

TENANCY APPLICATION

Radiant Care Pleasant Manor
15 Elden St., P.O. Box 500 Virgil, ON L0S 1T0
(905) 468 1111
pleasantmanor@radiantcare.net

To provide with excellence love and dignity a full continuum of housing and services to senior citizens.
We serve the Mennonite Constituency and others who wish to live in a community of Christian faith.

NAME: _____ PHONE #: _____
BIRTH DATE: _____ ADDRESS: _____
Box / RR# _____
SPOUSE: _____ CITY: _____
BIRTH DATE: _____ POSTAL CODE: _____
EMAIL ADDRESS: _____

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

ARBORVIEW

- | | |
|---|---------------------------|
| ☐ 1 bedroom regular size | \$1,776 per month* |
| ☐ 2 bedroom regular size | \$2,132 per month* |
| ☐ Wellness Suite | \$2,763 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 | \$2,132 per month* |
| ☐ 2 bedroom | \$2,605 per month* |

OAKVIEW

- | | |
|--|---------------------------|
| ☐ Bachelor apartment | \$1,105 per month* |
| ☐ 1 bedroom (various sizes) | \$1,776 per month* |

LIFE LEASE PURCHASES

- ☐ LIFE LEASE TOWNHOUSE PURCHASE
☐ LIFE LEASE APARTMENT PURCHASE

Please select as many options as you are interested in.

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What is your Religious Denomination? _____

What is your urgency to moving here

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
LOW HIGH

How did you hear about Radiant Care Pleasant Manor? _____

I/we submit this application in consideration of my/our tenancy at Radiant Care Pleasant Manor.

I/We understand that upon its acceptance, this application will take its place on a chronological "Tenancy 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 Tenancy Waiting List.

The foregoing notwithstanding, Radiant Care Pleasant Manor retains the right for sufficient cause and at its discretion, to prioritize the Tenancy 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 Radiant Care Pleasant Manor.

I/We understand that it is my/our responsibility to notify the Radiant Care Pleasant Manor Administration Office of any changes to my/our contact information (i.e., phone number, email address, address, etc.) or of my/our desire to be removed from the Tenancy Waiting List.

Signature: _____ Date: _____

*The rates indicated are in effect for the year 2026 and are subject to change annually by Board approval.

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FOR OFFICE USE ONLY:

Date Application Received: _____

Staff Initials: _____

Removed from Waiting List on: _____

Staff Initials: _____

☐ Moved in

☐ Requested removal

Name of Requestor: _____

Relationship of Requestor: _____

Reason for Removal: _____

☐ Could not be contacted

Date Phoned: _____

Date Emailed: _____

Date Mailed: _____