



COOPERATIVE D'HABITATION VOISINS INC.

440 WIGGINS PRIVATE OTTAWA ON K1N 1A7
 TEL: 565-0284 FAX: 565-3050
MEMBERSHIP AND HOUSING APPLICATION

FOR OFFICE ONLY

HOUSEHOLD INFORMATION

THIS PART OF THIS APPLICATION ASKS FOR INFORMATION ON YOUR HOUSEHOLD AND WILL BE USED BY THE CO-OP TO PLAN ITS VOLUNTEER RESOURCES. ALL MEMBERS OF THE CO-OP ARE EXPECTED TO VOLUNTEER SOME TIME TO HELP RUN THE CO-OP.

APPLICANT 1

FAMILY NAME
FIRST NAME
ADDRESS
HOME TELEPHONE #

FEMALE MALE
 ARE YOU A CANADIAN CITIZEN OR LANDED IMMIGRANT? YES NO

WHAT IS YOUR RELATIONSHIP WITH YOUR CO-APPLICANT?

APPLICANT 2

FAMILY NAME
FIRST NAME
ADDRESS
HOME TELEPHONE #

FEMALE MALE
 ARE YOU A CANADIAN CITIZEN OR LANDED IMMIGRANT? YES NO

WHAT IS YOUR RELATIONSHIP WITH YOUR CO-APPLICANT?

PLEASE LIST THE CHILDREN IN YOUR HOUSEHOLD:

NAME	RELATIONSHIP	BIRTH DATE	SEX
		DAY/MONTH/YEAR	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
		DAY/MONTH/YEAR	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
		DAY/MONTH/YEAR	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

PLEASE LIST OTHER ADULTS IN YOUR HOUSEHOLD NOT LISTED ABOVE:

NAME	RELATIONSHIP	BIRTH DATE	SEX
		DAY/MONTH/YEAR	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
		DAY/MONTH/YEAR	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

WHAT SIZE OF UNIT DO YOU REQUIRE? ONE BEDROOM TWO BEDROOM THREE BEDROOM

DO ANY MEMBERS OF YOUR HOUSEHOLD USE PARA-TRANSPORT? YES NO

DO YOU REQUIRE A WHEELCHAIR ACCESSIBLE UNIT? YES NO

DO YOU REQUIRE A PARKING SPACE? YES NO

YES NO **DOES ANY MEMBER OF YOUR HOUSEHOLD HAVE ANY HEALTH PROBLEMS THAT AFFECT THEIR HOUSING NEEDS? IF YES, PLEASE SPECIFY:**

YES NO **DO YOU OWN A PET? IF YES, WHAT KIND(S) AND HOW MANY?**

PLEASE GIVE THE NAME, ADDRESS AND TELEPHONE NUMBER OF YOUR NEXT OF KIN NOT LIVING WITH YOU (IN CASE OF AN EMERGENCY).

HOW DID YOU HEAR ABOUT COOPERATIVE D'HABITATION VOISINS INC.?

[Empty box for answer]

HAVE YOU EVER LIVED IN A HOUSING CO-OP BEFORE? IF YES, WHERE?

[Empty box for answer]

WHY WOULD YOU LIKE TO LIVE IN A HOUSING CO-OPERATIVE?

[Empty box for answer]

HAVE YOU EVER BEEN INVOLVED IN: COMMUNITY GROUP TRADE UNION SERVICE CLUB

IF YES, PLEASE GIVE DETAILS:

[Empty box for details]

CURRENT HOUSING SITUATION

THIS PART ASKS QUESTIONS ABOUT YOUR PREVIOUS LIVING SITUATIONS TO PROVIDE THE CO-OP WITH REFERENCES FROM PREVIOUS LANDLORDS. ONLY MEMBERS OF THE SELECTION COMMITTEE AND STAFF WILL HAVE ACCESS TO THIS INFORMATION.

HOW LONG HAVE YOU BEEN AT YOUR PRESENT ADDRESS?

MONTHLY [Empty box] MONTHLY [Empty box]

HOW MANY BEDROOMS ARE THERE IN YOUR CURRENT PLACE?

SEPARATE [Empty box]

DO YOU RENT? DO YOU OWN?

\$ [Empty box] + \$ [Empty box] = \$ [Empty box]
MONTHLY RENTAL MORTGAGE (INCLUDES TAXES, CONDOMINIUM FEES) MONTHLY UTILITIES ALSO FOR RENTERS IF NOT INCLUDED IN RENT TOTAL MONTHLY HOUSING EXPENSES

PLEASE PROVIDE THE NAME, ADDRESS AND PHONE NUMBER OF YOUR PRESENT LANDLORD OR MORTGAGE COMPANY. IF YOU HAVE BEEN AT YOUR PRESENT ADDRESS FOR LESS THAN 2 YEARS, PLEASE PROVIDE THE SAME INFORMATION FOR YOUR PREVIOUS LANDLORD OR MORTGAGE COMPANY.

LANDLORD'S NAME
ADDRESS
TELEPHONE NUMBER

LANDLORD'S NAME
ADDRESS
TELEPHONE NUMBER

YES NO MAY WE USE YOUR PRESENT AND/OR PREVIOUS LANDLORD AS A REFERENCE? IF NO, PLEASE STATE WHY.

