

HUNTER ESTATES HOUSING CO-OPERATIVE LIMITED

MEMBER APPLICATION FORM

Date Received: _____

The information contained in this application is confidential. The only people having access to this information will be our Office Staff and the Volunteer Resource Committee. Please complete this application in full. All people over the age of 18 that will be living in the household are considered adults and are eligible for their name to appear on the Member Share. If you have any questions about this application form, please contact our office.

HOUSEHOLD INFORMATION

Household Composition – Adults (18 and over)

Full Name:	
Address:	
Postal Code:	Home Phone:
Cell Phone:	Work Phone:
Birthdate:	S.I.N.#:
Email:	

Full Name:	
Address:	
Postal Code:	Home Phone:
Cell Phone:	Work Phone:
Birthdate:	S.I.N.#:
Email:	

Your birthdate and S.I.N. are necessary in order to conduct a credit check.

If there are more than two adults please use the back of this sheet for the additional information.

Household Members Under 18

SURNAME	GIVEN NAME	BIRTHDATE

If there are additional household members please use the back of this sheet for the additional information.

Parking Information (maximum of 2 cars per unit)

Parking Space Required: _____ Yes _____ No

If yes, please complete the following.

FIRST VEHICLE	SECOND VEHICLE
Make:	Make:
Year:	Year:
Color:	Color:
License #:	License #:

Pet Information

Do You Own A Pet? _____ Yes _____ No

How Many? _____

What Kind? _____

Previous Housing Information

Have you been at your current address for more than one year?

_____ Yes _____ No If no, how long? _____

May Hunter Estates Housing Co-operative contact your current or previous landlord? _____ Yes _____ No

Landlord: _____ Phone: _____

GENERAL INFORMATION – check boxes if applicable

I/We know someone personally that is a member of Hunter Estates Co-operative.

Name and Unit #: _____

I/We have lived in a housing co-operative in the past.

Location and length of time: _____

I/We have been involved with other volunteer organizations.

Details: _____

I/We would be willing to participate in the various volunteer committees within Hunter Estates Co-operative as part of my membership obligations. There will be an annual review for your participation throughout the year.

Please provide the name and phone numbers of three (3) references.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

FINANCIAL INFORMATION

Please provide the required information for all adults receiving an income. Also, if you know of any credit concerns that may affect your credit rating please explain in the space provided.

FIRST INCOME	
Name	
Source Of Income	
Occupation	
Length Of Employment	
Employer	
Employer Address	
Employer Phone Number	
Gross Monthly Income	
Additional Income	
Credit Concerns	

SECOND INCOME	
Name	
Source Of Income	
Occupation	
Length Of Employment	
Employer	
Employer Address	
Employer Phone Number	
Gross Monthly Income	
Additional Income	
Credit Concerns	

If there are more than two incomes please use the back of this sheet for the additional information.

Please initial each statement below.

_____I/We hereby apply for membership in Hunter Estates Housing Co-operative.

_____I/We understand that only members of Hunter Estates Housing Co-operative may occupy a housing unit.

_____I/We understand that a non-refundable application fee of \$30 must accompany this application.

_____I/We understand that we have a responsibility to Hunter Estates Housing Co-operative in that we participate and attend all General Membership Meetings.

_____I/We declare that all the information contained in this application is correct and authorize Hunter Estates Housing Co-operative to verify any/all of the information and to conduct a credit check.

_____I/We understand that before being accepted for membership

_____I/We must attend an Orientation Session and submit an Income Verification Form.

Signature of all adult applicants is required.

Name (Please Print)

Signature

Name (Please Print)

Signature

Name (Please Print)

Signature

Name (Please Print)

Signature

Date

TO BE FILLED OUT BY EMPLOYER ONLY

To Whom It May Concern:

As a housing co-operative, Canada Mortgage and Housing Corporation (CMHC) requires that we receive documentation verifying all household income of applicants. All information is strictly confidential.

<u>INCOME VERIFICATION FORM</u>
DATE: _____
NAME OF EMPLOYEE: _____
GROSS ANNUAL INCOME: \$ _____
<u>COMPANY INFORMATION</u> (to be filled out by a person in authority from the company)
NAME OF COMPANY: _____
ADDRESS: _____
PHONE: _____
POSITION TITLE: _____
PRINTED NAME: _____
SIGNATURE: _____

We appreciate the time you have taken to assist us.

Sincerely,

Board of Directors
Hunter Estates Housing Co-operative Limited