

Lore Krill Housing Cooperative
Application for Housing

For office use only

Date received

Interview date

Unit size req'd

1 YOU ARE APPLYING TO government assisted cooperative housing. Note: Please answer all questions and print clearly. If you need extra room for any question, attach another sheet to the application

In which building would you prefer to live? 239 East Georgia St. 65 West Cordova St.
How many bedrooms are you applying for? _____

A. Applicant: (Person(s) asking for housing)

Last name:	First name	Mr. Miss Mrs. Ms
Home Phone	Work Phone	Email address:
Address: suite, number and street, city, province, postal code (include mailing address if different)		

Co-applicant

Last name:	First name	Mr. Miss Mrs. Ms
Home Phone	Work Phone	Email address:

At Lore Krill, most households have a single share-holding member, who can vote at general meetings, and could be nominated for the board of directors. But there is a provision for JOINT membership, which is a single membership shared by more than one adult. There is still just one vote, but it is shared. In the event of a family change (death, divorce, or other changes) the membership is retained by the remaining members.

Please indicate if you are interested in JOINT membership. **Yes**, we are interested in being joint members.

B. Household Composition (List yourself on line 1, then list all of the other persons in your household who will be living with you. If there are more than 6 people in your household, attach the extra names on a separate sheet)

Last name, first name	Birthdate d/m/y	Sex	Relationship to Applicant	Type of Disability, if any	Wheelchair Requirements
1			Applicant		<input type="checkbox"/> Yes
2					<input type="checkbox"/> Yes
3					<input type="checkbox"/> Yes
4					<input type="checkbox"/> Yes
5					<input type="checkbox"/> Yes
6					<input type="checkbox"/> Yes

Do you expect your family size to change in the next 12 months? (pregnancy, family joining or leaving) Yes No
If Yes, please explain

Do you need a parking space? Yes No

C. Residency History: Please list your address(es) for the past 3 years. Use a separate sheet if you need to

Address	From Date	To Date	Name of Landlord	Landlord Phone
Address shown above (current)		Present		

Do you live in subsidized housing now? Yes No

D. Personal References (Except Relatives)

Name	Relationship to applicant	Phone and email address
1.		
2.		
3.		

D. Income Information: List Gross Monthly Income (before deductions) from all sources, for all household members age 19 and over.

First Name	Source (employment, EI, pensions(s), BC Benefits, etc.)	Gross Monthly Income (\$)
1.		
2.		
3.		
4.		
5.		
Total Gross Monthly Income for Household		

E. Assets: Please list current value of all assets held by you and members of your household.

Cash, bank balance	
Stocks/bonds/ term deposits	
Real estate, RRSP, annuities, mortgage	

F. Current Housing: (Please describe your current housing by checking and completing the information below.)

Please state:

Your current monthly rent or mortgage payment: \$ _____

Does your rent include heat? Yes No If NO, your average monthly payment for heat: \$ _____

How many bedrooms does your household have now? _____

Which of the following describes your current housing?:

- | | | |
|-----------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> 1. Apartment | <input type="checkbox"/> 2. House/Duplex/Townhouse | <input type="checkbox"/> 3. Housekeeping Room, single room |
| <input type="checkbox"/> 4. Basement Suite | <input type="checkbox"/> 5. Boarding house room | <input type="checkbox"/> 6. Trailer |
| <input type="checkbox"/> 7. Hotel/Motel | <input type="checkbox"/> 8. Living with family or friends | <input type="checkbox"/> 9. Bar/pub downstairs |
| <input type="checkbox"/> 10 Emergency Shelter | <input type="checkbox"/> 11 No windows | <input type="checkbox"/> 12 Hotel, no security staff, no door lock |
| <input type="checkbox"/> 13 Bugs or rodents | <input type="checkbox"/> 14 No elevator and mobility impaired | |

Which of the following does your household have

Bathroom Private Share with another household None Outdoor play area Yes No
 Kitchen Private Share with another household None
 Laundry Private Share with another household None

Do you:
 1. Rent 2. Own 3. Share expenses 4. Have free housing 5. Live in a Co-op

Do you have any household pets? Yes No (it is important that you list all pets.)
 Dog Cat Breed & height (please indicate): _____
 Other pets (what kind?) _____ Total number pets _____
 Are you willing to give up your pet? Yes No

G. Reason for move:

Are you under notice to end your present tenancy? Yes No
If YES, you must attach a copy of the legal Notice to End a Residential Tenancy from your landlord.
 If you are not under notice, why do you wish to move? (Please be specific. Attach another sheet if you need to add more information.)

Why do you wish to move to a housing co-op?

H. Volunteer experience and co-operative involvement

What volunteer experience and skills do you bring from your involvement with co-ops or community groups?

Which of the following co-op activities interests you? Training for these committees will be provided.

- Board of Directors Gardening Committee Emergency Preparedness
 Membership Committee Finance Bike Committee
 Other _____

DECLARATION: Please read and sign this statement. Please note that “we” is understood if there is more than one applicant.

I am applying for membership in the Lore Krill Housing Cooperative.

I understand that this application does not mean the Lore Krill Housing Cooperative will provide me with housing. I confirm that the information in this application is true, correct and complete. I agree to advise the Lore Krill Housing Cooperative of any changes to the information in this application, and to provide any supporting materials needed for my application.

I give the Lore Krill Housing Cooperative or its agent my consent to verify the information in this application. I authorize any person, corporation or social agency to release any information, including financial information, related to my application to the Lore Krill Housing Cooperative. I also authorize the Lore Krill Housing Cooperative to carry out a criminal record check should they choose to do so.

I understand that if I am accepted as a member, I will be expected to subscribe for shares in the Cooperative and pay towards the shares according to a payment schedule acceptable to the Cooperative.

Signature of Applicant

Date

Signature of Co-applicant

Date

Return to: #65 West Cordova
 Vancouver BC V6B 8P6

65 West Cordova
 2017-2018 MARKET HOUSING CHARGES AND INCOMES
 Effective October 1, 2017

Unit size	Market rent	Min monthly gross income	Min annual gross income	Max gross monthly	Max gross annually
Bach	780	2800	33600	3900	46800
1 BR	829	2963	35556	4145	49740
2 BR	1121	3937	47244	5605	67260

239 East Georgia
 2017-2018 MARKET HOUSING CHARGES AND INCOMES
 Effective October 1, 2017

Unit size	Market rent	Min monthly gross income	Min annual gross income	Max gross monthly	Max gross annually
Bach	852	3040	36480	4260	51120
1 BR	975	3450	41400	4875	58500
2 BR	1267	4423	53076	6335	76020
3 BR	1462	5173	62076	7310	87720
4 BR	1608	5560	66720	8040	96480
5 BR	1681	5803	69636	8405	100860