[Empty box for answer]

FINANCIAL INFORMATION

THIS PART OF THE APPLICATION PROVIDES THE CO-OP WITH INFORMATION ABOUT YOUR FINANCIAL BACKGROUND AS WELL AS EMPLOYMENT. IT IS STRICTLY CONFIDENTIAL AND WILL BE SEEN BY THE MEMBER SELECTION COMMITTEE OR STAFF ONLY.

APPLICANT 1

APPLICANT 2

SOCIAL INSURANCE NUMBER

SOCIAL INSURANCE NUMBER

BIRTH DATE

DAY/MONTH/YEAR

BIRTH DATE

DAY/MONTH/YEAR

IF YOU ARE EMPLOYED, PLEASE PROVIDE INFORMATION ABOUT YOUR CURRENT EMPLOYER. IF YOU HAVE WORKED FOR THIS EMPLOYER FOR LESS THAN A YEAR PLEASE GIVE PREVIOUS EMPLOYER'S NAME AND ADDRESS.

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LENGTH OF EMPLOYMENT:	
EMPLOYER'S NAME	
ADDRESS	
	TELEPHONE NUMBER

LENGTH OF EMPLOYMENT:	
EMPLOYER'S NAME	
ADDRESS	
	TELEPHONE NUMBER

LENGTH OF EMPLOYMENT:	
EMPLOYER'S NAME	
ADDRESS	
	TELEPHONE NUMBER

LENGTH OF EMPLOYMENT:	
EMPLOYER'S NAME	
ADDRESS	
	TELEPHONE NUMBER

PLEASE REPORT YOUR GROSS MONTHLY HOUSEHOLD INCOME. REMEMBER TO ATTACH PROOF OF INCOME TO THIS APPLICATION AS DESCRIBED UNDER "PROOF OF INCOME REQUIREMENTS" ON THE NEXT PAGE.

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GROSS MONTHLY INCOME FROM EMPLOYMENT

GROSS MONTHLY INCOME FROM EMPLOYMENT

GROSS MONTHLY INCOME FROM OTHER SOURCES

GROSS MONTHLY INCOME FROM OTHER SOURCES

TOTAL GROSS MONTHLY INCOME FROM ALL SOURCES

TOTAL GROSS MONTHLY INCOME FROM ALL SOURCES

TOTAL COMBINED GROSS MONTHLY INCOME FROM ALL SOURCES

PROOF OF INCOME REQUIREMENTS

If you are regularly employed, please submit one of the following:

- A confirmation letter from your employer that states Gross wages and hours, or current annual salary and overtime pay in the last 12 months.
- Three consecutive pay stubs with the pay period and your name and social insurance number indicated.

If you are receiving Social Assistance, please submit:

- A letter from your Caseworker or the Social Agency, indicating the type of assistance (Ontario Works, ODSP) and the number of beneficiaries.
- A photocopy of your drug card.

If you are currently unemployed, please submit copies of your Employment Insurance Benefits statement.

If you receive a Pension, Adult Training Allowance or Disability or Compensation, please submit either of the following:

- A letter of confirmation
- Copies of your monthly cheques or the slips sent to you with your cheques.

If you are self-employed, please submit either:

- A letter or financial statement from a recognized accountant, indicating the annual net income from your business and total withdrawals from your business as personal salary in the last year.
- A statutory Declaration, sworn before a notary public, of your earnings in the past 12 months and projected earnings for the next 12 months. This Declaration must be accompanied by a copy of your last Income Tax Return and Information Slips.

If you are irregularly or seasonally employed, please submit:

- Your last Income Tax Return and Information Slips.
- Confirmation letter from your current employer or copies of your employment insurance benefits statement
- An estimate of your earnings for the next 12 months.

If you earn more than \$300 per year in interest income (eg. Stocks, bonds, deposits, RRSP's, annuities), please submit either of the following:

- Your last Income Tax Return and Information Slips(T5).
- A letter from the Financial Institution.

CALL THE OFFICE TO FIND OUT HOW TO VERIFY ANY INCOME SOURCES NOT MENTIONED ABOVE

DECLARATION

I/We hereby apply for membership in the Co-operative.

I/We understand that this application must be accompanied by proof of income in a form acceptable to the Co-operative for each member of our household who receives income. (Please refer to Proof of Income Requirements above.)

I/We understand that Co-operative D'Habitation Voisins Inc. Is formed for the purpose of providing housing at cost to its members and that membership in the Co-op included the responsibility to participate a minimum of 48 hours per year in the running of the Co-op.

I/We understand that only people accepted for membership in the Co-op and clients of organizations with agency leases., may live in the Co-op. Long term guests must obtain Board approval.

I/We understand that if accepted for membership and offered a unit in the Co-op a one time membership fee of \$10.00 per adult will be required prior to moving in.

I/We declare that all the information provided in this application is true and correct in every respect. I authorize the co-op to check and verify the information provided in this application and to perform a credit check.

APPLICANT'S SIGNATURE

APPLICANT'S SIGNATURE

DATE

DATE

Incomplete applications will not be accepted. Applications must be complete with all required supporting documentation. your application will not be recorded as received until all information is received.