

Friendship Housing
Co-operative

#16-10075 Fifth St.
Sidney BC V8L 2X8

Application for Membership

Friendship Housing Co-operative has:

- 15 town homes: 1-four bedroom, 5-three bedrooms, and 9-two bedrooms
- Walking distance to schools, shopping, library, bus stops, and recreation
- 2 level townhouses with a private entrance, storage, carpeting/laminate, fridge, stove, 1.5 bathrooms, parking spot in front of home and laundry hook-ups
- Fenced play area with modern playground equipment
- Community composting program, community garden plots and bike storage

Our housing Co-operative is:

- A safe and secure community that welcomes children
- Member managed
- A non-profit business incorporated under the BC Co-operative Association Act
- Able to include garbage and water charges in our monthly housing charges. Other utilities (hydro, cable/internet, telephone) are not included
- Non-Smoking

Housing Charges (Rent):

Unit size	Housing Charge	*Additional Sector
2 Bedroom	\$1003.00	Support fee- \$5.00/unit
3 Bedroom	\$1111.00	monthly for all units
4 Bedroom	\$1188.00	

**Housing charges subject to change*

Requirements of Co-operative Living

- Purchase shares \$3000.00. This amount is refundable upon move-out. The Friendship Housing Co-operative reserves the right to deduct monies for damages, repairs, or debts prior to refunding. Shares may be paid in full upon move-in or as per agreement, signed upon becoming a member. Interest-free loans are available for qualifying members please contact us friendship.membership@gmail.com or www.chf.bc.ca for more information
- Housing charges are paid by post-dated cheques 6 months in advance, for the first of every month
- Members are required to have third party liability, standard fire and comprehensive insurance coverage on furniture, fixtures, improvements, and unit contents.
- PARTICIPATE: The co-op is a community as well as a non-profit business. ALL members must be willing and able to serve on a committee (Board, Finance, Membership or Unit Maintenance) as well as attend general meetings. Lastly, being a good neighbour ensures a happy and healthy environment for everyone.

PLEASE NOTE: APPLICANTS MUST RENEW THEIR APPLICATION EVERY 6 MONTHS IN ORDER TO STAY ON OUR WAITING LIST. REQUEST AN APPLICATION AT friendship.membership@gmail.com, DOWNLOAD AT www.chf.bc.ca OR SEND A SELF ADDRESSED STAMPED ENVELOPE TO #16-10075 FIFTH ST. SIDNEY BC V8L 2X8

Applicants: (person(s) seeking membership)

Last Name	First Name	Home Phone Cell Phone
Last Name	First Name	Home Phone Cell Phone

Address	Email(s)
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A. Household Composition:

(List yourself on line 1 and all others who will be living with you. Use extra paper in necessary.)

Full Name	Birth Date yy-mm-dd	Sex	Relationship to applicant	Type of disability (if any)	Wheelchair requirements
1			Applicant		• Y / N
2					• Y / N
3					• Y / N
4					• Y / N
5					• Y / N
6					• Y / N

Do you expect the number of people in your family to change in the next 12 months?
(Pregnancy, family joining, family leaving)

Check if yes. Please explain

B. Residency History:

Please list your last 3 addresses:

Address	From Date	To Date	Name of Landlord	Landlord Phone#
Current address		Present		

C. Miscellaneous:

Do you have any pets? Y / N	Number and type of pet(s):
Please note: We have a strict pet policy, which stipulates 2 pets per unit. If you bring a pet into the co-op you will be required to show a valid license, supply proof of spaying/neutering, and proof of up to date vaccinations. You are responsible for the conduct of your pet and for repairing any and all damage your pet causes to co-op property. You may, at the discretion of the board of directors, be required to provide a deposit towards such repairs prior to moving in. Also, the co-op reserves the right to refuse certain kinds of pets that we deem not suitable for the co-op.	
I/We have read, understand, and agree to abide by the above pet stipulations. Y / N	

How did you hear about Friendship Co-op? Check all that apply:

- Saw an ad on the Internet
- Walked by
- Word of mouth
- CHF.BC website
- Know someone who lives here, name: _____

Are all adult applicants (19+) willing to provide us with a criminal record check? Y / N
The Co-op reserves the right to complete credit checks prior to applicants being accepted.
Will this be a cause for concern for you? Y / N

D. Commitment

The membership is responsible for managing all affairs of the co-op, (maintenance, finance and membership). This requires participation from everybody. This participation includes: belonging to a committee, attending meetings of that committee, and performing tasks related to that committee as assigned by the committee chair. Also you are required to attend meetings of the general membership as called by the board of directors.

