

SPECTRUM HOUSING CO-OPERATIVE

#45-3850 Dominion Street
Burnaby, BC V5G 1C2
spectrumhousingcoop@gmail.com

About Our Community:

Spectrum Housing Co-op is a newly renovated 44 unit apartment/ stacked townhouse complex situated near Canada Way and Boundary. We are conveniently located 10 minutes walk from Burnaby General Hospital and BCIT.

The Co-operative has 44 units with a private patio or balcony. Each unit is provided with a fridge, stove and is plumbed for a washer, dryer and dishwasher. If you own a vehicle, there is one designated parking stall. Each additional stall (if available) can be rented for additional \$10.00 per month. We provide a “Common Room” which can be rented out for the use of meetings and booked for member’s use only. All window covering are provided by the member and must be white or off-white facing out. Utility charges such as hydro, cable, telephone and internet are the responsibility of the member. Hot & cold water is included in your monthly housing charge.

Member Requirements

1. Share purchase by money order is required one month prior to the move in date of a unit.
2. Pet Policy: One neutered/spayed small dog or cat per unit.
3. Participation policy in effect (4 hours per month per unit)
4. If invited to an interview, please be prepared with references; provide your most recent tax assessment and three months of current pay stubs and **\$30.00** fee by cheque per applicant to complete a credit check.
5. Members are required to provide proof of contents insurance with a liability clause included before or upon move-in.

Current Market Housing Charges:

[July 1, 2020 to June 30, 2021]

UNIT SIZE	SIZE OF UNIT	MAXIMUM HOUSING CHARGE	SHARE PURCHASE	ANNUAL INCOME REQUIRED	MONTHLY INCOME REQUIRED
1 BEDROOM	700-783 SQ FT	\$1,014.00-1,105.00	\$1,500.00	\$34,200.00	\$2,850.00
2 BEDROOM	900-913 SQ FT	\$1,277.00	\$2,000.00	\$41,400.00	\$3,450.00
3 BEDROOM	1070-1248 SQ FT	\$1,443.00 - 1,592.00	\$2,500.00	\$50,400.00	\$4,200.00

NO SUBSIDY IS AVAILABLE

PLEASE RETAIN A COPY OF YOUR APPLICATION. ONLY ORIGINAL APPLICATIONS WILL BE ACCEPTED BY THE CO-OPERATIVE.

(for Co-op use only)

Date received:

Bedroom Size:

SPECTRUM HOUSING CO-OPERATIVE

APPLICATION FOR MEMBERSHIP

1. **APPLICANT** _____ Application Date _____

Address _____

Postal Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

When is the most convenient time to phone you? _____

2. **CO-APPLICANT** _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

3. **ALL HOUSEHOLD MEMBERS** – List the persons who will be living with you.
(including applicant and co-applicant)

Last Name	First Name	Gender (F/M)	S.I.N. (Optional)	Date of Birth (dd/mm/yr)

4. **HOUSING NEEDS** – Number of bedrooms needed? _____

Do you require a wheelchair accessible unit? Yes / No (*please circle*)

5. HOUSING BACKGROUND

Length of residence at current address _____ Number of bedrooms _____

Landlord's name _____ Phone number _____

Problem(s) with current housing? _____

If less than 2 years give previous address and length of residence

Previous Address _____ Length of residence _____

Landlord's name _____ Phone number _____

Personal References:

Name _____ Phone number _____

Name _____ Phone number _____

6. **VEHICLES** – number of vehicles owned? _____

7. PETS –

How many pets do you have? _____

What type of pets do you have? _____

8. CO-OP LIVING – We require members to share the responsibilities of operating and maintaining our Co-op.

Have you lived in a Co-op before? _____ How long? _____ Which one? _____

Did you serve on the Board? _____ Which committees did you serve on? _____

Which of the following would you be willing to serve on?

