



**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:** _____

ARBORVIEW **PLEASANT MANOR IS A SMOKE AND ANIMAL FREE HOME**
1 bedroom regular size \$ 864.00 per month * _____
2 bedroom regular size \$ 936.00 per month * _____
Wellness Suite \$ 1,445.00 per month * _____

Wellness suites are comprised of bed sitting room with private 4 piece bath, 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 **PLEASANT MANOR IS A SMOKE AND ANIMAL FREE HOME**
1 bedroom \$1,104.00 per month * _____
2 bedroom \$1,239.00 per month * _____

OAKVIEW **PLEASANT MANOR IS A SMOKE AND ANIMAL FREE HOME**
bachelor apartment \$ 536.00 per month * _____
1 bedroom regular size \$ 682.00 per month * _____
1 bedroom large size \$ 709.00 per month * _____

LIFE LEASE PURCHASES
LIFE LEASE TOWNHOUSE PURCHASE _____
LIFE LEASE APARTMENT PURCHASE _____

What is your Religious Denomination? _____

Continued on back

What is your urgency to moving here (please circle)

1	2	3	4	5
<i>LOW</i>				<i>HIGH</i>

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 2014 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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