

HERON COURT HOUSING CO-OPERATIVE

41 - 3640 No. 5 Rd Richmond, BC V6X 2T7

heroncourt@newlifemgt.com

Dear Applicant,

Thank you for your interest in Heron Court Housing Co-operative. The following provides some basic information about our Co-operative.

We have 40 units comprising of 2 bedroom accessible units as well as 2, 3 and 4 bedroom townhouses. Included in these units are refrigerators, stoves, and hookups for washers and dryers. Attached to each townhouse is a carport that can hold 1 vehicle. A second parking space may be assigned if available.

Each household is permitted 1 cat or 1 dog, in addition to unlimited fish, 2 birds, 2 gerbils, and 2 hamsters. All household animals must be under 40 pounds and are subject to the Pet Policy.

A share purchase is required for membership in the amount of \$2,500.00. These funds are required **prior to move in**. This money is refundable in full, without interest, at the termination of your membership in the Co-operative, providing no outstanding monies are owed and there is no damage to your unit. Two (2) calendar months written notice is required for termination of membership.

Hydro, telephone, cable, etc. are the responsibility of the member. Increases in housing charges can be expected each year. Income minimum is based on the annual income for market. **If your income is less than the required minimum you may be eligible for housing charge (rent) subsidy.**

Our current housing charges are as follows:

Unit	Housing Charges	Income Minimum	Size	Bathrooms
2 Bedroom Accessible	\$1,306	\$51,120	944 sq. ft.	1 full bath
2 Bedroom Townhouse	\$1,306	\$51,120	940 sq. ft.	1 full bath
3 Bedroom Townhouse	\$1,501	\$58,680	1161 sq. ft.	1 1/2 bath
4 Bedroom Townhouse	\$1,646	\$64,320	1325 sq. ft.	1 1/2 bath

Applications are kept on file for a period of twelve months. At the end of the twelve-month period, if you want your application to remain on file for a further twelve months, please notify the Co-operative in writing and indicate any relevant changes. Your name is placed on our waiting list when your application is received. If there is a vacancy, you will be informed at the interview.

Completed applications can be submitted by mail to the above address or by email heroncourt@newlifemgt.com.

Last modified: June 2017

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MEMBERSHIP APPLICATION FORM

The information you provide on this application is confidential and will be used only to determine eligibility. Please fill out all applicable fields.

PRINCIPAL APPLICANT:

Given Name(s)	Surname	Date of Birth (mm-dd-yy)	Gender

CO-APPLICANT(S):

Given Name(s)	Surname	Date of Birth (mm-dd-yy)	Gender

CHILDREN:

Given Name(s)	Surname	Date of Birth (mm-dd-yy)	Gender

PETS:

Name(s)	Breed	Spayed/Neutered? Yes/No

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HOUSING REQUIREMENTS:

2 Bedrooms 3 Bedrooms 4 Bedrooms

Special needs/preferences: _____

CONTACT NUMBER(S): _____

EMAIL ADDRESS: _____

CURRENT ADDRESS:

MONTHLY RENT: \$ _____ **LENGTH OF STAY:** _____

Do you know someone who lives in Heron Court Housing Co-operative? Yes No

If yes, please indicate name and unit number: _____

Have you ever lived in a co-operative? Yes No If yes, when and where?

REFERENCES: *Please be advised, we do call all your references*

	Name of Reference	Address	Phone Number
Current Landlord			
Previous Landlord			
Previous Landlord			
Personal Reference			
Personal Reference			

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VOLUNTEER EXPERIENCE:

Organization	Type of volunteer work	Dates

VEHICLES:

Note: If you are storing your vehicle in your assigned parking slot, a copy of the current storage insurance must be submitted to the co-op office and kept up to date.

Make/Model	Year	License Plate #

Please state how you heard of Heron Court and why you would like to join this Housing Co-operative.

According to the Co-op Principles and the Agreements at joining Co-operative living, upon acceptance into membership you will be required to attend general meetings. You will also be expected to contribute to the success of the Co-operative by making decisions at general meetings, improving your community, paying your housing charges on time and being a great neighbour.

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THE FOLLOWING PAGES WILL BE KEPT SEPARATE TO LIMIT ACCESS TO YOUR INFORMATION.

CURRENT EMPLOYMENT INFORMATION:

Applicant's Name: _____

Present Employer: _____

Address: _____

Contact Name: _____ Phone #: _____

Occupation: _____ Length of Employment: _____

Yearly Income: _____ (prior to taxes)

Any other yearly income: _____ (prior to taxes)

List sources of other income: _____

Co-Applicant's Name: _____

Present Employer: _____

Address: _____

Contact Name: _____ Phone #: _____

Occupation: _____ Length of Employment: _____

Yearly Income: _____ (prior to taxes)

Any other yearly income: _____ (prior to taxes)

List sources of other income: _____

NOTE: If any other person (19 years of age and older) will be living in your unit, please provide Personal History, Employment History and Volunteer Experience for each additional person in the above format set out within and attach to application

TOTAL HOUSEHOLD GROSS INCOME: \$ _____

PLEASE BRING A COPY OF YOUR PREVIOUS YEAR'S INCOME TAX NOTICE OF ASSESSMENT AND DOCUMENTATION SUPPORTING YOUR INCOME IN A SEALED ENVELOPE AT THE TIME OF YOUR INTERVIEW.

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Are you able to purchase the shares for the required unit necessary for membership?

YES NO

ALL INFORMATION CONTAINED IN THIS APPLICATION WILL REMAIN CONFIDENTIAL.

I/We hereby authorize Heron Court Housing Co-op to obtain, verify or confirm in whatever form they deem appropriate, such credit reports or information with regard to employment, income and references listed in this application. A credit check may be done on your behalf.

I/We attest that all information on this application is true and accurate.

A share purchase is required for all units in our Co-operative. You would be required to pay these funds by money order or certified cheque within 48 hours of being offered membership in the co-op. These funds are required upon acceptance into the Co-operative. This money is refundable in full (without interest) at the termination of your membership in the Co-operative providing there are no outstanding monies owing and there is no damage to your unit.

Two (2) calendar months' written notice is required for termination of membership.

All members and residents are required to abide by the co-ops rules, occupancy agreement and policies to ensure a viable and healthy community for all.

Applicant Signature

Date

Co-Applicant Signature

Date

APPLICATIONS MUST BE COMPLETED IN FULL TO BE CONSIDERED FOR MEMBERSHIP AND WILL BE KEPT ON FILE FOR A PERIOD OF ONE YEAR FROM DATE OF RECEIPT.

IF YOU WISH TO REMAIN ON THE WAITLIST AFTER ONE YEAR, YOU WILL HAVE TO NOTIFY THE CO-OP IN WRITING.

WE DO NOT CONTACT ANY APPLICANTS UPON RECEIVING ANY APPLICATIONS. IT IS YOUR RESPONSIBILITY TO KEEP IN CONTACT WITH THE CO-OP.

YOU CAN MAIL OR EMAIL BACK YOUR APPLICATION

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