

HUNTER ESTATES HOUSING CO-OPERATIVE LIMITED (HEHC)

MEMBER APPLICATION FORM

Date Received: _____

Please Note: Attendance of an info session is a requirement before an application may be submitted (***Due to COVID-19, this is not a requirement at this time***)

The information contained in this application is confidential. Only our Housing Coordinator has access to this information. Please complete this application in full. If you have any questions about this application form, please contact our office.

HOUSEHOLD INFORMATION

Household Composition – Adults (18 and over) PLEASE PRINT CLEARLY

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 additional adults, please attach an additional sheet.

Household Members Under 18

SURNAME	GIVEN NAME	BIRTHDATE

If there are additional household members, please attach an additional sheet.

Parking Information (maximum of 2 cars per unit are permitted to park on HEHC property)

Parking space required (circle one): Yes / No

If yes, please complete the following.

I have read and understand the Parking Policy (please initial): _____

FIRST VEHICLE	SECOND VEHICLE
Make:	Make:
Year:	Year:
Colour:	Colour:
License Plate #:	License Plate #:

Pet Information

Do you have a pet(s)? (circle one) Yes No

If yes – I have read and understand the Pet Policy (please initial): _____

How many? _____

What kind(s)? _____

*please note clause 5.1 in the Pet Policy, “unreported animal(s)/pet(s) will be grounds for termination of membership.”

Previous Housing Information

Have you been at your **current** address for more than one year? (circle one)

Yes No If no, how long? _____

May HEHC contact your current or previous landlord? (circle one) Yes No

Landlord: _____ Phone: _____

GENERAL INFORMATION – (initial next to all that apply, and fill in additional info)

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

Name(s): _____ Unit #: _____

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

Location and length of time: _____

Please tell us about your volunteer experience

Please provide the name and phone number for a Volunteer Reference:

Name: _____ Phone: _____

_____ I/We am/are willing to be a part of the various volunteer committees and opportunities within HEHC as part of membership obligations.

(Note: There will be an annual review for your participation.)

Please provide the name and phone numbers of two (2) character references.

Name: _____ Phone: _____

Name: _____ Phone: _____

FINANCIAL INFORMATION

Please provide the information below 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. NOTE: *There is a \$50,000.00 minimum household income required for your application to be processed.*

FIRST INCOME	
Name	
Source of Income	
Occupation	
Length of Employment	
Employer	
Employer Address	
Employer Phone Number	
Gross Monthly Income	
Additional Income (Source & Amount)	
Credit Concerns	

*If additional space needed, please attach an additional sheet.

SECOND INCOME	
Name	
Source of Income	
Occupation	
Length of Employment	
Employer	
Employer Address	
Employer Phone Number	
Gross Monthly Income	
Additional Income (Source & Amount)	
Credit Concerns	

*If additional space needed, please attach an additional sheet.

Please initial each statement below showing that you have read and understand the terms of this application.

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

_____ I/We understand that we must purchase a share (\$2000) to become a member.

_____ I/We understand that active participation in the life of the co-op is an essential part of membership and agree to be an active participant.

_____ I/We understand that only members of Hunter Estates Housing Co-operative, as well as those listed on the membership application form, may occupy a housing unit.
(Note: a member is someone who meets the criteria for membership and has been accepted for membership)

_____ I/We understand that a non-refundable application fee of \$40 must accompany this application.

_____ I/We understand that the income verification form(s) must accompany this application.

_____ I/We understand that, as a member, there is a responsibility to attend, and participate in, all General Membership and Annual General Meetings of Hunter Estates Housing Co-operative.

_____ 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 HEHC has the right to accept or refuse membership and is not obligated to provide a reason for refusal.

_____ I/We must attend an interview as a part of the application process.

Signature of all adult applicants is required.

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 the household income of all applicants. All information is strictly confidential.

INCOME VERIFICATION FORM

DATE: _____

NAME OF EMPLOYEE: _____

GROSS ANNUAL INCOME: \$ _____

COMPANY INFORMATION

(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