

# *RIVERS END HOUSING COOPERATIVE*

Welcome to River's End!

## **Buildings:**

River's End Housing Co-operative is a 54-unit townhouse project located at 4080 Garry Street, and No. 1 Road in Richmond, V7E 6J9. The co-op has several clusters of units with landscaped common areas surrounding the project. Each unit includes washer/dryer hook-ups; mini blinds, stove, frost-free fridge, and finished powder rooms in the three and four bedroom units.

The waiting list is currently closed for 1, 3, and 4 bedrooms. There is a one-time, non-refundable, \$20.00 application fee. (Payable by cheque or money order.) Must update your application in writing to River's End Co-op every 6 months - NO PHONE CALLS PLEASE. Failure to update will result in your name being removed from the wait list.

A minimum household income is needed to pay market-housing charges, based on the Co-op's requirement that housing charges do not exceed 30% of gross income at the time of move-in.

Co-op living is a community. Share purchase of \$2000 is required from all members from market and subsidized units. The lease you sign requires you to attend monthly meetings and volunteer a minimum of 6 hours a month in the co-op on one of the many committees. Your participation is mandatory to keep costs down and to assist in keeping the co-op a clean and coordinated living space. Content Insurance must be provided annually.

## **Committees:**

Currently functioning at River's End include: Board, Maintenance, Membership, Policy & Procedures, Gardening, Finance, Social, and Newsletter.

## **Common Room:**

All Committees meet here and general meetings are held once a month. The Common Room is also used for private parties.

## **Laundry Room:**

Each unit includes washer/dryer hook-ups. We also have an inexpensive clean, bright and secure laundry room. Washing is \$2.00 and drying is \$2.00 per load.

## **Pets:**

Policy allows two small four legged pet per household.

## **Parking:**

Surface parking is available. Each household is allowed 1 parking spot per unit, this includes the carport parking. Visitor parking available on first come first serve basis. Un-insured cars are not to be parked within the co-op.

## **Children's Playground:**

There is a small children's playground located at the Community Hall.

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The Co-op has several clusters of units with landscaped common areas surrounding the project. Unit information is as follows.

Unit Type	Unit Size	Market Rate	Min. Income
2 One bedroom Stacked apt. <b>Not accepting applications at this time</b>	753 Sq. Ft.	\$816.00	\$32,640.00
2 Two bedroom stacked apartment (Disabled access)	972 Sq. Ft.	\$1,028.00	\$41,120.00
32 Two bedroom townhouses	892 Sq. Ft.	\$1,028.00	\$41,120.00
12 Three bedroom townhouses	1200 Sq. Ft.	\$1,172.00	\$46,880.00
6 Four bedroom townhouses	1378 Sq. Ft.	\$1,279.00	\$51,160.00

A minimum household income is needed to pay market-housing charges, based on the Co-op's requirement that housing charges do not exceed 30% of gross income at the time of move-in.

Each unit includes washer/dryer hook-ups; mini blinds, stove, frost-free fridge, and finished powder rooms in the three and four bedroom units. Surface parking is provided. The Co-op has a community building, which contains a meeting and party room, laundry facilities and an office.

A share purchase of \$2000 is required from all members of market and subsidized units.

**River's End Housing Co-operative**  
 #55 4080 Garry Street  
 Richmond, BC V7E 6J9

**APPLICATION FOR MEMBERSHIP**

**\*Currently Accepting Applications for 2 Bedrooms Only\***

Note: A credit check will be done prior to final approval of an applicant offered membership. If you are scheduled for an interview for membership, your most current financial (income) documentation must be submitted for verification prior to or at the time of your interview. Please note that all potential members must be present for the interview.

**DATE:** \_\_\_\_\_

**APPLICANT:**

First Name	Last Name	Date of Birth	
Current Address:			
City:		Postal:	
Home Phone:		Work/Other Phone:	

**CO-APPLICANT OR OTHER ADULTS INTENDING TO RESIDE IN THE UNIT:**

First Name	Last Name	Date of Birth	
Relationship To Applicant			
Current Address:			
City:		Postal:	
Home Phone:		Work/Other Phone:	

**DEPENDANTS OR NAMES OF CHILDREN WHO WILL RESIDE IN UNIT:**

First Name:	Last Name	Date of Birth	Relationship to Applicant

**PET:**

Pet Name	Breed	Sex	Colour	Weight	Age

**CURRENT HOUSING INFORMATION:**

Do you: Rent _____ Own _____ Share _____ Expense _____ Live in a Co-op _____
Cost per month of present accommodation:
Number of Bedrooms Desired: (2-4 bedrooms) <b>2 BEDROOM</b>
Do you require a wheelchair accessible unit:

**REASON FOR MOVE:**

Are you under notice to end your present tenancy? (check, if yes) _____ <b>If yes, please attach a copy of the legal Notice to End a Residential Tenancy from your landlord.</b>
If you are not under notice, why do you wish to move? (Please be specific. Attach sheet for additional information.)

