

Lore Krill Housing Cooperative  
Application for Housing

**For office use only**

Date received

Interview date

Unit size required

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 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			<b>Applicant</b>		<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
<b>Address shown above (current)</b>		<b>Present</b>		

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 aged 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
- Kitchen  Private  Share with another household  None
- Laundry  Private  Share with another household  None

Outdoor play area  Yes  No

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.)

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

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**H. Volunteer experience and co-operative involvement**

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

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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

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Signature of Co-applicant

Date

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Return to:                   239 East Georgia Street  
                                  Vancouver, BC  
                                  V6A 4J7