- Finance Committee Board of Directors Maintenance Committee
- Newsletter Committee Landscape Committee Membership Committee
- Rules Committee Social Committee Parking Committee

9. SKILLS/TRAINING

Applicant Occupation _____ Length of time _____

Trade Training _____

Co-Applicant Occupation _____ Length of time _____

Trade Training _____

10. ACTIVITIES AND ABILITIES – What abilities, hobbies, skills and interests can you share with the Co-op as a volunteer?

11. What volunteer work are you/have you been involved in for your community?

12. Tell us why you want to become a member of Spectrum Housing Co-op?

13. ADDITONAL – if there is any other information you would like to provide, that will support your application please use this space or feel free to attach any references or personal letters.

14. Applications will be held on file for twelve (12) months only. Please contact the office to update your application **in writing**; to be kept for an additional year.

15. I HEREBY CONFIRM THAT ALL OF THE INFORMATION IS TRUE.

Signature/s _____ Date _____

(APPLICANT/S)

16. HOUSEHOLD INCOME

Applicants' first and last names:

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

Name of household member	Employer Name or source of income (e.g. social assistance, CPP, OAS)	Gross income each month

You will need to provide proof of this income at the time of application.

Social Insurance: (to be used for credit checks)

Applicant - Social Insurance number - _____

Applicant - Social Insurance number - _____

Applicant - Social Insurance number - _____

Applicant - Social Insurance number - _____

**SPECTRUM HOUSING CO-OPERATIVE
APPLICATION FOR MEMBERS**

SIGNATURES

We understand that only the members of Spectrum Housing Co-operative 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 **shares**.

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; to do a reference, employer and landlord check as well as a credit check. We understand that acceptance of membership depends on the co-op obtaining satisfactory results from a credit check. We agree to provide our date of birth for that purpose when needed.

Signatures of all household members who are at least 19 years of age:

_____ Date _____
Applicant for **membership**

_____ Date _____
Applicant for **membership**

_____ Date _____
Applicant for **membership**

_____ Date _____
Applicant for **membership**

_____ Date _____
Applicant for **membership**

NOTE: Personal information protection statement is to be signed with this application form.



Rental Application Addendum

SCHEDULE "A"

(Each tenancy candidate must complete a separate application)*

Information**

The word "information" means credit information, personal information, information about the services you use that are provided by the Landlord as listed in this rental application and information relating to your tenancy at the Premises applied for in this rental application including information regarding the duration of your tenancy, monthly rent, emergency contacts and any matters relating to your lease/tenancy agreement, including misrepresentations relating to, defaults under and/or breaches of your lease/tenancy agreement.

"Credit Information" means information about you, including your name, age, date of birth, occupation, place of residence, previous places of residence, occupancy length, marital status, co-occupant's/spouse's/same-sex partner's name and age, number of dependants, particulars of education or professional qualifications, field of employment, places of employment, previous places of employment, employment durations, estimated income, paying habits, outstanding debt obligations, cost of living obligations, involvement in bankruptcy proceedings or landlord and tenant disputes, assets, and banking information (including account and credit card information).

"Personal Information" means information about you other than credit information that is relevant to your suitability as a tenant, including your social insurance number (optional), driver's license number, vehicle license plate number, vehicle make and year, and information from references which you provide about your character, reputation, physical or personal characteristics or mode of living or about any other matter concerning you that is relevant to your suitability as a tenant.

Collection, Use and Disclosure of Information:

In consideration for the Landlord accepting you as a tenant and entering into a lease/tenancy agreement with you, you expressly consent to and authorize the following:

