

## CANDIDATE'S DECLARATION AND CONSENT

### Board of Directors (Vancouver Island Director)

I, \_\_\_\_\_, declare that I am a candidate for the position  
Name of candidate

of Vancouver Island Director on the CHF BC Board of Directors and I consent to serve in that position if I am elected.

I also declare that:

I am a member of \_\_\_\_\_.  
Name of Housing Co-op

I am at least eighteen years of age, have not been found by a court to be incapable of managing my own affairs, and am not an undischarged bankrupt.

I am not in arrears of housing charges or other charges owing to my housing co-op. My housing co-op is not in arrears of membership dues to CHF BC.

I live on Vancouver Island.

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**Please ensure that your housing co-op signs the Confirmation of Good Standing on the reverse.**

You must submit this declaration and consent form to CHF BC by 4:30 p.m. on **Friday, October 8, 2021** to be eligible for election. You may submit the form by email to [members@chf.bc.ca](mailto:members@chf.bc.ca).



## CONFIRMATION OF GOOD STANDING

I declare that \_\_\_\_\_ (the “Co-op”) is a member  
(Name of housing co-op)

of the Co-operative Housing Federation of British Columbia (“CHF BC”). On behalf of the

Co-op, I confirm that \_\_\_\_\_ (the “Candidate”) is a member  
(Name of Candidate)

of the Co-op and is not in arrears of housing charges or any other charges owing to the Co-op.

For purposes of this declaration, I understand that “*arrears of housing charges or any other charges*” means money owed to the Co-op other than scheduled future payments towards the purchase of shares, current month’s housing charges, or any other amount for which a repayment agreement with the Co-op is in place and the terms of the repayment have not been breached.

\_\_\_\_\_  
(Name of co-op)

Per: \_\_\_\_\_  
(Signature of duly authorized representative)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

For more information, please call CHF BC at 1-866-879-5111, email [members@chf.bc.ca](mailto:members@chf.bc.ca) or visit [www.chf.bc.ca](http://www.chf.bc.ca).