

Application for Membership

Heatheridge Housing Co-operative

#19 – 1360 Hillside Avenue Victoria, BC V8T 2B5

Dear applicant,

Thank you for your interest in *Heatheridge Housing Co-operative*. **Please note: there is no subsidy available at this time.**

We are an eighteen (18) unit Co-operative, which consists of:

- 2 - One bedroom Units, (one is equipped for persons with disabilities).
 - * Maximum monthly housing charge: \$819.00 (minimum gross annual income required: \$39,312)
- 8 - Two bedroom Units (seven are two level units and one is a single level unit).
 - * Maximum monthly housing charge: \$1029.00 (minimum gross annual income required: \$49,392)
- 7 - Three bedroom units (two level units).
 - * Maximum monthly housing charge: \$1136.00 (minimum gross annual income required: \$54,528)
- 1 - Four bedroom unit (two level unit).
 - * Maximum monthly housing charge: \$1270.00 (minimum gross annual income required: \$60,960)

If you are selected for membership in the *Co-operative*, a share purchase of \$2500 is payable when you sign for the membership. The share purchase money is refundable upon move-out if the unit is left in good condition. The condition of the unit is assessed by the move-in/move-out committee and the cost of repairs will be deducted before the share purchase money is refunded.

Heatheridge Housing Co-operative is run by an elected Board of Directors and various committees to oversee each area of the *Co-op's* administrative needs. Each member has input into the day-to-day operation of the *Co-operative*.

If you are to be considered for membership in *Heatheridge Housing Co-operative*, you authorize confirmation of all information provided us, including your financial information, employment and volunteer work or service.

You may contact us by mail, or email heatheridgecoop@gmail.com if you have any questions.

After completing your application please review it and ensure that you have provided *Heatheridge Housing Co-operative* with all the information we have requested. Applications must be complete in order for us to process them. Completing this form correctly and in-full allows us to determine your eligibility for membership in the Co-operative and to sort your application to the appropriate files.

When you return your completed application form, return only pages 3 through 9.

How Your Application is Processed:

- 1.—*Heatheridge Housing Co-operative's* Treasurer will receive your application and your financial information (page 7) will be removed and the rest of your application will be given to the *Co-op's* Membership Committee.
- 2.—The Membership Committee will review it and then file it in the appropriate folder, depending upon the number of bedrooms requested. The Membership Committee may conduct interviews of applicants to establish a 'wait list'. Only on the shortlisted applicants will be subjected to a credit history check by our bookkeeper who is a neutral third party.
- 3.—When the *Co-op* receives notice of an upcoming vacancy, the Membership Committee will review the applications for that size of unit.
- 4.—If you meet the criteria established by the *C.M.H.C* and *Heatheridge Housing Co-operative*, you will be contacted by telephone or email to enquire if you are still interested. At this time, a member of the Membership Committee will: verify that the information that you provided is current, book an interview time and arrange for you to view the unit. Selection will be made from those who meet the criteria.
- 5.—The Membership Committee will interview you and all members of your household at *Heatheridge Housing Co-operative*.
- 6.—You will be notified by a member of the *Co-op's* Membership Committee whether you have been selected or not. Even if you are not selected, your name will remain on our waitlist for any upcoming vacancies, unless you choose otherwise.

Vacancies in *Heatheridge Housing Co-operative* are sporadic. Several vacancies can occur in one year or none for several years. As long as you are keeping your application up to date, you will remain in consideration for vacancies for units which may suit your housing requirements.

***Please note:** We keep applications for a six month period. In order for you to remain in consideration for vacancies, you must keep your application current and up to date every six months. Your personal information is protected. Your application will be destroyed, if it expires or it is withdrawn.

If you wish to have the receipt of your application acknowledged or you wish to submit an application renewal, please send a self-addressed stamped envelope.

If you provide the *Co-op* with an email address, we can provide acknowledgement of receipt of your application. If requested, we will email you a new application form.

Due to privacy issues concerning financial information, we do not accept emailed application forms.

Thank you for your interest in *Heatheridge Housing Co-operative*.

