

FOR CO-OP USE ONLY:

Date received: _____ **No. of bedrooms** _____

Penta Co-operative Housing Association
PO Box 39151, 3695 W. 10th Avenue
Vancouver, BC V6R 1G0

APPLICATION FOR MEMBERSHIP

Applications will be kept on file for ONE year only. If necessary, please re-apply.

PLEASE PRINT.

1. Applicant(s) details:

Last name	First name
-----------	------------

Date of birth (D/M/Y)

Street address

City	Province	Postal code
------	----------	-------------

Phone (home)	(work)	(cell)
--------------	--------	--------

Email address

2. Co-applicant details:

Last name	First name
-----------	------------

Date of birth (D/M/Y)

Street address

City	Province	Postal code
------	----------	-------------

Phone (home)	(work)	(cell)
--------------	--------	--------

Email address

Relationship to applicant: _____

3. Other household members:

Last name	First name	Date of birth

4. **Unit:** What size of unit do you require? **1 bedroom** **2 bedroom** **3 bedroom**

Do you require an accessible unit? **Yes** **No**

5. Housing Background:

Have you lived at your current address for more than two years? **Yes** **No**

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

Current landlord's name and phone number: _____

If renting, how much do you pay each month: _____

Do you own property? _____ Do you live on your own property? _____

6. Participation (Mandatory):

Members are required to share the responsibilities of operating and maintaining our Co-op. As well as attending the AGM and any special general membership meetings called, members must be willing to serve on one or more committees and attend all meetings called by the committee chairperson.

An applicant's willingness to participate will be a decisive factor in the selection process. Please list below any skills you could actively contribute to the running and maintenance of the Co-op, i.e. office skills, home repair, carpentry skills, interviewing, etc.

Skills: _____

Previous Co-op experience: _____

(Continue on the back if necessary)

7. Pet Policy (size and type of pet to be approved by the Board of Directors):

The co-op has a pet policy that allows one dog and one cat governed by house rules.

What pets do you have? _____

8. Parking: How many parking spaces do you need? _____

9. Household income

Applicant’s first and last name: _____

Please give us a monthly before-tax income (gross income) of each household member.

Sources of income:

Name of household member	Employment	Self-Employment *	Social Assistance **	Other	Gross income each month
Applicant					

* Co-op needs to know if you are self-employed in order to calculate subsidy, only some deductions from gross income are allowed.

** Co-op needs to know if you are receiving social assistance in order to calculate subsidy to which you are entitled. Subsidy is calculated differently for income assistance.

If called for an interview, you will be required to provide the following for proof of income.

- Current pay stub
- Most recent income tax assessment
- Letter from employer(s) indicating present salary

If shortlisted for a unit, our Management Company will carry out a credit check.

10. Insurance:

A minimum of \$1,000,000 Personal Property and Liability insurance is MANDATORY (insurance documents must be submitted to our Management Company in the first month of residency and annually thereafter).

11. Share Purchase:

Share purchase of between \$1,700 and \$4,000 (dependent on the size of the unit) is due at the time of your approval. The first month’s housing charge and arrangements for your monthly housing charges will be made with our Management Company.

12. Signatures:

We understand that only the members of Penta Co-op 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 share purchase for the principal member.

If accepted into membership, we agree to be bound by and 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 credit check.

Signatures of all household members who are 16+ years of age:

Applicant: _____
Co-applicant: _____
Other: _____

13. How did you learn of our Co-op?

- Internet Name of website _____
- Friend Name of friend _____
- Other _____

Date: _____

Please inform us in your address, phone number or email address or circumstances change, as your application will be removed from our files if we are unable to contact you. Applications will be kept in a confidential file for one year and then destroyed.

PERSONAL INFORMATION PROTECTION STATEMENT

NOTE: This Personal Information Statement must be signed and submitted with this application form.

I agree that this personal information (application form) may be made available to people in the following positions:

- Co-op auditor
- Municipal employees dealing with the Home Owner Grant (for grant application)
- Co-op lawyer
- Designated staff, committee members or Directors
- Board of Directors if it is in connection with the Board's official duties
- General meeting only if it is relevant to an appeal I have made on a Board's decision
- Treasurer or designated person with regard to financial information on household income

I understand that Penta Co-operative Housing Assn will use the information to:

- Contact me about this application
- Determine my eligibility for housing and membership in the Co-op
- Determine eligibility for Home Owner Grant
- Conduct a housing reference check before accepting my application
- Decide on any request for an internal move

I understand that the Co-op will destroy personal information that it no longer needs:

Non-members: application forms one year after receipt
Members: financial information seven years after acceptance

Applicant's Signature: _____

Co-Applicant's Signature: _____

Date signed: _____