

HOMeward HOUSING CO-OPERATIVE

Application for Co-operative Housing

- Your application will be kept on file for **one calendar year** from the date of application. **Please notify Homeward Housing every year by letter if you wish to have your application kept on file.** Any application that is not updated within the year will be shredded.
- If there are any changes in address, telephone number, family size or income, please send them in by mail **as they occur**.
- Any application that is not completed in full will not be considered. The application should be used to show why Homeward Housing is right for you and why you are right for Homeward Housing.
- Co-ops are self-governing. A board of directors are elected on two-year terms. The board is composed of co-op members who volunteer their time in the interest of our community.
- Member participation is expected by sitting on the Membership/Social Committee, Maintenance Committee, or by election to the Board of Directors.
- The Board of Directors currently consists of the following:
 - President
 - Maintenance/Vice President
 - Treasurer
 - Secretary
 - Membership
- Monthly housing charges are based on 25% of the family's GROSS Annual Income*.

*Persons in receipt of Social Assistance are required to pay the maximum shelter portion allowable to them by Social Services for their family size.

- Housing charges are typically raised by 1 to 3% each year. Current housing charge maximums **as of October 1, 2024**, are:

<u>Unit Size</u>	<u>Maximum</u>
2-bedroom	\$1055
3-bedroom	\$1266

- If you are contacted for an interview you will be required to bring copies (not originals) of three recent pay cheque stubs, and a copy (not original) of your previous year's income tax return and assessment. PLEASE DO NOT INCLUDE THIS INFORMATION WITH YOUR APPLICATION.
- If an interview is granted, we ask **all** family members who will be living in the unit to attend the interview.
- The share purchase price is \$2500.00 per 2-bedroom unit and \$3000 per 3-bedroom unit. A

Mailing Address:
PO BOX 28176
RPO WESTSHORE
VICTORIA BC V9B 6K8

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815 Lodi Ave
Victoria BC

\$100.00 deposit is required upon acceptance to the co-op and is deducted from the first month's housing charge. The share purchase is due upon occupancy. The share purchase is returned when the unit is vacated. No interest is paid on this share purchase.

- If necessary, any damage will be repaired and funds deducted from these monies.
- Two months' notice is required when vacating the co-op unit.
- Household insurance (basic coverage) is mandatory for each unit.
- Each unit is responsible for their own utilities, excluding water.
- Our co-op consists of sixteen 3-bedroom units and four 2-bedroom units. All units include four appliances, a storage shed, fenced-in yard and two parking spaces.
- Members are responsible for the upkeep of their own backyards and front gardens. Common grounds are the joint responsibility of all co-op members.
- Pets are limited to one indoor and one outdoor pet. Dogs and cats must be spayed or neutered. Pit bulls and exotic animals are prohibited.
- Our co-operative is located in the Royal Oak area at 815 Lodi Avenue.
- Please address your completed application, updated information and yearly notice of interest to:

MEMBERSHIP COMMITTEE
HOMEWARD HOUSING CO-OPERATIVE
PO BOX 28176
RPO WESTSHORE
VICTORIA BC V9B 6K8

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PERSONAL INFORMATION

Name of Applicant		Birth Date	
Current Phone #		Alternate contact # and/or e-mail	
Occupation		Work #	
Employer		Length of Employment	
Partner/Spouse		Birth Date	
Occupation		Work #	
Employer		Length of Employment	
Dependent's Name(s)		Birth Date(s)	Gender
(If applicable) Do you have your child(ren) full time?		<input type="checkbox"/> Yes <input type="checkbox"/> No (please explain)	
# of bedrooms required	# of family vehicles	Pet(s)	Are they spayed/neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No

CURRENT AND PREVIOUS HOUSING INFORMATION

Current Address		City	
<input type="checkbox"/> Rent \$ _____ .00/month <input type="checkbox"/> Own \$ _____ .00/month <input type="checkbox"/> Co-op Housing \$ _____ .00/month		Heat/Hydro \$ _____ .00/month	
# of bedrooms		Length at current address	
If less than two years, list previous addresses. Please provide previous landlord's name, address and phone number, (if applicable):			
Other housing references. Include any from housing co-operatives you may have resided in:			

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GENERAL INFORMATION

Are you aware that member participation is necessary in a co-op? ☐ Yes ☐ No

I will participate in the following:

- ☐ Maintenance Committee
- ☐ Membership/Social Committee
- ☐ Board of Directors

I will contribute the following number of hours each month:

Do you have household insurance?

☐ Yes ☐ No

If not, please note that it is mandatory for members to carry basic household insurance.

If accepted into membership would you be willing to purchase basic insurance?

☐ Yes ☐ No

What skills, experience or interests will you contribute to the co-op?

What is your understanding of Co-operative Housing?

ADDITIONAL INFORMATION

Mailing Address:
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INCOME INFORMATION

GROSS ANNUAL INCOME:

This includes wages, rental property income, alimony, child support, investment income, interest and dividends, unemployment insurance and student grants. (Do not include any child tax or G.S.T. credits, if applicable).

Applicant:	\$ _____	per year
Co-Applicant:	\$ _____	per year
Dependents over 18:	\$ _____	per year
From other sources (please list below):	\$ _____	per year
Total Annual Income:	\$ _____	per year

Other sources:

Is your income source Social Assistance/Gain? ☐ No ☐ Yes

If yes, please provide the maximum amount to which you are entitled, from Social Services for shelter, given your family size \$ _____

If unemployed, and not in receipt of Assistance, please state source of income:

I/We hereby certify that the information given in this application is true and correct in all respects. I/We agree to provide any necessary information/documentation required by the co-op should I/we be considered for acceptance into membership at Homeward Housing Co-operative.

Signature

Date

Signature

Date

- ☐ Please forward this application only
- ☐ Retain the information sheet for your records
- ☐ The membership committee will contact you when a unit in your income range and size requirement becomes available; therefore, it is very important to keep your application current. Please notify our membership committee as soon as a change occurs. We would also appreciate being notified if you wish to have your name removed from our list.
- ☐ Your application will be kept on file for one calendar year from the date of application or update.
- ☐ Please return completed application to:

**MEMBERSHIP COMMITTEE
HOMeward HOUSING CO-OPERATIVE
PO BOX 28176
RPO WESTSHORE
VICTORIA BC V9B 6K8**