



ABC Housing Co-op

Applicant

1.

Membership Application Form

Last name	First Name	
Date of birth		
	_	
Street address		
City	Province, Postal code	
Contact number - home	Contact number - work	
	_	
Email		

4	

2. (Co-App	olicant
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Last name	First Name
Date of birth	
Street address	
City	Province, Postal code
Contact number - home	Contact number – work
Email	
Relationship to applicant	

3. Other household members

Last name	First name	Date of birth



4. Unit

What size of unit do you require?

Do you require an accessible unit?

5. Housing background

Have you lived at your current address for more than two years?

Landlord's name and phone number:

If you have lived at your current address two years or less, please give your previous address, landlord's name and phone number.

- 6. How much do you pay in rent each month?
- 7. If you pay for utilities, how much do you pay?

8. Parking

How many parking spaces do you need?

9. Pet policy

The co-op has a pet policy that allows: Two pets

What pets do you have?



10. Household income

Applicants first and last name:

Please give us a monthly before-tax income (gross income) of each household member.

	Source of income: check one			
Name of household member	Income Assistance*	Self-employed**	Other	each month

^{*}Co-op needs to know if you are receiving social assistance in order to calculate subsidy to which you are entitled. Subsidy is calculated differently for income assistance.

You will need to provide proof of this income [if the co-op calls you for an interview].

This page will be kept separately to limit access to your financial information.

^{**} Co-op needs to know if you are self-employed in order to calculate subsidy, only some deductions from gross income are allowed.



Signatures

We understand that only the members of ABC Housing Co-operative may live in the co-op and we apply for membership, as set out below.

We understand that, if the co-op accepts us for membership and offers us a unit, we must buy a share purchase of \$3,000 for the principle member and \$10 for the associate member.

If accepted into membership, we agree to be bound by and to comply with the Rules, Occupancy Agreement and policies of the co-op in force and as amended from time to time.

We declare that all the information in this application is correct. We give the co-op permission to verify any or all of this information, and to do a landlord check and a credit check. We understand that acceptance of membership depends on the co-op obtaining satisfactory results from a credit check.

Applicant for principle membership	
Applicant for associate membership	
Applying to reside in the Unit	
Date	

Signatures of all household members who are at least 19 years of age:

Note: The personal information protection statement is to be signed with this application form.