**PARKING REQUIREMENTS:**

<b>Number of Cars</b>	<b>Make</b>	<b>Model</b>	<b>License Plate #</b>

As a member of the co-op, you will be required to attend a monthly general meeting and participate on a committee. Which committees interest you most?

- \_\_\_\_\_ Board of Directors
- \_\_\_\_\_ Maintenance
- \_\_\_\_\_ Membership
- \_\_\_\_\_ Policy & Procedure

- \_\_\_\_\_ Gardening
- \_\_\_\_\_ Finance
- \_\_\_\_\_ Social
- \_\_\_\_\_ Newsletter

Please state below why you would like to join a Coop:

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Have you had experience with Co-ops of any kind? If yes, what was your involvement?

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What benefits and/or drawbacks did you experience?

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Does your family have any special requirements (I.E. wheelchairs, etc.)?

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Note: River's End expects monthly participation from our members and a minimum of approx. 6 hours per month. We are looking for new members who enjoy taking an active role in shaping our community by volunteering some of their time for the co-op.

**VOLUNTEER EXPERIENCE:**

Name of Organization	Type of Work	How Long (mos/yrs)

**CHARACTER REFERENCES (No relatives please)**

Present Landlord's Name: _____ Address: _____ Phone: _____ How long have you lived at this address? _____ Months/Years *If at this address under 2 years, please fill in Previous Landlord (below)
Previous Landlord's Name: _____ Address: _____ Phone: _____ How long have you lived at this address? _____ Months/Years
Present Employer/Supervisor Name: _____ Address: _____ Phone: _____ How long have you been employed with this company? _____ Months/Years *If employed with this company less than 2 years, please fill in Previous Employer below and note reason for leaving.
Previous Employer/Supervisor Name: _____ Address: _____ Phone: _____ How long have you been employed with this company? _____ Months/Years

According to the structure of Co-Operative living and the lease you will sign before you move in, it is mandatory that you attend the General Meetings and contribute to the successful running of the Co-operative by attending Committee meetings and/or assisting in the general maintenance of the Co-operative.

**INCOME INFORMATION**

List all sources of income. Use current GROSS monthly income in all categories from all members of the household. DO NOT include T4 slips or other Revenue Canada documentation. DO attach copies of all monthly income documentation. A credit check will be done prior to final approval of an applicant offered membership. If you are scheduled for an interview for membership, your most current documentation must be submitted for verification prior to the time of your interview.

**Applicant SIN #** \_\_\_\_\_ (Used for credit check purposes only)

**Co-Applicant SIN #** \_\_\_\_\_ (Used for credit check purposes only)

Gross Monthly Income	Applicant	Co-Applicant	Other	Other
Salary	\$	\$	\$	\$
Commission	\$	\$	\$	\$
Self-employed earnings	\$	\$	\$	\$
Other (I.E., WCB, Stocks, Bonds, Real Estate)	\$	\$	\$	\$
Total Annual Income for each person	\$	\$	\$	\$
<b>Household Total Gross Monthly Income</b>				\$

**Please indicate here if you expect any significant changes in your income during the next 12 months. Please give approximate date and reason:**

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**This information is kept confidential and will not be used for anything other than credit checks and assessing subsidy.**

**DECLARATION: Please read and sign this statement.**

**I/We declare:**

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

**I/We authorize:**

- River's End Housing Co-operative the authority to verify or seek corroboration, in whatever way or form they deem appropriate, on the income reported.
- To obtain such credit reports or other information as may be deemed necessary in connection with my application to you for membership at River's End Housing Co-operative.

Signature of Applicant	Date
Signature of Co-Applicant	Date

Privacy Act Statement

I agree that River's End Housing Co-op may keep the following information about me:

- \* Name, address, and phone numbers
- \* Dates of birth of present and future occupants
- \* Financial information – current and future
- \* Household pet information
- \* Co-op census information

I agree that this personal information may be made available to people in the following positions:

- \* Co-op auditor
- \* Employees of CMHC and/or the Agency for Co-operative Housing
- \* Municipal employees overseeing the Home Owners Grant
- \* Co-op lawyer
- \* Co-op management
- \* Designated Board or committee member(s) who have official duties for:
  - Membership committee – applications for membership
  - Treasurer-credit checks, income review, application and collection of signatures for the Home Owners Grant
  - Membership committee chair-landlord and reference checks
- \* Board of Directors only if it is in connection with official Board Duties
- \* Credit Check agency

I understand that Rivers End Housing Co-operative will use the information to:

- \* Contact me about this information
- \* Determine my eligibility for housing and membership in the co-operative
- \* Decide if I qualify for subsidy and calculate the housing charges annually
- \* Determine eligibility for a supplementary Home Owners Grant
- \* Conduct a credit check before approving me for membership
- \* Comply with the co-op's operating agreement with CMHC
- \* Determine compliance with the co-op's rules and polices
- \* Decide on any request for an internal move

I understand the co-op will destroy any personal information it no longer needs:

- \* One year after credit checks are made and information on inactive applicants
- \* Seven years for financial information on members

I have read and received a copy of this statement.

Signed \_\_\_\_\_ Dated \_\_\_\_\_