

CRAIGFLOWERHOUSINGCO-OPERATIVE
securitythroughcommunity

Application For Co-operative Membership

Unit Size Required: 2-bedroom 3-bedroom

PERSONAL INFORMATION (Please include information on ALL persons to live in accommodation)

Applicant's Surname: _____ Given Name(s): _____ Date of Birth: mm / dd / yy Gender: M F	Address: _____ Phone: () _____ - _____ () _____ - _____ Email: _____
Co-Applicant's Surname: _____ Given Name(s): _____ Date of Birth: mm / dd / yy Gender: M F Relationship to Applicant: _____	Address: _____ Phone: () _____ - _____ () _____ - _____ Email: _____
Family Member's Surname: _____ Given Name(s): _____ Date of Birth: mm / dd / yy Gender: M F Relationship to Applicant: _____	Family Member's Surname: _____ Given Name(s): _____ Date of Birth: mm / dd / yy Gender: M F Relationship to Applicant: _____
Family Member's Surname: _____ Given Name(s): _____ Date of Birth: mm / dd / yy Gender: M F Relationship to Applicant: _____	Family Member's Surname: _____ Given Name(s): _____ Date of Birth: mm / dd / yy Gender: M F Relationship to Applicant: _____

Do all of the people listed live with you full time right now? Yes No

If No, please explain:

Do you expect the size of your family to change in the near future?

If yes, please explain:

MEMBERSHIP

List 5 reasons why you wish to reside in a Housing Co-operative, in order of importance:

PARTICIPATION

As a co-operative, we rely on the volunteer participation of our members to maintain our standard of living and keep our housing costs down. Tell us how you intend to contribute to our neighbourhood and/or how you currently volunteer in your neighbourhood:

HOUSING BACKGROUND

Present Address (if different from above): _____

Landlord's Name: _____ Tel: _____

How much do you currently pay towards housing monthly? \$ _____

Length of time at present address (if less than 2 years, please complete box below): _____

Previous Address: _____

Landlord's Name: _____

Tel: _____

Length of time at this address: _____

Name

Telephone Number

REFERENCES

Present Employer

(____)____-

Previous Employer

(____)____-

Personal (not a family member)

(____)____-

Personal (not a family member)

(____)____-

Other _____

(____)____-

ASSETS & CURRENT FINANCIAL RESPONSIBILITIES

Assets (of all members)

Current Monthly Accommodation

Real Estate \$ _____	Rent / Mortgage / H/C Payment \$ _____
Mortgages Owed To You \$ _____	Heat \$ __ Hydro \$ _ Parking \$
Other_ \$_ Other_ \$	\$ _ Parking \$
Other _____ \$ _____	Other _____ \$ _____

DECLARATION OF INCOME & FINANCIAL REQUIREMENTS

The minimum required gross monthly income:

3br \$4,010 MONTHLY \$48,120 ANNUAL
 2br \$3,670 MONTHLY \$44,040 ANNUAL

HOUSEHOLD INCOME INCLUDES:

INCLUDE

- ✓✓ All Employment Income
- ✓✓ Private & Public Pension Plans
- ✓✓ Interest on Assets
- ✓✓ EI Income
- ✓✓ Spousal or Child Support
- ✓✓ Rental Income from Real Estate
- ✓✓ GAIN for the elderly, disabled, single or families
- ✓✓ Workers' Compensation
- ✓✓ Veteran Pension
- ✓✓ Seasonal Employment (please average)

DO NOT INCLUDE

- ×× Earnings of children under 19 years of age in regular full-time attendance at a recognized institution of learning
- ×× Child Tax Benefit / Universal Child Care Credit
- ×× GST Credit
- ×× Living Out or Travelling Expenses

Do you meet the required minimum financial requirements? Yes No

Do you expect your employment situation to change in the near future? Yes No

If YES, please explain: _____

SHARE PURCHASE

To become a member of a co-op, you must purchase a share. The share purchase amount at Craigflower Cooperative is \$4000.

I confirm that if selected to be a member of Craigflower Cooperative housing I am required to pay the \$4000 share purchase 30 days prior to possession.

Initials: _____

PET INFORMATION

Members are permitted:

- Two *domestic* pets per unit
- Pets must be under 30” in height and less than 50 lbs in weight
- Pets must be spayed or neutered
- Vaccinations must be up-to-date

Do you have any pets? Yes No

If YES, what type (eg: dog, cat) and breed: _____

Is the animal spayed or neutered? Yes No

Your pet's vet/clinic, name & address: _____

SIGNATURES

I/We understand that this application does not constitute an agreement on the part of Craigflower Co-operative to provide me/us with accommodation. I/We hereby certify that the information given in this application is true, correct and complete in every respect to the best of my/our knowledge. I/We give the co-op permission to verify any or all of this information and to carry out a landlord check and a credit check.

I/We agree to contribute at least five hours per month to the co-op through participation. I/We agree to participate as part of a co-op committee and to attend all general meetings.

APPLICANT

CO-APPLICANT

DATE

Only qualifying applicants will be contacted for an interview - at this time, you will be asked to provide proof of income.