

IDA VISTA HOUSING CO-OPERATIVE

1.Applicant:

 Last name

 First name

Date of birth (D/M/Y) _____

Street address: _____

Town/City _____ Province _____ Postal code _____

Phone: (home) _____ (work) _____

Email : _____

2.Co-applicant:

 Last name

 First name

Date of birth (D/M/Y) _____

Street address: _____

Town/City _____ Province _____ Postal code _____

Phone: (home) _____ (work) _____

Email : _____

Relationship to applicant: _____

3. Other household members

Last name	First name	Female/male (F/M)	Date of birth (D/M/Y)
		F <input type="checkbox"/> M <input type="checkbox"/>	
		F <input type="checkbox"/> M <input type="checkbox"/>	
		F <input type="checkbox"/> M <input type="checkbox"/>	
		F <input type="checkbox"/> M <input type="checkbox"/>	
		F <input type="checkbox"/> M <input type="checkbox"/>	

4. Unit

What size of unit do you require? 2 BDRM OR 3 BDRM (circle one)

Do you require an accessible unit? Yes No

5. Housing background

Current Address: _____

Have you lived at your current address for more than two years? Yes No

Current Landlord's Name: _____ Phone: _____

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

How much do you pay in rent each month? \$ _____/mth

If you pay for utilities, how much do you pay? \$ _____/mth

6. Designated Parking Spots needed (MAX.2) _____

7. Pet policy - The co-op has a pet policy that allows 2 four legged animals

What types of pets do you have? Cats: _____

Dogs: _____ Breed? _____

8. How did you hear about our Co-op?

9. Household income

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

Name of household member	Source of income: check one			Gross income each month	UCTB
	Income Assistance	Self-employed	Other		Universal Child Tax Benefit

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

List 3 References: (no family members)

Name	Contact Number	Relation

Employment Information

Applicant

Employer Name: _____

Name of Supervisor: _____

Contact Number: _____

How long have you been employed with this company? _____(yrs)_____(mths)

****Note: you will need to provide copies of your last 3 pay stubs upon interview***

Co-Applicant

Employer Name: _____

Name of Supervisor: _____

Contact Number: _____

How long have you been employed with this company? _____(yrs)_____(mths)

****Note: you will need to provide copies of your last 3 pay stubs upon interview***

If any Applicant is Self-Employed or have a Home Based Business, please provide the following information.

Name of business: _____

Work Number: _____

How long have you been self employed? _____(yrs)_____(mths)

****Note: Proof of income must be provided (invoices or financial statements)***

Signatures

We understand that only the members of Ida Vista 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 \$1500 for the principal 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.

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.***

(Signature of Applicant)

Date: _____

(Signature of Co-Applicant)

Date: _____

