

Synala Housing Co-operative

3090 Kingsway, Vancouver, BC V5R 5J7

Dear Applicant,

Thank you for your interest in Synala Housing Co-operative. The following provides some basic information about our Co-operative.

We have 40 units comprising of 2/3/4/5-bedroom townhouses. Included with these units are refrigerators, stoves, and hookups for a washer and dryer. Coin operated washers and dryers are available in the laundry room.

A share purchase is required for membership in the amount of \$1,500. These funds are required **prior to move in**. This money is refundable in full, without interest, at the termination of your membership in the Co-operative, providing no outstanding monies are owed and there is no damage to your unit. Two (2) calendar months written notice is required for termination of membership.

Completed applications must be submitted via email to Synala@newlifemgt.com.

Applications are kept on file for a period of six months. At the end of the six month period, if you want your application to remain on file for a further six months, please notify the Co-operative in writing and indicate any relevant changes. This update can be provided via email at Synala@newlifemgt.com. Your name is placed on the waiting list when your application is received. If there is a vacancy, you will be informed and invited to attend an interview.

Housing charge increases can be expected each year. Minimum income is based on the annual income for market.

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MEMBERSHIP APPLICATION FORM

The information you provide on this application is confidential and will be used only to determine eligibility. Please fill out all applicable fields. Your application will not be considered unless all information is provided.

HOUSING REQUIREMENTS:

- 2 Bedrooms 3 Bedrooms 4 Bedrooms 5 Bedrooms

Special needs/preferences: _____

PRINCIPAL APPLICANT:

Given Name(s)	Surname	Date of Birth (mm-dd-yy)	Gender

CO-APPLICANT(S):

Given Name(s)	Surname	Date of Birth (mm-dd-yy)	Gender

CONTACT NUMBER(S): _____

EMAIL ADDRESS: _____

CHILDREN:

Given Name(s)	Surname	Date of Birth (mm-dd-yy)	Gender

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PETS:

Name(s)	Breed	Spayed/Neutered? Yes/No

CURRENT ADDRESS:

MONTHLY RENT: \$ _____ LENGTH OF STAY: _____

Do you know someone who lives in Synala Housing Co-operative? Yes No

If yes, please indicate name and unit number: _____

Have you ever lived in a co-operative? Yes No If yes, when and where?

REFERENCES: Please be advised, we do call all your references

	Name of Reference	Address	Phone Number
Current Landlord			
Previous Landlord			
Previous Landlord			
Personal Reference			

VOLUNTEER EXPERIENCE:

Organization	Type of volunteer work	Dates

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VEHICLES: Note- If you are storing your vehicle in your assigned parking spot, a copy of the current storage insurance must be submitted to the co-op office and be kept up to date.

Make/Model	Year	License Plate #

Please state how you heard of Synala Housing Cooperative and why you would like to join this Housing Co-operative.

According to the Co-op Principles and the Agreements at joining Co-operative living, upon acceptance into membership you will be required to attend general meetings. You will also be expected to contribute to the success of the Co-operative by making decisions at general meetings, improving your community, paying your housing charges on time and being a great neighbor.

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THE FOLLOWING PAGES WILL BE KEPT SEPARATE TO LIMIT ACCESS TO YOUR INFORMATION.

CURRENT EMPLOYMENT INFORMATION:

Applicant's Name: _____
Present Employer: _____
Address: _____
Contact Name: _____ Phone #: _____
Occupation: _____ Length of Employment: _____
Yearly Income: _____ (prior to taxes)
Any other yearly income: _____ (prior to taxes)
Sources of other income: _____

Co-Applicant's Name: _____
Present Employer: _____
Address: _____
Contact Name: _____ Phone #: _____
Occupation: _____ Length of Employment: _____
Yearly Income: _____ (prior to taxes)
Any other yearly income: _____ (prior to taxes)
Sources of other income: _____

NOTE: If any other person (19 years of age and older) will be living in your unit, please provide Personal History, Employment History and Volunteer Experience for each additional person in the above format set out within and attach to application

TOTAL HOUSEHOLD GROSS ANNUAL INCOME: \$ _____

PLEASE BRING A COPY OF YOUR PREVIOUS YEAR'S INCOME TAX NOTICE OF ASSESSMENT AND DOCUMENTATION SUPPORTING YOUR INCOME IN A SEALED ENVELOPE AT THE TIME OF YOUR INTERVIEW.

Are you able to purchase the shares for the required unit necessary for membership?

YES NO

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ALL INFORMATION CONTAINED IN THIS APPLICATION WILL REMAIN CONFIDENTIAL.

I/We hereby authorize Synala Housing Co-op to obtain, verify or confirm in whatever form they deem appropriate, such as credit reports or information with regard to employment, income and references listed in this application. A credit check may be done on your behalf.

I/We attest that all information on this application is true and accurate.

A share purchase is required for all units in our Co-operative. You would be required to pay these funds by money order or certified cheque within 48 hours of being offered membership in the Co-operative. These funds are required upon acceptance into the Co-operative. This money is refundable in full (without interest) at the termination of your membership in the Co-operative providing there are no outstanding monies owing and there is no damage to your unit.

Two (2) calendar months' written notice is required for termination of membership.

All Members and residents are required to abide by the Co-op rules, occupancy agreement, and policies to ensure a viable and healthy community for all.

Applicant Signature

Date

Co-Applicant Signature

Date

APPLICATIONS MUST BE COMPLETED IN FULL TO BE CONSIDERED FOR MEMBERSHIP AND WILL BE KEPT ON FILE FOR A PERIOD OF ONE YEAR FROM DATE OF RECEIPT.

IF YOU WISH TO REMAIN ON THE WAITLIST AFTER ONE YEAR, YOU WILL HAVE TO NOTIFY THE CO-OP IN WRITING EVERY SIX MONTHS.

WE DO NOT CONTACT ANY APPLICANTS UPON RECEIVING ANY APPLICATIONS. IT IS YOUR RESPONSIBILITY TO KEEP IN CONTACT WITH THE CO-OP.