

Membership Application Form

Purpose of this Form

Thank you for showing an interest in joining our community. This form collects specific information from applicants seeking membership in the Aaron Webster Housing Co-operative in accordance with the *Personal Information Protection Act* (PIPA). The Co-op uses this information to determine your eligibility for housing and the type of accommodation that will best suit your needs. The information collected will only be used in accordance to PIPA.

Share Purchase

Members are required to purchase a membership share in the Co-op as follows:

Studio and One bedroom	\$1,500
Two bedrooms	\$2,000
Three bedrooms	\$2,500

Pet Policy

Members are allowed up to a total of two cats or two dogs, or one dog and one cat. Other permissions and restrictions apply as per the Pet Policy.

Smoke-free Housing

Aaron Webster is a smoke-free housing co-op. All floors and units are designated as smoke-free. Smoking is prohibited in all common areas and on balconies and patios. The smoking policy applies to members and guests.

Important Information

The Co-op will not process incomplete applications. Applicants who fail to provide required information or who provide false or misleading information are ineligible for membership.

Application Form Checklist

- ☐ Completed all sections of the application.
- ☐ Applicants must submit completed application via email to aar@coho.bc.ca
- ☐ All applicants will be subject to reference and credit check.
- ☐ Income eligibility – Minimum 30% RGI.

Aaron Webster has an operating agreement with CMHC, The Rental Assistance Program will provide subsidy to low-income members. Subsidy are subject to availability. **Members must meet the eligibility criteria**

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Applicant (please attach a copy of your photo ID)

Last Name	First Name	What is your preferred gender pronoun?
Home phone	Work phone	Message phone
Email	Date of birth (DD/MM/YYYY)	
Home address: suite, house number, street, city, province, postal code		
Mailing address (if different from above)		

Co-applicant

Last Name	First Name	What is your preferred gender pronoun?
Home phone	Work phone	Message phone
Email	Date of birth (DD/MM/YYYY)	
Home address: suite, house number, street, city, province, postal code		
Mailing address (if different from above)		

Community

What is your experience and/or understanding of living in a housing co-operative?

What led you to be interested in our co-op in particular?

Please describe your volunteer experience and community participation including organizations, roles, tasks and goals:

Our Co-op functions through the "Co-operative spirit" and involvement from the Members in the Board of Directors & various committees. Please explain how you could contribute to the community of Aaron Webster

Household Information

List yourself, then all other household members.

Last Name	First Name	Relationship to Applicant	Birth Date dd/mm/yyyy	Gender

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Do all of the people listed live with you full time right now? Y N

If No, please provide the name of the person(s) and number of day per week they live with you

Last Name, First Name	# of days per week	Shared custody? Y N	If not shared custody, why are they not living with you full time?

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Residency History

Please list your last three addresses:

Address	From Date (dd/mm/yyyy)	To Date (dd/mm/yyyy)	Name of Landlord	Landlord contact information

Accessibility Information

If no member of your household has a health condition or disability that affects your housing needs, leave blank.

Do you or any member of your household use a:

Wheelchair? Y N Scooter? Y N

Other: _____

If a wheelchair/scooter is used, is it used inside your home? Y N

Is it used in the kitchen? Y N

Is it used in the bathroom? Y N

Other than mobility aids, do you or any members of your household have a health condition or disability that affects your housing needs? Y N

If Yes, please describe any special requirements or features that you may need in your housing related to mobility or any health condition.

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Housing Preferences/Choices

Number of bedrooms 0 1 2 3

Parking is not included in the housing charge and costs an additional \$50 per space per month.

Subject to availability, do you require an assigned parking spot? _____

Do you require bike storage?

Storage lockers are available for an additional cost of \$50 per month.

Subject to availability, do you require storage locker? _____

Pets

A maximum of two (2) pets are permitted in each unit. How many pets in your household? 1 2

Provide the following information for all household pets.

Type	How Many	Details including breed

Reason for Move:

Are you under notice to end your present tenancy? Y N

If you are not under notice, why do you wish to move? Please be specific.

Employment information

List current and previous employment information for all members of your household, age 19 and older. Please include job title, company name, and accurate contact details so we can complete a reference check.

First Name	Employment details (Company name and Job Title)	Contact information

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Signatures

We understand that only the members of Aaron Webster Housing Co-operative 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 membership share.

If accepted as members, 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.

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 verifying my household income meets the operating agreement and obtaining satisfactory results from a credit check.

Signatures of all household members who are at least 19 years of age:

Applicant – Print Name	Signature
Co-Applicant – Print Name	Signature
Co-Applicant – Print Name	Signature