

BRITANNIA GLEN CO-OPERATIVE HOMES INC.

MEMBERSHIP AND HOUSING APPLICATION

An "Applicant" is any adult (16 years or older) residing with the family. You must list everyone in your household. Please answer all questions with detailed information on all applicants. Provide a complete mailing address, including postal code. The Co-op needs Social Insurance Numbers to do credit checks. If you need more space, please attach a plain piece of paper.

1.Applicants:

Adult 1:

Adult 2:

Last Name:	Address:	Last Name:	Address:
First Name:		First Name:	
Female: • Male: •	Postal Code:	Female: • Male: •	Postal Code:
Home Phone:	Work Phone:	Home Phone:	Work Phone:
Date of Birth:	S.I.N. #:	Date of Birth:	S.I.N. #:
MM/DD/YY	Status in Canada:	MM/DD/YY	Status in Canada:

* Status in Canada must be stated for all adults*

2.Other Adults or Children:

Last Name	First Name	Gender(M or F)	Date of Birth	S.I.N. #	Relationship

3. Size of Unit Requested:

- 1 Bedroom • 2 Bedroom • 2 Bedroom Stacked • 3 Bedroom • 3 Bedroom Stacked •
 1 Bedroom Accessible • 2 Bedroom Accessible •

4. When would you like to move? _____

• How much notice do you need to give? _____

• Are you currently living in a Co-op? Yes • No •

5. Where have you lived before?

- How long have you lived at your present address? _____
- If less than two years, where have you lived before:

Previous Address:	Previous Address:
Landlord's Name & #:	Landlord's Name & #:

- How much rent do you pay (or how much is your monthly mortgage payment)? _____
- If you pay extra for utilities, tell us how much you pay for utilities: _____
- May we contact your current landlord for a reference? Yes • No •
- Please give us the name and phone number of your landlord. If you do not want us to contact your landlord, write a letter explaining the reason and send it with this application.

Landlord's Name, Address and Phone #:

6. Do you require parking? Yes • No • How many spaces? _____

7. Please list all household pets you will bring if you move into the Co-op:

8. Statement of Monthly Income

(Income from all Sources **Must** be Declared)

Gross Monthly Income (Before Deductions)

Source of Income	Applicant 1	Applicant 2	Other Family Members	Other Family Members
Employment Income - Full or Part-Time				
Old Age Security (OAS)	\$	\$	\$	\$
Federal Guaranteed Income Supplement (GIS)				
Provincial Guaranteed Annual Income System (GAINS)				
Canada Pension Plan (CPP)				
Ontario Works				
Alimony/Support				
Unemployment Insurance				
Other (Specify)				

9. Please list all outstanding debts (including credit cards) for all applicants:

Amount \$ _____ Creditor _____
Amount \$ _____ Creditor _____
Amount \$ _____ Creditor _____
Amount \$ _____ Creditor _____

Declaration

I certify that I am a citizen of Canada, landed immigrant, sponsored immigrant, or refugee claimant. The information given on this form is true, correct and complete in every respect and fully discloses income from all sources. The Co-op may verify my statements. I agree to cooperate fully and give complete information in the form required to the Co-op for the purposes of any investigation it may carry out concerning my income, family size or other qualifications. I consent to the Co-op, its employees or agents, receiving credit information from any credit agency or other person having such information.

All such information received by the Board and the Co-op staff shall be kept confidential and shall not be revealed to anyone except for the purposes set out in the Co-op's By-laws and agreements.

- We understand that only members of Britannia Glen Co-operative Homes Inc. may live in the Co-op and we apply for membership in the Co-op.
- We understand that Britannia Glen Co-operative Homes Inc. has been formed to provide housing at cost to its members and that the Co-op relies on the participation of members.
- We understand we must be interviewed and accepted for membership in the Co-op. Applying does not guarantee acceptance.
- We understand that, if accepted for membership and offered a unit, we must pay a one-time membership fee of \$10.00 per adult.
- We declare that all the information in this application is correct. We authorize the Co-op to verify any or all of this information, and to do a credit check.

Signatures of every adult (age 16 and older) who is applying:

Date: _____