

Beechwood Co-operatives Homes Inc.

Application of Membership

An "Applicant is any adult (16 years or older) residing with the family. Please answer all questions with detailed information on all applicants.

If you need more space, please attach a plain piece of paper.

1. Applicants.

Applicant "A"

Name _____ Date of Birth _____

Address _____

_____ Postal Code _____

Phone (Home) _____ Work _____

Applicant "B"

Name _____ Date of Birth _____

Address _____

_____ Postal Code _____

Phone (Home) _____ Work _____

- 2. Size of Unit Requested:**
- 2 Bedroom
 - 3 Bedroom
 - 4 Bedroom
 - 2 Bedroom wheelchair accessible
 - 2 Bedroom visual impaired
 - 2 Bedroom hearing impaired

3. When would you like to move? _____

4. Declaration:

I/We the undersigned do hereby apply for residence and membership in BEECHWOOD Co-operative Homes Inc. I/We understand that \$15.00 per adult family member is payable as a membership fee. If membership is confirmed by the Board of Directors. I/We understand that the membership fee will thereby guarantee full rights of membership in the Co-operative. I/We declare that the information given on this application form is correct and agree that it may be used for an investigation to establish credit worthiness.

All applicants/adult proposed to live in the unit:

Signature: _____ Date: _____

Signature: _____ Date: _____

Pursuant to the Personal Information and Protection of Electronic Documents Act.

Personal information contained on this form or in attachments may be collected for the Housing Authorities pursuant to the Ontario Housing Corporation Act, Section 2, 4 and 7 R.S.O. 1980, C.339 and the Housing Development Act, Subsection 7 (2) R.S.O.1980, C.209 and will be used to determine suitability and eligibility for housing applied for, continuation of housing and the appropriate rent scale and rent-geared-to income charge. Personal information may be disclosed to Local Housing Authorities, non-profit housing corporations, The Ministry of Housing and other municipal/provincial and federal departments and agencies providing social assistance to the applicant. The applicant consents to the verification, disclosure, and transfer of information given on this form and attachments by or to any of the above entities and will provide any required supporting material.

5. Please list all other members of the household:

Surname	Given name	Gender	Date of Birth

6. Only two vehicles per household may be accommodated on the Co-op property. If you have more than two, please be aware that you will require off-site parking for the extra ones and for oversized vehicles. Please list all vehicles (automobiles, trucks, vans, motorcycles, trailers, etc.) owned by members of the family.

Make	Model	Colour	Plate Number

7. Please list all household pets below. Pets and their control are subject of policy statements adopted by the Co-operative from time to time. Please ask the Coordinator for a copy of you own or intend to own household pets:

8. The business and social affairs of the Co-op are managed by the membership with the help of staff. For this reason, skills and experience in group activities are important resources for the co-op. Please list all volunteer participation or other activity of yours that might prepare you to make a contribution to the Co-op (Example: activity in a trade union, tenant's association, service club, election campaign, civic committee etc.)

9. Please check the Committee you would be interested in working with.

Member Selection	_____	Landscaping	_____
Maintenance	_____	Social	_____
Newsletter	_____	Other	_____
Finance	_____		

10. Applicant A's Financial Information:

Name _____

Address _____

Phone (Home) _____ Work _____

S.I.N. _____ Date of Birth _____

Occupation _____

Employer _____

Employer's Address _____

Phone _____ Years with Firm _____

Gross Annual Income (i.e. before deductions) \$ _____

Income verification must be included with the application
(i.e. letter from employer or copies of pay stubs for two
months)

Please list all Outstanding Debts (including credit cards)

Amount _____ Creditor _____

Amount _____ Creditor _____

Amount _____ Creditor _____

Amount _____ Creditor _____

Are you currently residing in subsidized housing? Yes ____ No ____

Present Landlord _____

Address _____

Phone _____ Length of Stay _____

Present Rent \$ _____ Utilities \$ _____

of Bedrooms _____

Is there any reason your landlord should **not** be called?

Specify _____

Previous Address _____

11. Applicant B's Financial Information:

Name _____

Address _____

Phone (Home) _____ Work _____

S.I.N. _____ Date of Birth _____

Occupation _____

Employer _____

Employer's Address _____

Phone _____ Years with Firm _____

Gross Annual Income (i.e. before deductions) \$ _____

Income verification must be included with the application
(i.e. letter from employer or copies of pay stubs for two
months)

Please list all Outstanding Debts (including credit cards)

Amount _____ Creditor _____

Amount _____ Creditor _____

Amount _____ Creditor _____

Amount _____ Creditor _____

12. Other Information:

Is there anything else you feel we should know about your
situation?
