

Sample membership application form

Highlights

This sample application form is one of the 12 PIPA tools for housing co-ops, including the personal information protection policy. These tools will help your co-op comply with the *Personal Information Protection Act* (PIPA), which came into force January 1, 2004. The other PIPA tools referred to here are in the member resources section of the CHF BC website at www.chf.bc.ca.

How to use this form or adapt your own co-op application form

- Revise the sample personal information protection statement (PIPA #7 or PIPA #7a) to help you decide what personal information your co-op needs to collect and for what purpose.
- Revise this application form based on these decisions.
- For example, you need to know if the applicant is a senior because some of your units are for seniors only. On page 1 you would add “Are you at least 55 years of age to be eligible for a senior’s unit?” You do not need the applicant’s date of birth for that purpose.
- The dates of birth and current addresses of the applicant and co-applicant are needed to obtain a credit check.
- The SIN (social insurance number) is not required so it is not on the form.
- Household income information is on a separate page. Detach page 3 from the completed application form so that only designated management staff, directors or members may access it. The fewer people, the better.
- The applicant is not required to provide proof of income at this stage of initial application (see page 3).
- Don’t forget that the applicant must also sign your co-op’s personal information protection statement (PIPA #7a)

CHF BC Sample – Membership Application Form

(remove header when adapting for use)

[Include co-op name and address or put on co-op letterhead]

Membership application form

1. Applicant

Last name First name

Date of birth (D/M/Y)

Street address

City Province Postal code

Phone (home) (work)

Email

2. Co-applicant

Last name First name

Date of birth (D/M/Y)

Street address

City Province Postal code

Phone (home) (work)

Email

[Relationship to applicant: _____]

3. Other household members

| Last name | First name | Female/male (F/M) | Date of birth (D/M/Y) |
|-----------|------------|---|-----------------------|
| | | F <input type="checkbox"/> M <input type="checkbox"/> | |
| | | F <input type="checkbox"/> M <input type="checkbox"/> | |
| | | F <input type="checkbox"/> M <input type="checkbox"/> | |
| | | F <input type="checkbox"/> M <input type="checkbox"/> | |
| | | F <input type="checkbox"/> M <input type="checkbox"/> | |

4. Unit

What size of unit do you require? _____

Do you require an accessible unit? Yes No

5. Housing background

Have you lived at your current address for more than two years? Yes No

Landlord's name and phone number: _____

If you have lived at your current address two years or less, please give your previous address, landlord's name and phone number.

How much do you pay in rent each month? _____

If you pay for utilities, how much do you pay? _____

6. Parking

How many parking spaces do you need? _____

7. Pet policy

The co-op has a pet policy that allows *[list what is allowed by the co-op]*.

What pets do you have? _____

8. Household income

Applicant's first and last name: _____

Please give us a monthly before-tax income (**gross income**) of each household member.

| Name of household member | Source of income: check one | | | Gross income each month |
|--------------------------|-----------------------------|-------------------|-------|-------------------------|
| | Income Assistance* | Self - employed** | Other | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

*Co-op needs to know if you are receiving social assistance in order to calculate subsidy to which you are entitled. Subsidy is calculated differently for income assistance.

** Co-op needs to know if you are self-employed in order to calculate subsidy, only some deductions from gross income are allowed.

You will need to provide proof of this income *[if the co-op calls you for an interview]*.

This page will be kept separately to limit access to your financial information.

Signatures

We understand that only the members of *[insert co-op name]* may live in the co-op and we apply for membership, as set out below.

We understand that, if the co-op accepts us for membership and offers us a unit, we must buy a share purchase of **[\$1,500]** for the **[principal]** member **[and \$10 for each associate member]**.

If accepted into membership, we agree to be bound by and to comply with the Rules, occupancy agreement and policies of the co-op in force and as amended from time to time.

[Add any other necessary agreements. For example ILM (FCHP) co-ops require an agreement about sector support contributions.]

We declare that all the information in this application is correct. We give the co-op permission to verify any or all of this information, and to do a landlord check and a credit check. We understand that acceptance of membership depends on the co-op obtaining satisfactory results from a credit check.

Signatures of all household members who are at least **[16]** years of age **[or put in appropriate age, based on your Rules and income verification requirements]:**

Applicant for **[principal]** membership

[Applicant for associate membership]

[Applicant for associate membership]

Applying to reside in the Unit

Date

Note: The personal information protection statement is to be signed with this application form.