

Broadoaks Housing Co-operative
#41-4541 Chatterton Way
Victoria, BC V8X 0A1

<i>Office Only</i>
of Bedrooms _____
Total Income _____
Date Rec'd _____

APPLICATION FOR MEMBERSHIP

Please print clearly and provide all information requested. Incomplete applications will not be processed. All information will be kept confidential. Please mail completed application to the above address.

Name of Applicant: _____ Date of Birth: ____/____/____
(last name, first name) D M Y

Name of Partner: _____ Date of Birth: ____/____/____
(last name, first name) D M Y

Address: _____
apt./unit street city prov postal code

Phone numbers: home: _____ work: _____ cell: _____

Email: _____

Other Household Members: (indicate Y if they reside with you full time)

Name	Gender	Age	Fulltime

Do you require a unit with disability access (Y/N)? _____

If yes explain why. _____

Reference Information:

Landlord/Mortgage Holder

Name: _____ Phone: _____

How long have you lived at your current address? _____

If less than two (2) years, please provide your previous landlord's information:

Name: _____ Phone: _____

Employer/Supervisor

Name: _____ Phone: _____

Name: _____ Phone: _____

Information About Pets:

Do you have any pets? _____ Type of pet: _____

Spayed/neutered? _____ *Proof/verification will be required for a cat or dog upon move in to co-op.*

General Information:

Do you know anyone at Broadoaks Co-op? _____ If yes, who? _____

Relationship to this person? _____

Have you lived in a co-op before? _____ If yes, where? _____

Financial Information:

Gross Income Sources	Applicant	Co-Applicant Partner	Other/Comments
Employer			
Other Employment/Self			
Employment Insurance			
Support Payments			
Pension			
Rental/Investments			
Shelter Allowance			
Other			

- *Report ALL household gross annual incomes, before deductions*
- *List all sources of income, in ALL categories*
- *Proof of Income will be required in the Interview stage/process (copies of last three months' worth of pay stubs; tax assessments for the last one to two years)*

TOTAL yearly household gross income (before deductions): _____

I/We hereby certify that the information given in this application is true and correct in all respects and authorize you to enquire into and obtain verification of my/our income references:

Date signed: _____

Applicant's full **printed name**

Signature

Co-Applicant's full **printed name**

Signature

Your application will be kept on file for one year from the date received. It is your responsibility to submit a full and completed application yearly to be considered for future vacancies. No documentation other than this application will be considered towards shortlisted candidates.