SterlingBackcheck WILL contact all references listed below.

1	Name of Company you worked at with the Reference: ▼		Name of Company that the Reference currently works at, if different: ▼	
	Reference's Name: ▼		Reference's Position: ▼	
	Reference's Phone Number: ▼		Reference's Email Address: ▼	
	Ext.			
	Candidate's Position: ▼		Location: (City and/or Region) ▼	
Starting Date: ▼ (YYYY/MM) /		Ending Date: ▼ (YYYY/MM) /		Reason for Leaving: ▼
2	Name of Company you worked at with the Reference: ▼		Name of Company that the Reference currently works at, if different: ▼	
	Reference's Name: ▼		Reference's Position: ▼	
	Reference's Phone Number: ▼		Reference's Email Address: ▼	
	Ext.			
	Candidate's Position: ▼		Location: (City and/or Region) ▼	
Starting Date: ▼ (YYYY/MM) /		Ending Date: ▼ (YYYY/MM) /		Reason for Leaving: ▼
3	Name of Company you worked at with the Reference: ▼		Name of Company that the Reference currently works at, if different: ▼	
	Reference's Name: ▼		Reference's Position: ▼	
	Reference's Phone Number: ▼		Reference's Email Address: ▼	
	Ext.			
	Candidate's Position: ▼		Location: (City and/or Region) ▼	
Starting Date: ▼ (YYYY/MM) /		Ending Date: ▼ (YYYY/MM) /		Reason for Leaving: ▼

I hereby authorize any of the above-listed employers, those employers listed on my résumé or those employers uncovered during the course of my background check to release to SterlingBackcheck on behalf of **River Park Village Corporation** the above-mentioned information regarding my current or past employment.

I hereby authorize SterlingBackcheck to release all information obtained under this consent only to **River Park Village Corporation**, and in no way hold SterlingBackcheck liable upon the release of this information or its findings to **River Park Village Corporation**.

I hereby authorize the release of any personal information disclosed to SterlingBackcheck to an employer that requires it to identify my record and/or ascertain my identity.

I hereby authorize SterlingBackcheck to send a facsimile or electronic copy of this signed consent form to any references listed above or any employers listed on my résumé.

Please PRINT your full name: ▼

~ To expedite your application please contact your references and inform them that SterlingBackcheck will be contacting them ~

Candidate Signature: <div style="text-align: center; font-size: 2em; font-weight: bold;">X</div>	Date: (yyyy/mm/dd) ▼ / /
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ACORD™ INSURANCE BINDER

DATE (MM/DD/YYYY)
1/29/2016

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER	PHONE (A/C, No, Ext): 855-787-7226 FAX NO. (A/C, No, Ext): 705-222-6716	COMPANY AVIVA Canada	BINDER # 645																		
Nickel City Insurance Brokers 1-754 Falconbridge Road Sudbury, ON P3A 5X5		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>DATE</th> <th>EFFECTIVE</th> <th>TIME</th> <th>DATE</th> <th>EXPIRATION</th> <th>TIME</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>12:01 AM</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>NOON</td> </tr> </table>		DATE	EFFECTIVE	TIME	DATE	EXPIRATION	TIME						12:01 AM						NOON
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CODE: 10013448	SUB CODE:	THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:																			
AGENCY CUSTOMER ID: OSEIF01	DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) 394-400 Bloor Street East Oshawa, Ontario																				
INSURED																					

COVERAGES	LIMITS																										
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PERSONAL INJURY PROT	\$																										
UNINSURED MOTORIST	\$																										
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SPECIAL CONDITIONS/ OTHER COVERAGES

NAME & ADDRESS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>MORTGAGEE</td> <td><input checked="" type="checkbox"/></td> <td>ADDITIONAL INSURED</td> </tr> <tr> <td>LOSS PAYEE</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="3">LOAN #</td> </tr> <tr> <td colspan="3">AUTHORIZED REPRESENTATIVE</td> </tr> </table>	MORTGAGEE	<input checked="" type="checkbox"/>	ADDITIONAL INSURED	LOSS PAYEE	<input type="checkbox"/>		LOAN #			AUTHORIZED REPRESENTATIVE		
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<p>Cher-Brook Properties Corporation 55 Blue Willow Drive Woodbridge, Ontario L4L 9E8</p>													

Larocque, McBain & Fraser's
 United Insurance Brokers Ltd
Lorna Courchesne, Broker

Direct telephone: 705-222-7233; Email: lornac@pbnet.ca

Personal Property Quote Questionnaire

Fill out as much information as possible and fax (705-222-7234) or email (lornac@pbnet.ca) to get the most accurate quote

Name:	Request Date:	
Home Phone:	Work Phone:	Cell Phone:
Address:	City:	Postal Code:
Date of Birth :	Spouses Birthday	Employer:
Dwelling Information		
	Updates: What year? Wiring:	
	Updates: What year? Plumbing:	
	Plumbing: Plastic or Copper?	
Construction: Brick _____% Siding _____% Other _____%	Monitored Alarm? Yes or No	
Stories:	Amps: 60 / 100 / 200?	
	Heating Type: Gas / Electrical / Oil?	
Fire Place and/or Wood Stove:		
	Distance from Fire Department:	
# of Bathrooms	Distance to Hydrant:	
Sump pump? Yes or No		
Current Insurer:		
Current Policy Number:	Used For Business? Yes or No	
Smokers? Yes or No	Smoke Alarms? Yes or No & #	
Fire Extinguishers? Yes or No	Dead Bolts on all Doors? Yes or No	
Other protection Devices? If Yes, describe:	Pool? Yes or No	Trampoline? Yes or No
Claims History / Comments / Additional Information:		