

Application for Queens Avenue Housing Co-op

Application for Queens Avenue Housing Cooperative
1A – 134 Tenth St, New Westminster BC, V3M 3X8

Dear Applicant,

Thank you for your application to Queens Avenue Housing Co-operative. We are a diverse community of people who administer ourselves in the context of established and applicable rules, policies and legislation. We welcome households of any size and all cultural backgrounds. Participation is mandatory. Pets are allowed. Queens Avenue Housing Co-operative is not part of BC Housing. Subsidy is limited and may not be available at the time of your application.

The following provides some basic information about our Co-operative.

We have 31 units comprising of 1, 2 and 3 bedroom townhouses. Included with these units are in-suite storages, refrigerators and stoves. Washers and dryers are available in a laundry room if you choose not to buy a set for your unit. Each household is entitled to 1 spot in the underground secure parkade. Additional spots are dependent on availability. Each unit is permitted a maximum of two cats or one dog or one dog and one cat. A share purchase is required for membership in the amount of \$1,200. These funds are required prior to move in. This money is refundable in full, without interest, at the termination of your membership in the Co-operative, providing no outstanding monies are owed and there is no damage to your unit. Two (2) calendar months written notice is required for termination of membership.

Applications are kept on file for a period of six-months. At the end of the six-month period, if you want your application to remain on file for a further six-months, please notify the Co-operative in writing (via email or post mail) and indicate any relevant changes. Your name is placed on our waiting list when your application is received. If there is a vacancy, you will be contacted for an interview.

Housing charge increases can be expected each year. Minimum income is based on the annual income for market. If your income is less than the required minimum, you will be notified by email that your application cannot be accepted.

Queens Avenue Housing Cooperative mailing details:

email: gacoop@gmail.com

Post mail: Queens Avenue Housing Cooperative
1A – 134 Tenth St
New Westminster, BC
V3M 3X8

Please answer all of the following questions. Print clearly and, if you need extra room, attach another sheet to the application.

1. UNIT SIZE REQUIRED

a) Please note that none of our units are accessible.

- 1 Bedroom
- 2 Bedroom
- 3 Bedroom

b) Housing Charge & Share Purchase Information as of January 2017 (increases annually)

Type of Unit	Share Purchase Required	Housing Charges	Minimum Gross Yearly Household income required
One Bedroom Townhouse (2)	\$1,200.00	\$ 1,054.00	\$42,160.00
Two Bedroom Townhouse (5)	\$1,200.00	\$ 1,406.00	\$56,240.00
Three Bedroom Townhouse (24)	\$1,200.00	\$ 1,612.00	\$64,740.00

2. PRIMARY APPLICANT (the person designated as “principle” member)

Last name:	First Name:	Middle Name if applicable
Phone:	Email address:	
Current Address:		

3. SECONDARY-APPLICANT

Last name:	First Name:	Middle Name if applicable
Phone:	Email address:	
Relationship to Applicant:		
Current Address:		

4. HOUSEHOLD COMPOSITION

List all other persons who will be living with you

Last Name	First Name	Date of birth (D/M/Y)	Relationship to Applicant

5. PARKING

Will you require a parking spot?

- Yes, 1
- Yes, 2 (subject to availability)
- No

6. RESIDENCY HISTORY

Please list your addresses for the past 5 years.

Applicant

Address	Landlord's Name	Phone Number	Dates
			to
			to
			to

Have you ever been evicted or requested to leave previous residence? Yes No

If yes, please explain:

Secondary-Applicant

Address	Landlord's Name	Phone Number	Dates
			to
			to
			to

Have you ever been evicted or requested to leave previous residence? Yes No

If yes, please explain:

7. EMPLOYMENT HISTORY

Please list the past 5 years.

Applicant

Job Title	Employer's Name	Phone Number	Dates
			to
			to
			to

Secondary-Applicant

Job Title	Employer's Name	Phone Number	Dates
			to
			to
			to

8. ADDITIONAL INFORMATION (attach additional page if needed)

What is your experience or understanding of living in a housing co-operative?
Do you know anyone who lives in our Co-op and, if so, whom?
What are your reasons for wanting to live in Queens Avenue Housing Co-operative?

9. VOLUNTEER EXPERIENCE

What volunteer or community service experiences do you have?
What skills do you feel you would bring to QAHC and how could they be used to help within the Co-op community referring to the list of committees below?

10. OUR COMMITTEES Please indicate the ones that interest you;

- Annual Suite Inspections:** We coordinate regular building inspections and repairs. Our aim is to make sure our building is safe & sound and well maintained.
- Block Watch:** All members required to be the watchers of the co-op.
- Board:** We are the watchers of the co-op, ensuring the legalities of running a co-op; making decisions on behalf of, and notifying the members of such actions.
- Membership:** We conduct the new member interviews and keep everyone up to speed on co-op policies, as well as everyone’s rights and responsibilities within the co-op. We are the gatekeepers. Also we encourage members to participate as volunteers to help promote a sense of ownership and community.
- Maintenance:** We are the handymen and women! We coordinate repairs, updates and general maintenance of our building. Our aim is to make sure our building is safe & sound and well maintained.
- Landscaping:** We keep our co-op looking beautiful by maintaining the grounds as well as coordinating work parties.
- Health & Safety:** We work to maintain a safe, secure environment in the co-op.
- Social:** We host many fun events such as our barbeques & pot lucks, and look after the renting of the common room for personal member parties.
- Finance:** We make sure that everyone has current house and car insurance, as well as looking after the financial issues of the Co-op.
- Move-in/Move-Out:** We coordinate with new members when they move in and also with members leaving, along with doing move-in and move-out inspections of their suites.

