

# CREEKSIDE HOUSING CO-OP

44 - 710 West 15<sup>th</sup> Street, North Vancouver, BC V7M 3K6  
P:604-988-2622 E: creeksidecoop710@gmail.com

## APPLICATION FORM

Date: \_\_\_\_\_

### 1.Applicant

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Address (including postal code)

\_\_\_\_\_

\_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_

Email \_\_\_\_\_

### 2.Co-applicant

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Address (including postal code)

\_\_\_\_\_

\_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_

Email \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

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### 3. Other household members

Last Name	First Name	Relationship to Applicant	Date of Birth Dd/mm/yy	Sex

Do you expect the number of people living with you to change in the next 12 months? (e.g., pregnancy, family joining, family leaving, child in care)  Yes  No

If Yes, please explain: \_\_\_\_\_

### 4. Unit

What size unit do you require? (co-op occupancy standards: no more than 2 people per bedroom, no fewer than 1 person per bedroom) \_\_\_\_\_

Do you require an accessible unit? \_\_\_\_\_

Do you or any members of your household have restrictions with stairs?

No restrictions  Cannot manage stairs  Limited number of stairs

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## 5. Housing Background

How long have you lived at your current address? \_\_\_\_\_

If you have lived there less than 2 years, please give your previous address.

\_\_\_\_\_

How much do you pay in rent each month? \_\_\_\_\_

If you pay for utilities, how much do you pay? \_\_\_\_\_

## 6. Parking

How many vehicles belong to the household ? \_\_\_\_\_

## 7. Pet Policy

The co-op has a pet policy that allows 2 pets per unit.

How many and what kind of pets do you have?

\_\_\_\_\_

\_\_\_\_\_

## 8. Volunteering:

Have you or members of your household volunteer currently or in the recent past?

\_\_\_\_\_

What kind of Volunteering have you done?\_

\_\_\_\_\_

Members of the co-op are expected to volunteer in the co-op and join committees as part of the occupancy agreement. What kind of tasks / committees do you have skill in or interested in joining?

Board <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Membership <input type="checkbox"/>	Gardening <input type="checkbox"/>
Block watch <input type="checkbox"/>	Notice delivery <input type="checkbox"/>	Clean Common Room <input type="checkbox"/>	Social <input type="checkbox"/>
Other:			

Do you know anyone living in the co-op? \_\_\_\_\_ who? \_\_\_\_\_

Have you ever lived in a co-op before? \_\_\_\_\_, If so which co-op?

\_\_\_\_\_

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## 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	Employer or source of income (for example, Social Assistance, CPP, OAS)	Gross income each month

You will need to provide proof of this income *if the co-op calls you for an interview* – **DO NOT submit proof before interview occurs.**

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

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**DECLARATION:** Please read and sign this statement. The applicant(s) and all adult household members (anyone 19 and older) must agree to the following:

**I/We declare:**

- This is my application; and
- All the information in it is correct and complete to the best of my knowledge and belief.

**I/We authorize:**

- Pursuant to the *Personal Information Protection Act* (PIPA) to the extent applicable, the Co-op to make any inquiries that are necessary to verify the information given in this application; and
- Pursuant to PIPA to the extent applicable, any person, corporation or social agency to release to the Co-op any information pertinent to the assessment of my/our application; and
- The Co-op to receive and exchange with credit bureaus and my/our previous landlords credit and other information about me/us, to be used in the decision-making process to provide me/us with membership and accommodation.

**I/We understand:**

- That this application does not constitute any agreement on the part of the Co-op to provide me/us with membership or accommodation; and
- That it is my/our responsibility to advise the Co-op of any changes to the information given in this application and to provide any supporting materials required for my/our application;
- That the provision of false or misleading information is grounds for refusing or ending membership; and
- That if it is necessary in order for the Co-op to perform a credit check, I/we will be required to provide my/our Social Insurance Number(s) in order for my/our membership to be considered.

**I/We agree that this personal information may be made available to people in the following positions, if the information is needed for their duties:**

- Co-op staff, management, auditor and lawyer for the purpose of membership application, income review and setting housing charges, application for the Home Owners Grant, other official duties related to the operation of the Co-op
- Co-op board of directors only if it is in connection with the board's official duties

Signature of Applicant	Date
Signature of Co-Applicant	Date
Signature of Co-Applicant	Date