Is everyone 19 and over willing to make such a commitment? Y / N
How many hours per week do you realistically think you can commit? _____

Please list any volunteer experience for all applicants over 19:

Please indicate which committee(s) you would be most interested in:

The Board: Responsible for overall governance and management of co-op

Finance: Budgeting and investments

Unit Maintenance: Organizing maintenance/repairs, unit inspection and clean-up days

Membership: Member selection, member orientation and co-op social functions

Applicant	Board	Finance	Unit Maintenance	Membership
Co-Applicant	Board	Finance	Unit Maintenance	Membership

E. Reason for move:

<p>Are you under notice to end your current tenancy? Y / N <u>If yes, please attach a copy of the 'legal Notice to End a Residential Tenancy' from your landlord.</u></p>
<p>If you are not under notice, why do you wish to move? Please be specific. Attach sheet for additional information if necessary.</p>

F. References (please do not use family members):

Name	Reference type	Contact Number

Please Note:

Selected applicants will be called in for an on-site interview. All individuals and pets who will be residing in the unit must come to the interview.

G. Application Checklist:

***Before returning your application have you?:**

- Completed your application in full, applications not completed will be shredded
- Enclosed a copy of the 'notice to end a residential tenancy' (if applicable)
- Signed and dated the application in the space below
- Enclosed section H 'Financial Information' in SEPARATE sealed envelope addressed to "The Treasurer"

DECLARATION: (PLEASE READ AND SIGN THIS STATEMENT)

I/We declare:

- This is my/our application; and

- All of the information in it is correct and complete to the best of my knowledge and belief

I/We authorize:

- Pursuant to the Freedom of Information and Protection of Privacy Act, (FOI Act) Friendship Housing Cooperative to make any inquires that are necessary to verify the information given in this application; and

- Pursuant to the FOI Act, any person, corporation, or social agency to release to Friendship Housing Co-operative any information pertinent to the assessment of my/our application; and

- Friendship Housing Co-operative to receive and exchange with credit bureaus and my/our previous landlords credit and other information about me/us, to be used in the decision making process to provide me/us with rental accommodation.

I/We understand:

- That this application does not constitute any agreement on the part of Friendship Housing Co-operative to provide me/us with rental accommodation; and

- That it is my/our responsibility to advise Friendship Housing Co-operative of any changes to the information given in this application and to provide any supporting materials required for my/our application; and

- That Friendship Co-operative Housing will keep this application on file for no longer than six (6) months unless I/We renew my/our application prior to that date; and

- That if I/We do not renew my/our application Friendship Co-operative Housing will destroy this application and all documents related to this application.

Signature of applicant: _____ **Date:** _____

Signature of co-applicant: _____ **Date:** _____

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H. Financial Information for:

Date:

Full Name: Applicant and Co-Applicant (if applicable)

Please list gross (before deductions) monthly income from all sources for all members of your household age 19 and over.

Incomplete applications will not be considered and will be shredded to maintain confidentiality.

Photocopies of your proof of income will be required IF you are called for an interview.

To ensure confidentiality of this information, please detach and put this sheet (H. Financial Information) into a sealed envelope and address to: The Treasurer

Employment	Applicant	Co-Applicant
Name of employer		
Address and phone number of employer		
Years employed		
Gross Monthly Income		
Other income sources: <ul style="list-style-type: none">• self-employment• employment insurance• child support• alimony• a second job• social assistance *do not include child tax credit or Universal Child Care Benefit		

Please note:

Your privacy is important to us at Friendship Co-op and as such only the Treasurer will ever see your financial information. Also it is the responsibility of the applicant to notify the co-operative of any change in your status of income, address or household size.

Thanks for applying to Friendship Housing Co-op!