



**Pleasant Manor
Retirement Village**
Serving Seniors With Excellence,
Love and Dignity
15 Elden St., P.O. Box 500
Virgil, ON L0S 1T0
(905) 468 1111
office@pleasantmanor.net

Application For Tenancy

NAME: _____ **PHONE #:** _____

BIRTH DATE: _____ **ADDRESS:** _____

Box / RR# _____

SPOUSE: _____ **CITY:** _____

BIRTH DATE: _____ **POSTAL CODE:** _____

EMAIL ADDRESS: _____

PLEASANT MANOR IS A SMOKE-FREE, ANIMAL-FREE, FRAGRANCE-FREE HOME

ARBORVIEW

1 bedroom regular size \$ 913.00 per month* _____

2 bedroom regular size \$ 991.00 per month* _____

Wellness Suite \$ 1,552.00 per month* _____

Wellness suites are comprised of bed sitting room with private washroom, fridge, emergency response, security system, 3 meals a day and afternoon snack cart. Supportive housing services available upon assessment of needs. These services may include housekeeping, laundry, assistance with personal care, medication reminders and are provided by personal support workers.

NON-NURSING PROGRAM.

CREEKVIEW

1 bedroom \$1,167.00 per month* _____

2 bedroom \$1,313.00 per month* _____

OAKVIEW

bachelor apartment \$ 556.00 per month* _____

1 bedroom regular size \$ 715.00 per month* _____

1 bedroom large size \$ 744.00 per month* _____

LIFE LEASE PURCHASES

LIFE LEASE TOWNHOUSE PURCHASE _____

LIFE LEASE APARTMENT PURCHASE _____

Continued on back

What is your Religious Denomination? _____

What is your urgency to moving here (please circle) 1 2 3 4 5
LOW HIGH

How did you hear about Pleasant Manor? _____

I/we submit this application in consideration of my/our tenancy in Pleasant Manor Retirement Village.
I/We understand that upon its acceptance, this application will take its place on a "Chronological Waiting List" for the type of accommodation applied for, and that upon notice, I/we will have the option of entering into a Lease Agreement or defer acceptance, in which event the application will again assume its place on the "Chronological Waiting List".
The foregoing notwithstanding, Pleasant Manor Retirement Village retains the right for sufficient cause and at its discretion, to prioritize the Chronological Waiting List on criteria other than date of application. Also, first right of refusal for any accommodation is at the option of persons already residing within Pleasant Manor.

Signature: _____ Date: _____

*The rates indicated are in effect for the year 2017 and are subject to change annually by Board approval

SUPPORTIVE HOUSING PROGRAM

Are you currently receiving services from the Community Care Access Center (CCAC)?

YES NO

If yes, please sign the Release of Information & Consent for Assessment statement below.

I do hereby give consent to the staff and service providers of Pleasant Manor, CCAC and other Health Care Providers to release/obtain such facts about the care and status of _____ as are deemed necessary for the Supportive Housing Program to provide services.

Signature

Date

Personal information requested by Supportive Housing Services is collected for purposes of provision of services under the Long Term Care Act, 1994 and will be requested only at time of acceptance of admission.

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