

Broadoaks Housing Co-Operative
#41 4541 Chatterton Way
Victoria, BC V8X 0A1

of Bedrooms _____
Total Family Income (check one): Under \$40 000 _____
Over \$40 000 _____

APPLICATION FOR MEMBERSHIP

Please print clearly and provide all information requested. Incomplete applications will not be processed. All information will be kept confidential. Please mail/drop off completed application to the above noted address.

Name of Applicant _____ Date of Birth ____/____/____
first name last name day month year

Name of Partner _____ Date of Birth ____/____/____
first name last name day month year

Address _____
Apt/unit street city province postal code

Phone Numbers: Home: _____ Work: _____ Cell: _____

Email: _____

Other Household Members:

Name	Gender	Age

Do your children live with you full-time? _____ Part time? _____

Do you have special needs that should be considered (i.e. wheel-chair access)? Please explain

REFERENCE INFORMATION

Landlord's Name: _____ Phone: _____

How long have you lived at your current address? _____

If less than two years, please provide previous landlord's information:

Name: _____ Phone: _____

Employer: _____

Supervisor's Name: _____ Phone: _____

Employer: _____

Supervisor's Name: _____ Phone: _____

PET INFORMATION

Do you have any pets? _____ Type of pet? _____

Spayed/Neutered? _____ (***proof/verification required for cat or dog**)

GENERAL INFORMATION

Have you lived in a Co-Op before? _____ If yes, where? _____

Please list any volunteer experience within the last five years: _____

Please explain briefly why you would like to become a member of Broadoaks Co-Op:

I/We hereby certify that the information given in this application is true and correct in all respects and authorize you to inquire into and obtain verification of my/our income and references.

Date signed: _____

Applicant's full printed name

Applicant's signature

Co-applicant's full printed name

Co-applicant's signature