



Nova Vita Housing Co-operative

#99- 7166 Barnet Rd, Burnaby, BC, Canada V5A 1C8
www.novavitacoop.com

Part One: Application for Membership

A – Household Information

1. Primary Applicant		2. Associate Applicant	
Name:		Name:	
Address:		Address:	
Occupation:		Occupation:	
Contact number:		Contact number:	
Email address:		Email address:	
Date of Birth (M/D/Y):		Date of Birth (M/D/Y):	
3. Other Members of Household			
Surname	Given Name(s)	Date of Birth (M/D/Y)	Relationship to Primary Applicant

B – Housing Requirements

Note: Market Members can choose their unit size; those receiving rent subsidize will be subject to BCHMC Occupancy Guidelines.

1. Number of bedrooms required:	☐ One	☐ Two	☐ Three	☐ Four
2. Do you require a parking space?	☐ Yes	☐ No	How many? _____	
3. Pet Policy is one domestic pet per unit.				
Do you have a pet?	☐ Yes	☐ No	Type: _____	
Is your pet sprayed/ neutered:	☐ Yes	☐ No	(Copy of certificate required)	
Are immunization records up to date?	☐ Yes	☐ No		
4. Do any members of your household have any health problems that affect their housing needs?				
☐ Yes ☐ No If answer YES, please specify: _____				

C – Participation

All Co-op members are required to contribute a minimum of four (4) hours per month per household to help with the operation of the Co-op. Please specify your areas of interest and note first and second preference. Initiate your choices if there is more than one adult applicant in your household.

Board of Directors		Membership Committee		Maintenance Committee	
Finance Committee		Social Committee		Environment	
Disaster Preparedness		Housekeeping		Parking & Participation	

D – General Information

1. How did you hear about Nova Vita Housing Cooperative?
2. Have you lived in a housing Co-op before and been involved in any other form of Co-operative?
3. Are you now, or have you in the past been, involved with any volunteer organizations, such as a community group, charity, service club, or trade union? Please elaborate:

E – Reference Information

Accommodation History: If the information requested below is not the same for each applicant, please provide additional information concerning each adult on a separate sheet:

1. How long have you lived at the present address (yr/mos):	2. Current monthly payment:
3. Current number of bedrooms:	4. Average monthly Hydro payment:
5. Do you currently own? (yes/no):	6. Landlord's name (if renting):
7. Landlord's telephone: (Please indicate if there is a problem with disclosing your intention to move)	8. Landlord's address:
9. Your previous address:	10. How long at previous address:

I/ We certify that the information given in this application is correct and complete.

Print name: _____ Signature: _____ Date: _____

Print name: _____ Signature: _____ Date: _____

*** A \$20 cheque, payable to "Nova Vita Housing Co-operative" to process credit check, is collected at the time of interview.**

*** Credit check fee received by:**

Print name: _____ Signature: _____ Date: _____

For Office Use Only:

Date applicant contacted:	Comments:
Date applicant contacted:	Comments:

Part Two: Financial Information

1. Primary Applicant	2. Associate Applicant
Name:	Name:
Social Insurance No.:	* Social Insurance No:

* Social Insurance number is not required in order to conduct credit check: \$20 charge is for credit bureau.

1. In all categories of Income, use **CURRENT GROSS ANNUAL FIGURES**.
2. List **ALL** sources of household Income.

Type of Income	Primary Applicant	Associate Applicant	Other Household members
Position			
Salary/ Commission			
Self-employed			
Pension			
Gain			
Child Support/ Alimony			
Unemployment Insurance			
Other Income (specify)			
TOTAL			

Other information

Will there be significant changes in household income during the next 12 months? ☐ Yes ☐ No
 If YES, please give approximate date and reason(s):

Will there be significant changes in future to the number of occupants in household? ☐ Yes ☐ No
 If YES, please explain:

Are you willing to pay the current **MARKET HOUSING CHARGE**? ☐ Yes ☐ No

Employment Information

Primary Applicant	Associate Applicant
Employer's name:	Employer's name:
Contact person:	Contact person:
Telephone:	Telephone:
Address:	Address:
Start date of this employment	Start date of this employment:

Declaration

I/ We declare that all the information given in this application is correct. I/ we authorize the Co-operative to verify any or all of the information in my/ our application, and give consent to the Co-operative, its employees or agents, to receive credit information from any credit agency or other person(s) having such information, using whatever means the Co-operative deems necessary and appropriate.

The terms and conditions set-forth above are acknowledged and agreed upon by:

Primary Applicant's name: Signature: Date:

Associate Applicant's name: Signature: Date:

For Office Use Only:

Credit check performed (date): Comments:

Other verification (if applicable):

Comments:

Please retain a copy of your completed application form for your reference. Submit the originals to the Co-op.