

--	--	--	--

KILLARNEY GARDENS HOUSING CO-OP – FINANCIAL INFORMATION

Please complete entire Application Form – This information will be kept in strict confidence

Name of Applicant	
--------------------------	--

Please list the incomes and sources of income for all those listed on this application who are at 19 years of age or older

Name	Social Insurance Number	Monthly Income (gross)	Source of Income (Employment, Pension, etc)	Name & Phone Number of Employer	How long employed by

Please ensure to report all incomes from all sources. Thank you

Name & Phone Number of Current Landlord	How long
Name & Phone Number of Previous Landlord	

We understand that only members of Killarney Gardens Co-op may live in the co-op and apply for membership. We understand that if the co-op accepts us for membership and offers us a unit, we must purchase shares in the co-op at a cost depending on the type of unit offered.

We declare that all the information in this application is correct. We give the co-op permission to verify any or all of this information, and do a landlord check and credit check.

I agree that Killarney Gardens Housing Co-op may keep the following information about us: All information provided on this Application Form, accompanying income documentation and credit check details. I agree this personal information may be made available to people in the following positions: Board of Directors, Treasurer, Finance Committee, Auditor, Lawyer, CMHC, BCHMC, Property Manager, office staff, and the Membership Interview Volunteers (non-financial information only)

I understand that Killarney Gardens Housing Co-op will use the information to: Contact me about this application, determine my eligibility for housing and membership in the co-op, perform a credit check and landlord check, and confirm eligibility for membership to CMHC, BCHMC, Property Management Company and Co-op's auditors as required.

Signatures of all household members who are at 19 years of age or older:

Name - Printed		Signature

You are required to inform Killarney Gardens Housing Co-op in writing of any changes in your family composition, financial information, or other information. Every 6 months you must confirm, in writing, your interest in remaining on our waitlist. Thank you for applying for membership in Killarney Gardens Housing Co-Operative