



La Casa Housing Co-operative Application Form
41-17222 57th Ave, Surrey, BC V3S 8G6

Please note: Under the terms of the Co-operative Agreement with CMHC, households whose total gross annual income exceeds \$81,597.00, as of March 2011, cannot be accepted for membership (subject to change).

1. HOUSEHOLD INFORMATION (please print)

Applicant/Principal Shareholder

Name: _____
Date of Birth (mm)_____ (dd)_____ (yyyy)_____
Address: _____
City: _____ Postal Code: _____
Home Phone: _____ Work Phone _____ Cell Phone _____
E-mail: _____ Long Distance applicants will receive replies by email
Employer: _____ How Long? _____

Other adults to be living in the unit:

Name: _____
Date of Birth (mm)_____ (dd)_____ (yyyy)_____
Address: _____
City: _____ Postal Code: _____
Home Phone: _____ Work Phone _____ Cell Phone _____

Name: _____
Date of Birth (mm)_____ (dd)_____ (yyyy)_____
Address: _____
City: _____ Postal Code: _____
Home Phone: _____ Work Phone _____ Cell Phone _____

List ALL other persons to be living in the unit:

NAME	AGE
_____	_____
_____	_____
_____	_____

What Size of Unit would you like?

- 2 Bedrooms
- 3 Bedrooms
- 4 Bedrooms

Do you expect the size of your family to change in the next 12 months? _____

The Co-op only allows for one pet.

Do you have any pets? Yes _____ No _____

If yes, how many? _____ What type? _____



2. RESIDENCY HISTORY – please list your address (es) for the past 3 years.

(a) Address: _____

For how long? _____

Name of Landlord: _____

Phone: _____

Do you currently: _____ Rent _____ Own _____ Share _____ Co-op _____ Other

What is your current rent/mortgage/housing charge? \$ _____

Are you under notice to vacate your present residence? _____ Yes _____ No

If yes, specify why:

(b) Previous Address: _____

For how long? _____

Name of Landlord: _____ Phone: _____

(c) Previous Address: _____

For how long? _____

Name of Landlord: _____ Phone: _____

(d) Have you at any time lived in a Co-op before? _____ Yes _____ No

If yes, what was the name and address of the Co-op? _____

(e) Why do you wish to move to La Casa Housing Co-op? Be specific.

**APPLICATIONS ARE KEPT ON FILE FOR 18 MONTHS.
PLEASE RE-APPLY IF STILL INTERESTED.**



DECLARATION

I confirm that the information gained in this application is complete, true and accurate. I do hereby authorize a person designated on behalf of La Casa Housing Co-op to inquire into and obtain verification of my/our income from all sources and agree that the Co-op has my permission to have a credit check done on myself. I further agree to pay the cost of \$25.00 so that La Casa Co-op can obtain a credit check on me. I further agree that La Casa Co-op can contact my previous landlord(s) to obtain information, if required. (You will be asked for the \$25.00 cheque at the time of the interview – do not submit a cheque with the application).

I am aware that should my household income exceed the income ceiling as prescribed by Canada Mortgage and Housing Corporation, I will be required to pay the monthly surcharge La Casa Co-op has calculated.

The information given in this application is correct and I acknowledge that if false statements have been given, that this application will be revoked.

I agree to inform La Casa Co-op of any general information changes.

Applicants' Signature: _____

Date: _____

The following are details of the units at La Casa Co-op – the Regular Occupancy Charge if effective March 1st, 2015 (and may change each March which is the start of the fiscal year). All Members paying the regular Occupancy Charge are required to pay the Sector Support Levy.

UNIT SIZE	SQ. FOOTAGE	REGULAR OCCUPANCY CHARGE & \$9.00 SECTOR SUPPORT LEVY	SHARE PURCHASE	MINIMUM INCOME REQUIRED FOR MARKET RENT
2 BEDROOM	1050-1075 sq.ft.	\$1,042	\$1,500	\$42,432
3 BEDROOM	1172-1200 sq. ft.	\$1,181	\$1,700	\$48,480
4 BEDROOM	1350 sq. ft.	\$1,249	\$1,800	\$50,892



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I/WE WISH TO APPLY FOR A SUBSIDIZED UNIT: _____ Yes _____ No

INCOME DECLARATION

Please list ALL adults (persons over 19 years of age) that will be living in the unit, showing their social insurance number, source of income and gross monthly income.

NAME	GROSS MONTHLY INCOME	SOURCE OF MONTHLY INCOME	SOCIAL INSURANCE NUMBER

The information given above is correct and I/we acknowledge that if false statements have been given, then this application will be revoked.

Signed by all persons over 19 years of age that will be residing in the unit:
