

Oshawa Valley Park Co-operative Housing

APPLICATION FOR MEMBERSHIP

For Office Use Only:

APPLICANT(S): _____

Date of Application: _____

Application Fee Received: \$ _____

Membership Committee Recommendation: _____

Approve Interview: _____

Meeting Date: _____

Board Decision: _____

Meeting Date: _____

Date Unit Allocated: _____

Unit # _____

Oshawa Valley Park Co-operative Housing

APPLICATION FOR MEMBERSHIP

Indicate Unit Size Required: ___ 3 Bedroom ___ 4 Bedroom

Do you have special needs that affect your housing requirements? ___ Yes ___ No

Please specify: _____

List vehicles of all household members:

Type	Make	Model	Licence Plate
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Type	Make	Model	Licence Plate
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List All Household Pets (Number & Type): _____

Oshawa Valley Park Co-operative Homes Incorporated was formed for the purpose of providing housing at affordable cost to its members. Membership includes the responsibility to participate in the management of the Co-operative in a variety of ways.

Please indicate areas of Committee interest:

___ Membership ___ Landscaping ___ Social

___ Maintenance ___ Finance ___ Pet

Please indicate the number of hours dedicated to participating per month: _____

List any special skills or expertise: _____

Have you ever lived in a Co-op before? _____

If so, please indicate name of Co-op: _____

Length of stay: _____

* Only the people named in this application form will be permitted to reside in the unit. If, at a later date, other people wish to occupy the unit, they must apply separately and be accepted as members before they move in. We understand that, if we are accepted for Membership, we must pay a one-time fee of \$5.00 per member.

** An Employer Verification Form, **filled out and signed by your employer**, must be returned for each adult applicant

*** A \$20.00 **non-refundable** application fee **per adult applicant** must be returned with the application in order for it to be processed. Please also note that the fee must be returned as a cheque or money order.

Cash will not be accepted.

Oshawa Valley Park Co-operative Housing

APPLICANT

Full Legal Name: _____

Name most commonly used: _____ Male Female

Current Address: _____
Street Name Number Unit/Apt. # City

Postal Code Home Phone Cell Phone Business Phone

Social Insurance # (optional): _____ Date of Birth (mm/dd/yy) _____

If currently renting, Landlord information:

Name Address Phone

Length of Stay at Present Address: _____ Current Rent: \$_____ Utilities: \$_____

Previous Address if less than 3 years: _____

Length of Stay if less than 2 years: _____ Rent: \$_____ Utilities: \$_____

Present Employer or source of income: _____
Position

Address Supervisor's Name

Years with Firm Gross Monthly Income Net Monthly Income

I declare the above information is correct. I give the Co-op permission to verify any or all of this information and to do a landlord check and a credit check.

I understand that Oshawa Valley Park Co-op Homes Inc. will use the information to contact me about this application, determine my eligibility for housing and membership in the Co-op or decide if I qualify for a subsidy.

I agree that this personal information may be made available to members of the Board, Membership Committee and Office Staff, Co-op Auditors and employees of CMHC and The Agency for Co-operative Housing.

I understand that the Co-op will destroy personal information that it no longer needs.

Signature

Date

Oshawa Valley Park Co-operative Housing

CO-APPLICANT

Full Legal Name: _____

Name most commonly used: _____ Male ___ Female

Current Address: _____
Street Name Number Unit/Apt. # City

Postal Code Home Phone Cell Phone Business Phone

Social Insurance # (optional): _____ Date of Birth (mm/dd/yy) _____

If currently renting, Landlord information:

Name Address Phone

Length of Stay at Present Address: _____ Current Rent: \$_____ Utilities: \$_____

Previous Address if less than 3 years: _____

Length of Stay if less than 2 years: _____ Rent: \$_____ Utilities: \$_____

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Signature

Date

Oshawa Valley Park Co-operative Housing

PLEASE LIST ALL OTHER OCCUPANTS OF THE HOUSEHOLD

- Persons Under 16 year of Age
- Anyone over the age of 16 must complete and application form in full)

Full Legal Name

Relationship to Applicant Date of Birth (mm/dd/yy)

Gross Monthly Income from All Sources Name & Phone of Employer or Source of Income

Full Legal Name

Relationship to Applicant Date of Birth (mm/dd/yy)

Gross Monthly Income from All Sources Name & Phone of Employer or Source of Income

Full Legal Name

Relationship to Applicant Date of Birth (mm/dd/yy)

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