11. PERSONAL REFERENCES

Please Provide the names of two people (not related to the applicants) who can be contacted to provide a personal reference		
Name of Reference	Relationship to Applicant	Phone Number

12. INCOME INFORMATION

List Gross Yearly Income (before deductions) from all sources, for all household members age 19 and over.
Please note that should you be selected for an interview, proof of income will be required

First and Last Name	Source (i.e. employment, EI, pensions(s), BC Benefits, etc.)	Gross Yearly Income (\$)
1.		
2.		
3.		
4.		

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5.		
	Total Gross Yearly Income for Household	

Do you anticipate your income changing significantly in the next twelve-months, if so how?

13. DECLARATION: Please read and sign this statement. Please note that “We” is understood if there is more than one applicant

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I/we understand that this application does not mean the Queens Avenue Housing Cooperative will provide me/us with housing.

I/we confirm that the information in this application is true, correct and complete.

I/we agree to advise the Queens Avenue Housing Cooperative of any changes to the information in this application, and to provide any supporting materials needed for my/our application.

I/we understand that if I/we am/are accepted as a member(s), I/we will be expected to subscribe for shares in the Cooperative and pay towards the shares according to a payment schedule acceptable to the Cooperative.

I/we understand that only members of Queens Avenue Housing Co-operative may live in the Co-op and that we are required to apply for permission to the Co-op if this changes. I/we understand that the Co-op provides housing at cost to its members.

I/we understand that participation by members is mandatory and a condition set out in the Occupancy Agreement.

I/we understand and accept that according to the structure of co-op living and the lease, I/we will sign before move-in, it is mandatory at Queens Avenue that I/we contribute to the successful running of the co-op by attending as many general meetings as possible and by participating in the general maintenance of the co-op by actively serving on the committees needed by the co-op.

I/we give the Queens Avenue Housing Cooperative or its agent my/our consent to verify the information in this application.

I/we authorize any person, corporation or social agency to release any information, including financial information, related to my/our application to the Queens Avenue Housing Cooperative. I/we understand any attempt to mislead the co-op by giving false information, could result in my/our application for membership at Queens Avenue being denied.

Signature of Applicant	Date
Signature of Secondary-applicant	Date
Signature of legal age household member	Date

Return application to:

gacoop@gmail.com

Or by mail to;
Queens Avenue Housing Cooperative
1A – 134 Tenth St
New Westminster, BC
V3M 3X8

14. QUEENS AVENUE HOUSING COOPERATIVE MEMBERSHIP AGREEMENT

Application for Queens Avenue Housing Co-op

I HEREBY APPLY for membership in Queens Avenue Housing Cooperative.

I HEREBY ACKNOWLEDGE that I will be required to purchase shares in the Cooperative, in the amount of \$1200.00 dollars. These funds are required prior to move in. This money is refundable in full, without interest, at the termination of your membership, providing no outstanding monies are owed and there is no damage to your unit.

I HEREBY AGREE to observe and be bound by the conditions of the Occupancy Agreement, the Rules and the Policies of the Cooperative.

I UNDERSTAND that the Cooperative makes no guarantees as to the affordability of accommodation provided to members, nor does it ensure the availability of any subsidies, rent supplements or relief from or reduction of housing charges in the event that the income declared by me in my Membership Application is or becomes less than the stated amount.

I HEREBY AGREE to give 60 days' notice of my intention to withdraw from the Cooperative.

I UNDERSTAND that I cannot use my share purchase for housing charges and that the share purchase will not be refunded to me until my housing charges are paid in full.

I UNDERSTAND that knowingly making a false statement in this Membership Application will be grounds for denying the application or terminating my membership at the time the false statement becomes known to the Cooperative.

I HEREBY AUTHORIZE the Cooperative to obtain such reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account or for any other direct business requirement.

Date: _____ 20 ____

_____ Date of birth: _____
Applicant's signature

_____ Date of birth: _____
Secondary-applicant's signature

_____ Date of birth: _____
Legal age household member's signature

PERSONAL INFORMATION PROTECTION STATEMENT

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I agree that Queens Avenue Housing Co-op may collect and keep the following information about me: financial information to determine eligibility for membership; eligibility information to qualify for the supplementary Home Owner Grant; Co-op census information, including a record of all residents in each unit for security; relationship of secondary-applicant to applicant, dates of birth of applicant and all future occupants to establish the size of unit to which my household is entitled; date of birth for purposes of conducting a credit check and reporting unpaid debts to a collection agency or credit bureau; and whether I meet the age requirements for membership as set out in the co-op's Rules. I 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 auditor; Employees of the Agency for Co-operative Housing or CMHC (Canada Mortgage and Housing Corporation); Municipal employees dealing with the Home Owner Grant (for grant application) Co-op lawyer; Co-op staff or management and designated Membership and Finance committee member(s) and the Board of Directors. I understand that Queens Avenue Housing Co-op will use the information to:

1. Contact me about this application
2. Determine my eligibility for housing and membership in the Co-op
3. Determine eligibility for supplementary Home Owner Grant
4. Conduct a credit check if successful at the interview stage of the membership application process. I understand that the co-op will destroy personal information that it no longer needs: One year after a decision was made for credit checks and for any information on inactive applicants. I have read this statement.

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

All members of the household 19 years of age and older must sign this statement.