

CHARLIE BROOKS HOUSING CO-OPERATIVE INC.

Membership Application Form - \$25 Fee

Move in Date _____

1. Applicant

Last Name: _____ First Name: _____

Date of Birth (M/D/Y): _____ Female Male

Current Address (including postal code): _____

Phone: _____

E-mail: _____

S.I.N _____

Canadian Citizen Landed immigrant Refugee Claimant Other

2. Unit size

What size unit do you need? 2 BDRM 3 BDRM 4 BDRM

Do you need an accessible unit? YES NO

Market Rent Geared to Income

3. Other household members

Last Name: _____ First Name: _____

Date of Birth: ____ / ____ / ____ (day/month/year) Female Male

Last Name: _____ First Name: _____

Date of Birth: ____ / ____ / ____ (day/month/year) Female Male

Last Name: _____ First Name: _____

Date of Birth: ____ / ____ / ____ (day/month/year) Female Male

Last Name: _____ First Name: _____

Date of Birth: ____ / ____ / ____ (day/month/year) Female Male

4. **Housing Background**

How long have you lived at your current address? _____

Landlord's name and phone number _____

If you have lived there less than 2 years, please give your previous Landlord's name, address and phone number.

How much do you pay in rent each month? _____

If you pay for utilities, how much do you pay each month? _____

5. **Household Income** - You will need to provide proof of this income.

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

Name: _____

Gross income (month): _____

Employer or source of income (for example, Social Assistance, CPP, etc.)

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6. Parking - List all vehicles belonging to the household.

Make _____

Colour _____

License Number _____

7. Pet Policy / By-Law

The Co-op has a pet policy / by-law that allows members to keep certain pets.

What pets do you have? _____

Size of your pet? _____

Are your pets *neutered* / *spayed*? _____

We are applying to be members of Charlie Brooks Housing Co-operative Inc. and accept non-refundable application fee.

We understand that, if the co-op accepts us for membership and offers us a unit, we must pay a one-time membership fee of \$5.00 per member.

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 and credit check.

We understand that Charlie Brooks Housing Co-operative Inc. will use the information to

- contact us about this application
- determine our eligibility for housing and membership in the co-op.

We understand that the information in this form and other information about us will only be disclosed to the board of directors, committees, staff, consultants and regulators of the co-op on need-to-know basis. We understand that the co-op will destroy personal information about us that it no longer needs, subject to government requirements.

Signatures of all household members over 16 years of age.

Date _____

