

Charles Darrow Housing Co-operative – Application for Membership

Thank you for your interest in Charles Darrow Co-op. The Co-op was formed to provide co-operative non-profit housing for its members. Membership includes the management and operation of the Co-op. If your application is approved, a one-time membership fee of \$30.00 per adult family member is required.

All families who are interested in becoming a member must attend **an Information Session**, held on the **first Saturday of each month at 2:00 pm**, before their application will be considered.

After you have attended an information session and submitted your completed application form, we will contact you to arrange an interview date. To avoid delays, please ensure that when you submit your application form all required documents and a payment of non-refundable application fees **of \$15.00 for each application** to cover the Co-op's application processing cost are included. As part of the application package, the Co-operative will obtain a **credit report**.

Fees paid: _____ Date: _____ Yes No

The application process, from the time your application is received to when you may receive notice of confirmation, may take four (4) to six (6) weeks.

**Do not give notice to your existing Landlord
until you have been notified of your acceptance for membership.**

Application Requirements

1. **Attendance at an Information Session is mandatory for all adult applicants.**

An adult applicant is a person 18 years of age and older (16 years of age and older for applicants applying for rent-geared-to income) who is not attending secondary (high school) or post-secondary school on a full time basis. Proof of school attendance is required.

Information Session : _____ **Attended:** YES NO

2. **One completed application form is required for each adult applicant.**

3. Each applicant of the household must submit a copy of their **residency status in Canada** (e.g. Canadian citizen, landed immigrant, refugee claimant)

4. Each applicant of the household must submit **proof of income** documentation:

- If **regularly employed**, a letter from your employer stating your gross wages per payperiod OR eight (8) consecutive pay stubs.
- If in **receipt of social assistance**, a letter from your worker stating the size of your family and the amount of monthly benefit.
- If in **receipt of a pension**, a letter confirming this OR copies of your monthly pension cheques OR copies of the slips you receive with your cheques.
- If **self-employed** or **seasonally employed**, a financial statement for the current year along with a copy of your income tax return for the last calendar year (do not submit your working copy, submit a copy of your Notice of Assessment what Revenue Canada sends back to you)

5. **Land Lord Reference letter** stating the monthly payments, outstanding balance if any, and description of tenant's personality.

6. Completed application packages can be delivered or mailed to:

**Charles Darrow Housing Co-operative
135 James Henry Drive
Aurora, Ontario L4G 6E7**

Application received in the office: _____ **by:** _____
(Date) (Initials)

The application process

The application process includes several steps after you have attended an information session and submitted your application package.

1. You will have a **personal interview** with representatives from the Membership Committee and this information will be shared with the entire Membership Committee at their next regularly scheduled meeting.
2. **The Membership Committee will vote whether or not to accept your application.**
3. Your application package is then presented to **the Board of Directors** at their next meeting and they **will vote whether or not to accept you application.**
4. **A representative will notify you** within 48 hours of the Board of Director's decision.
5. **If your application has been denied, you have the right to appeal.**

SECTION 1: Applicant Information

First Name:	Last Name:
Address:	
Home Telephone Number:	
Cell Phone Number:	
Work Telephone Number:	
Are you able to take personal calls? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date of Birth (dd/mo/yr):	Sex: Female <input type="checkbox"/> Male <input type="checkbox"/>
Social Insurance Number (optional):	

Residency Status:** Canadian Citizen Landed Immigrant
 Refugee Claimant Other

**** Remember to include proof of your residency status when you submit your application form. Your application will not be considered if this information is missing.**

Other Household Members:

Include only those who will live with you either full or part time:

Full Name	Date of Birth	Sex	SIN	Relationship

SECTION 2: **Employment Information**

Current Employer or Most Recent Employer

Employer's Name:
Address:
Telephone Number:
How long have you or did you work here:

Previous Employer (if employed as described above less than 3 years)

Employer's Name:
Address:
Telephone Number:
How long did you work here:

SECTION 3: **Income Information** *(Include proof of income when you submit your application form. Your application will not be considered if this information is missing.)*

*Please report your **monthly gross income** (income before deductions).*

Type of Income	Monthly Amount
Employment Earnings	\$
Employment Insurance (EI)	\$
Worker's Compensation	\$
Social Assistance/Ontario Works	\$
Ontario Disability Support Program (ODSP)	\$
Canada Pension (CPP)	\$
Old Age Security (OAS)	\$
War Pension	\$
Private Pension	\$
Spousal Support / Child Support	\$
Other (describe):	\$

SECTION 6: Previous Accommodations

A. Please check the box that describes your housing prior to that described above:

Did you own?

Did you rent?

Did you live in a co-op?

Landlord or Co-op Name:
Address:
Telephone Number:
Monthly Rent/Housing Charge Amount:
How long did you live here: From (date): _____ To (date): _____

B. Previous to 6A:

Did you own?

Did you rent?

Did you live in a co-op?

Landlord or Co-op Name:
Address:
Telephone Number:
Monthly Rent/Housing Charge Amount:
How long did you live here: From (date): _____ To (date): _____

C. Previous to 6B:

Did you own?

Did you rent?

Did you live in a co-op?

Landlord or Co-op Name:
Address:
Telephone Number:
Monthly Rent/Housing Charge Amount:
How long did you live here: From (date): _____ To (date): _____

SECTION 7: Household Information

If you have special needs that affect your housing, please describe (if more space required, attach a separate piece of paper):

If your application is accepted, when do you want to move in? _____
 (month, day, year)

Unit Size and Type Requested (choose one):

- 2 Bedroom Townhouse 3 Bedroom Townhouse
 4 Bedroom Townhouse Wheelchair Accessible Apartment

Would you prefer a finished basement? Yes No Doesn't matter

Total number of household pets: _____

Please describe all pets (one line for each):

Cat ✓	Dog ✓	Other (describe)	Breed	Spayed/Neutered?
				Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

Please list all household vehicles

Make/Model	License Pate Number

I, _____, declare that all information above to be correct and free from error. I am aware that the information above will be kept confidential and that Charles Darrow Housing Co-operative will supply only what is necessary to obtain a credit report.

Signature:	Date:
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Personal Information Consent

I have provided Charles Darrow Co-operative Housing with personal information about me, as set out below. I consent to the Co-op using it for the purposes stated, and sharing it with the organization specified:

- **Contact Information - Address, telephone number, names of applicants**
- **Date of birth, SIN (optional), vehicle license plate number**
- **Financial information, annual household income, place and type of employment, arrears owed**
- **Reference information, name of current and/or previous landlord**

The Co-op will use the information as follows:

- **To contact me about this application.**
- **To determine my eligibility for housing and membership in Charles Darrow Co-operative Housing**
- **To determine my eligibility for relocation.**
- **To meet the requirements of federal or provincial laws, the co-op's by-laws or occupancy agreements or any legally binding contracts.**

The Co-op will share the information with the information with the following other organizations when necessary;

- **The auditors of the Co-operative.**
- **The Co-Operative's Lawyer.**
- **Government departments or agencies, as required by law.**

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

I have read and received a copy of this statement.

(To be signed by household member's aged 16 or older)

Signed

Date

Signed

Date

Signed

Date

Signed

Date

Signed

Date