

**TRAFALGAR CO-OPERATIVE HOUSING ASSOCIATION
APPLICATION**

Please complete and email your application to trafalgarmembership@gmail.com

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APPLICANT: _____	CO-APPLICANT: _____ <i>(APPLICANT's spouse / partner)</i>
Date of Birth: day/month/year _____	Date of Birth: day/month/year _____
cell phone _____	cell phone _____
email address _____	email address _____

A. EMPLOYMENT and VOLUNTEER SERVICE for APPLICANT and CO-APPLICANT

a. APPLICANT Employment (at least 5 years) References

1. Most recent employment

Employer: _____	Reference: _____
Date from _____ to _____	Position: _____
Your Position _____	Email: _____ Ph# _____

2. Next previous employment:

Employer: _____	Reference: _____
Date from _____ to _____	Position: _____
Your Position _____	Email: _____ Ph# _____

3. Next previous employment:

Employer: _____	Reference: _____
Date from _____ to _____	Position: _____
Your Position _____	Email: _____ Ph# _____

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a. APPLICANT Volunteer Service

References

4. Most recent volunteer service:

Organization: _____

Reference: _____

Date from _____ to _____

Position: _____

Your Position _____

Email: _____ Ph# _____

5. Next previous volunteer service:

Organization: _____

Reference: _____

Date from _____ to _____

Position: _____

Your Position _____

Email: _____ Ph# _____

b. CO-APPLICANT Employment

References

6. Most recent employment:

Employer: _____

Reference: _____

Date from _____ to _____

Position: _____

Your Position _____

Email: _____ Ph# _____

7. Next previous employment:

Employer: _____

Reference: _____

Date from _____ to _____

Position: _____

Your Position _____

Email: _____ Ph# _____

8. Next previous employment:

Employer: _____

Reference: _____

Date from _____ to _____

Position: _____

Your Position _____

Email: _____ Ph# _____

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b. CO-APPLICANT Volunteer Service

References

9. Next previous volunteer service:

Organization: _____

Reference: _____

Date from _____ to _____

Position: _____

Your Position _____

Email: _____ Ph# _____

10. Next previous volunteer service:

Organization: _____

Reference: _____

Date from _____ to _____

Position: _____

Your Position _____

Email: _____ Ph# _____

B. PROPOSED HOUSING

1. List everyone who will reside with the applicant and their relationship to the applicant:

Name:

Date of Birth: day/month/year Part time or Full time

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Check all that apply for the housing unit you prefer (we attempt to match housing size with family need)

_____ 2 bedroom approximately 46.5 square meters / 500 square feet (in West 5th Avenue building)

_____ 2 bedroom approximately 69.7 square meters / 750 square feet (in Trafalgar Street building)

Note: the Co-op is not accepting applications for 3 bedroom units as there is an internal wait list

3. Number of vehicles and type: _____

4. If you own a pet(s), state how many and what breed: _____

5. What is your current housing situation? Rent _____ Own _____ Co-op _____ Other _____

Specify: _____

6. Have you ever resided in a housing co-operative? Yes _____ No _____

If yes, which co-op(s), when and where: _____

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C. CURRENT and PRIOR HOUSING

List at least two places you've lived in during the past ten years (your landlord may be contacted as reference)

1. Current address: _____
Landlord name: _____
Landlord email: _____ Landlord current phone # _____
Date of residence: from _____ day/month/year to _____ day/month/year
Reason for leaving: _____

2. Next previous address: _____
Landlord name: _____
Landlord email: _____ Landlord current phone # _____
Date of residence: from _____ day/month/year to _____ day/month/year
Reason for leaving: _____

3. Next previous address: _____
Landlord name: _____
Landlord email: _____ Landlord current phone # _____
Date of residence: from _____ day/month/year to _____ day/month/year
Reason for leaving: _____

D. CO-OP COMMITTEES, PRIORITIES and CRITERIA

1. **You and CO-OP COMMITTEES:** Check which committee(s) or Board you will volunteer on:

___ Finance ___ Maintenance ___ Membership ___ Asset Management ___ Board

Why? _____

If I/we are accepted as members of the Trafalgar Co-operative Housing Association, I/we promise to participate in committee work and attend general meetings.

Signed: _____ Print full name: _____ Date: _____
APPLICANT

Signed: _____ Print full name: _____ Date: _____
CO-APPLICANT

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2. You and CO-OP PRIORITIES

How are you and your family a fit for the Trafalgar Co-op's priorities which include enhancing the diversity of the co-op, skills and experience in supporting co-op governance and decision-making, and your need for affordable housing?

3. You and CO-OP CRITERIA

How do you meet the Trafalgar Co-op's standard criteria which include financial stability, co-operative / community spirit and family composition as well as willingness to participate and bring your volunteer experience to the table, and demonstrate your capacity to work well with others on an equal basis and contribute toward the common interests of the co-op?

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E. PERSONAL INFORMATION PROTECTION STATEMENT

I agree that the Trafalgar Co-operative Housing Association may keep the following information about me:

- financial information as required
- eligibility information to qualify for the supplementary Home Owner Grant
- Co-op census information for security, including a record of all residents in each unit
- relationship of co-applicant to applicant and date of birth of other occupants – if this is required to establish the size of unit for my household, based on Co-op occupancy standards
- date of birth, only for purposes of conducting a credit check and reporting unpaid debts to a collection agency or credit bureau
- whether I meet the age requirements for membership as set out in the Co-op’s Rules

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

- Co-op accountant
- municipal employees dealing with the Home Owner Grant for grant application
- Co-op lawyer
- designated Member Selection Committee Members – interviewers, Membership Chair and people responsible for
 - applications for the Home Owner Grant
 - collecting signatures for the Home Owner Grant
 - landlord and other reference checks
 - maintaining secure filing and storage of personal information (both hard copy and computer)
- Board of Directors
 - only if it is in connection with the Board’s official duties

I agree that the Trafalgar Co-operative Housing Association may use the information to:

- contact me about this application
- determine my eligibility for housing and membership in the Co-op
- establish the size of unit for my household members in case of emergency
- conduct a credit check before accepting my application
- decide on any request for an internal move

I understand that the Co-op will destroy personal information that it no longer needs. I have read and received a copy of this statement.

Signed: _____ Print full name: _____ Date: _____
APPLICANT

Signed: _____ Print full name: _____ Date: _____
CO-APPLICANT

All members of the household 16 years of age and older must sign this statement.

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F. INCOME VERIFICATION FORM

Name of APPLICANT: _____

Number of adults in family: _____

Please note that in all categories of income you must use current **GROSS MONTHLY** figures.

You must list ALL SOURCES of INCOME except Canada Child Tax Benefits, BC Family Bonus and Grants.

If you are considered for a unit, the Co-op will require verification of your previous year's income tax.

(APPLICANT's spouse / partner)

	APPLICANT	CO-APPLICANT	OTHERS
Salary and / or commission			
Self-employed income			
Employment insurance			
Pensions			
Social assistance			
Child support or alimony			
Other			
TOTAL FROM ALL SOURCES			

Please indicate if you expect any significant changes in your income during the next 12 months, giving date, approximate increase or decrease and reason for such (e.g., retiring, having a baby, promotion etc.):

I / We do hereby confirm that all income for all adult household members has been declared.

Signed by all household members declaring income:

Signed: _____ Print full name: _____ Date: _____
APPLICANT

Signed: _____ Print full name: _____ Date: _____
CO-APPLICANT