

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
------	------	-------	---------------

Type	Make	Model	Licence Plate
------	------	-------	---------------

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: \$ \_\_\_\_\_

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 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

**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)

---

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

---