- The Landlord may obtain information about you through a tenant check and/or credit or consumer report conducted by [Rent Check Credit Bureau](#) and as permitted or required by law. You expressly authorize [Rent Check Credit Bureau](#) to provide information regarding you to The Landlord.
- The Landlord may use information about you to determine your suitability as a tenant and as permitted or required by law.
- The Landlord may disclose information about you as permitted or required by law and to [Rent Check Credit Bureau](#) in order to be included within a database of tenant information, and/or within a file on you, for purposes of:
 - tenant reporting and credit reporting in accordance with the *Consumer Reporting Act* (Ontario);
 - establishing a credit history and a rental history;
 - comparing with aggregate statistical data for purposes of tenancy and credit scoring; and
 - supporting the credit approval process.
- You expressly authorize [Rent Check Credit Bureau](#) to retain information regarding you indefinitely for the purposes outlined in section 3 above, subject to any applicable legal restrictions.
- You expressly authorize [Rent Check Credit Bureau](#) to disclose information regarding you to its members and subscribers as required or permitted by law and for the purposes outlined in section 3 above.
- You agree that you will not withdraw your authorization and consent to the collection, use and disclosure of information about you by [Rent Check Credit Bureau](#) as outlined in sections 1 to 5 above.
- You agree that all statements on this Residential Rental Application are true and you expressly authorize all references given to release information about you to the Landlord for verification subject to sections 1 to 5.

Please provide your consent by checking the following box and signing in the appropriate space below:

Yes, I have read and agree to the collection, use and disclosure of information as outlined above.

I have read, understood and voluntarily agree to the terms and conditions outlined above.

Yes, I have read and agree to the collection, use and disclosure of information as outlined above.

I have read, understood and voluntarily agree to the terms and conditions outlined above.

_____ X _____ X	
Applicant's Signature	Co-Applicant's Signature
_____ X _____ X	
Print Name	Print Name
_____ X _____ X	
Date (yyyy / mm / dd)	Date (yyyy / mm / dd)

* Signature space is provided for applicant and co-applicant however Rent Check suggests that if more than 2 applicants that the landlord provides each tenancy applicant with a separate copy of this Residential Rental Application for completion.

** DISCLAIMER: Rent Check does not represent, warrant or guarantee that this Consent Statement will be valid or enforceable in all circumstances or for every landlord. Each individual landlord should modify the language of this Consent Statement to suit their individual circumstances, and should obtain legal advice regarding the appropriate consent to be obtained from their prospective tenants.

Spectrum Housing Co-operative Application for Membership

PERSONAL INFORMATION PROTECTION STATEMENT

(all applicants are to sign this at the same time as their application form)

I agree that Spectrum Housing Co-operative may keep the following information about me:

- Name, address, and phone numbers
- Dates of birth of present and future occupants
- Financial information - current and annual (if required)
- Co-op census information
- Household pet information
- Vehicle Information
- Unit Insurance Information
- Social Insurance Number

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

- Co-op auditor
- Employees of CMHC and/or The Agency for Co-operative Housing
- Municipal employees dealing with the Home Owner Grant (for grant application)
- Co-op lawyer
- Co-op staff or management
- Designated Board or committee member(s) who have designated official duties for:
 - Membership Committee members – applications for membership
 - Treasurer – credit checks, income review, setting housing charges, applications and collection of signatures for the Home Owner Grant
 - Membership Committee Chair - landlord and other reference checks, and maintaining secure filing and storage of personal information
- Board of directors only if it is in connection with the Board's official duties
- Credit check agency (for credit checks only when you first apply)
- General meeting only if it is relevant to an appeal I make of a board decision

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

- Contact me about this application
- Determine my eligibility for housing and membership in the Co-op
- Establish the size of unit for my household, based on co-op occupancy standards
- Decide if I qualify for subsidy and to calculate the subsidy and housing charges (when available)
- Determine eligibility for supplementary Home Owner Grant
- Conduct a credit check before approving me/us for joint membership
- Comply with the co-op's Operating Agreement and Rules Of Association
- Determine compliance with co-op rules and policies
- Decide on any request for an internal move
- Record co-op census information

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
- Seven years for financial information on members

I have read and received a copy of this statement.

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

**ALL MEMBERS OF THE HOUSEHOLD 19 YEARS OF AGE AND OLDER
MUST SIGN THIS STATEMENT.**

PLEASE **MAIL** APPLICATION TO:

Spectrum Housing Co-op
#45-3850 Dominion Street
Burnaby, BC
V5G 1C2

Do NOT send by registered mail or e-mail. Applications sent by these methods will not be considered!