Membership Committee
Heatheridge Housing Co-operative

Office use only sent out: ____/____/____ 1st Rec'd: ____/____/____ 2nd Rec'd: ____/____/____

Heatheridge Housing Co-operative Membership Application
19 -1360 Hillside Avenue, Victoria, BC, V8T 2B5

Please Print:

Application Date: ____/____/____

1. Household Composition:

Name of applicant: _____ / _____ / _____
(full name mandatory) Family Name First Name middle

Birthdate: ____/____/____
(mandatory)

Current Address: _____ **Postal Code:** _____

Home Phone: ____-____-____ **Work Phone:** ____-____-____ **email:** _____

List all others who will reside in the unit and their birthdates:

Birthdate: ____/____/____

Birthdate: ____/____/____

Birthdate: ____/____/____

Birthdate: ____/____/____

Will all the above listed be residing in the unit full-time? [] Yes [] No

If no, please list which individuals will not be residing full-time, and provide details:

Number of bedrooms required: [] 1 [] 2 [] 3 [] 4

Do you expect the size of your family to change? [] Yes [] No. If yes, explain:

How long have you been at the current address? _____. Do you: [] rent [] own

Rent or Mortgage cost per month: _____

Landlord's Name: _____ Landlord's Phone: ____-____-____

If less than one year at present address, please list previous landlord's name and phone:

Name: _____ Phone: ____-____-____

Number of vehicles: _____ (each unit has one parking spot available.)

Number of pets: ____ Type: [] cat: [] dog: [] other: _____
(please specify)

2- Employment Information:

	Applicant:	Co-Applicant:
Employer's name:		
Address:		
Phone #		
Length of Employment:		
Permenant or Temporary		
Supervisor's name:		

Supervisor's Phone #		
Do you expect your employment to change in the near future?	[] yes [] no. If yes, please explain:	[] yes [] no. If yes, please explain:

3 Personal References and General Information:

_____	_____	_____
Name	Phone	relationship
_____	_____	_____
Name	Phone	relationship
_____	_____	_____
Name	Phone	relationship

How did you hear about *Heatheridge Housing Co-operative*?

Have you ever lived in a housing co-op before, or been involved in other co-operative experiences?
 [] yes [] no – if yes please explain:

Why do you want to live in a co-op?

Volunteer Information:

Are you now or have you been involved with any volunteer organizations? [] yes [] no – if yes please list below and briefly explain what you did:

	Applicant:	Co-Applicant:
--	------------	---------------

Organization:		
Supervisor's name:		
Phone number:		
Length of service:		
Duties:		

Participation:

Housing Co-ops need active members who want to share responsibility for both the day-to-day and the long term management of their Co-op. In order for a Housing Co-op to run effectively, all members must be willing to volunteer their time, skills and abilities on a regular basis. *Heatheridge Housing Co-operative* is a self-governing Co-op with an elected Board of Directors. All Board members are members of the *Co-op* who are elected by the *Co-op's* membership.

Our *Co-operative* has 5 Board of Director Positions and 4 committees (Maintenance, Finance, Membership and Greenspace).

As a member, one person from each unit is required to volunteer on either a committee or a Board of Directors position for a minimum of 2 hours per month per household. Attendance at the monthly general meeting and the annual general meeting is mandatory for 1 member of each household.

Please indicate which Board or Committee position you would like to participate in at *Heatheridge*:

Do you have any health problems which would affect your housing needs or your ability to participate on committees? [] Yes [] No. If yes, please explain:

Please tell us about yourself/family and your skills, experience, or interests that you feel would be beneficial to our co-operative:

6- Declaration:

I/We declare that, the information provided in this application is correct and I/we authorize *Heatheridge Housing Co-operative* to verify any or all of the information provided and to perform a credit check. I/We understand that refusal to abide by *Heatheridge Housing Co-operative's* Occupancy Agreement and Rules, and/or not agreeing to work voluntarily in *Heatheridge Housing Co-operative* as required by all members from time to time, can result in termination of membership.

Applicant's signature: _____ Application date: _____

Co-applicant's signature: _____ Co-application date: _____

Z. Confidential Financial Information:

The following information is protected and will be reviewed by the *Co-op's* Treasurer and the President but will not be shared with the Committee(s).

Proof of income will be required if selected for an interview or membership. In the table below, please list all the sources of your of monthly/yearly income with amounts before deductions for all family members from all sources.

Include: wages, pensions, self-employed earnings, workers' (*Worksafe BC*) compensation, employment insurance, universal child tax credit, child support, alimony allowance, income assistance and rental income from real estate.

Exclude: Capital gains, inheritances, lottery winnings, and 'once only' disability and insurance awards.

Applicant:	Sources of income	monthly	yearly
totals:			
Co-Applicant:	Sources of income	monthly	yearly
totals:			
Gross Yearly income total: \$ _____			

I/we the undersigned declare that the financial information provided above is complete, current, and accurate to the best of my/our knowledge.

Applicant's name: _____ signature: _____
(please print)

Applicant's name: _____ signature: _____
(please print)