



APPLICATION FOR MEMBERSHIP					
Please complete entire application form					
Name of Applicant					
Current Address					
City		Province		Postal Code	
Home Phone Number				Work Phone Number	
Cellular Phone Number				Email Address	
PLEASE LIST THE NAMES OF ALL PERSONS (INCLUDING APPLICANT) WHO WILL BE RESIDING IN THE UNIT					
Name	Birthdate (m/d/yy)	Relationship to Applicant		Other Relevant information	
Unit size required					
Number of Vehicles				Pets (only one four legged pet allowed/ must be neutered/spayed)	
Have you ever lived in a Housing Co-op					
Name and Location of Previous Co-op					
Please notify Killarney Gardens Housing Co-op in writing of any changes in your family composition, financial information or other information					
Thank you for applying for membership in Killarney Gardens Housing Co-op					
Date Received by Co-op				Received by (print name)	

Name of Applicant	
-------------------	--

Please list the incomes and sources of income for all those listed on this application

Name	Monthly Income (Gross)	Sources of Income (Employment, Pension etc.)	Name & Phone Number of Employer

Please ensure to report all incomes from all sources. Thank you

Name & Phone Number of current Landlord	
---	--

Name & Phone Number of Previous Landlord	
--	--

We, understand that only members of Killarney Gardens Co-op may live in the co-op and apply for membership. We understand that if the co-op accepts us for membership and offers us a unit, we must purchase shares in the co-op at within two days of unit acceptance.

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 do a landlord check and a credit check.

I agree that Killarney Gardens Housing Co-op may keep the following information about us: All information provided on this Application Form, accompanying income documentation and credit check details. I agree this personal information may be made available to people in the following positions: Board of Directors, Treasurer, Auditor, CMHC, B.C.H.M.C., Management Company/Office Staff.

I understand that Killarney Gardens Housing Co-op will use the information to: contact me about this application, determine my eligibility for housing and membership in the co-op, perform a credit check and landlord check, and confirm eligibility for membership to CMHC, BCHMC, Management Company and Co-op's auditors as required.

Signatures of all household members who are 19 years of age or older:

Name – Printed	Signature

Thank you for applying for membership in Killarney Gardens Housing Co-op. Please remember to submit documentation of your income with this form. Thank you