

# WESTMINSTER LANDING HOUSING CO-OPERATIVE

#1 - 13 K DE K COURT, NEW WESTMINSTER, BC V3M 6B6

## MEMBERSHIP APPLICATION FORM

### PART I:

### HOUSEHOLD INFORMATION

You are required to include given names of ALL who will be residing in the unit including applicants 19 years or over

APPLICANT (member)	CO-APPLICANT (associate member)
Name:	Name:
Address:	Address:
City/Prov./Postal:	City/Prov./Postal:
Phone - Home: Phone - Work:	Phone - Home: Phone - Work:

### OTHER FAMILY MEMBERS

SURNAME	GIVEN NAME	RELATION TO APPLICANT	BIRTH DATE	SEX	
				FEMALE	MALE

### PART II:

### HOUSING REQUIREMENTS

REQUIREMENTS OF ACCOMMODATION	
1.	Required number of bedrooms in unit?
2.	Required number of parking spaces?
3.	Do you own a pet? If yes, general description [type of pet, size, etc.]:
	Do you have a certificate/s proving your pet/s have been neutered / spayed? <i>[you are required to include a copy of certification with this application; qualification for membership includes consideration of existing pet policy]</i>
4.	Do you have any special requirements? If yes, please explain:

# PART III:

# PARTICIPATION

## ***PARTICIPATION IS MANDATORY***

ALL Co-op Members are required to actively volunteer & participate to assist with the effective & on-going operation of our Co-op. Committees are listed below. Lack of participation is grounds for eviction.

## ***PARTICIPATION INCLUDES***

At LEAST 1 committee per year, regular job bank duties, regular general meetings, special meetings, the annual general meeting, spring & fall clean-ups, etc.

1. How many hours, per person, per unit, per month, would you be willing to volunteer to the co-op & please indicate what committees are of interest to you.

<b>COMMITTEE</b>	<b>YES</b>	<b>HRS. PER MO.</b>	<b>COMMENT</b>
Board	<input type="checkbox"/>	_____	_____
Gardening	<input type="checkbox"/>	_____	_____
Maintenance*	<input type="checkbox"/>	_____	_____
Grievance	<input type="checkbox"/>	_____	_____
Membership	<input type="checkbox"/>	_____	_____
Job Bank	<input type="checkbox"/>	_____	_____
Finance	<input type="checkbox"/>	_____	_____
Newsletter	<input type="checkbox"/>	_____	_____

\* Maintenance includes: inspection, parking & satellite committees

# PART IV:

# GENERAL INFORMATION

1. How did you hear about our Co-op? Do you know anyone who lives here & if so, who?
2. Why do you want to live at Westminster Housing Co-op?
3. Have you lived in a housing Co-op before? If yes, please give details.
4. Are you now or have you ever been involved in volunteer work, community group/s, service club/s &/or trade union/s? Please explain.
5. Please explain what you perceive Co-op living to be.

**PART V:****CURRENT RESIDENCE, etc. INFORMATION**

If the information requested below is not the same for each applicant, please provide the additional information on a separate piece of paper.

1.	Present address & length at this address:		
2.	Current Dwelling:	Own:	Rent: Other/Explain:
3.	Do you currently carry household insurance?		
4.	Present landlord or mortgage company:		
	Name: _____	Telephone: _____	
	Address/City: _____	Contact: _____	
5.	Previous Address/City/Prov.: _____		
	Contact Name: _____	Length at Residence: _____	

**PART VI:****INCOME & REFERENCE INFORMATION**

*(must list all sources of household income)*

<b>APPLICANT (Member)</b>	<b>CO-APPLICANT (Associate Member)</b>
OCCUPATION: _____	OCCUPATION: _____
EMPLOYER: _____	EMPLOYER: _____
ADDRESS: _____	ADDRESS: _____
CONTACT: _____	CONTACT: _____
PHONE: _____ LENGTH: _____	PHONE: _____ LENGTH: _____
PREVIOUS EMPLOYER: _____	PREVIOUS EMPLOYER: _____
ADDRESS: _____	ADDRESS: _____
CONTACT: _____	CONTACT: _____
PHONE: _____ LENGTH: _____	PHONE: _____ LENGTH: _____
GROSS MONTHLY EMPLOYMENT INCOME: \$ _____	GROSS MONTHLY EMPLOYMENT INCOME: \$ _____
INCOME FROM OTHER SOURCE/S: [gain / URIC / interest / loan etc.]	INCOME FROM OTHER SOURCE/S: [gain / URIC / interest / loan etc.]
AMOUNT SOURCE	AMOUNT SOURCE
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
TOTAL GROSS INCOME PER MONTH: \$ _____	TOTAL GROSS INCOME PER MONTH: \$ _____

S.I.N.#:	S.I.N.#:
DATE OF BIRTH:	DATE OF BIRTH:
BANK: _____	BANK: _____
ADDRESS:	ADDRESS:

## REFERENCE INFORMATION

This application will be rejected if this section is not completed in full. Please list 3 references with only 1 personal reference per applicant and co-applicant.

If you currently reside in a housing Co-op, you are required to list it as 1 of your references & if accepted, that Co-op will be contacted for a reference.

### APPLICANT

### CO-APPLICANT

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
PHONE: _____	PHONE: _____
RELATIONSHIP:	RELATIONSHIP:
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
PHONE: _____	PHONE: _____
RELATIONSHIP:	RELATIONSHIP:
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
PHONE: _____	PHONE: _____
RELATIONSHIP:	RELATIONSHIP:

# PLEASE READ CAREFULLY

I confirm that the information contained in this application is accurate.

I hereby give **WESTMINSTER LANDING HOUSING CO-OP** the authority to verify or seek corroboration, in whatever form deemed appropriate, on the information provided.

I hereby acknowledge that if approved, in order to become a member, I am required to purchase equal shares in the Co-op as called for by the Board of Directors. I understand the Membership Fee is \$25.00 and Associate Membership fee is \$10.00 and that all of these fees must be paid within ten [10] days of acceptance for membership.

I hereby agree, if accepted to **WESTMINSTER LANDING HOUSING CO-OP**, I will observe and be bound by the established memorandum, rules and policies of the Co-op.

I hereby agree, if accepted to **WESTMINSTER LANDING HOUSING CO-OP**, to full participation and understand that non-participation is cause for expulsion.

## **NOTE:**

Completion and submission of this application form does not automatically qualify an applicant for membership. If an application is accepted, the applicant's name will be placed on the appropriate waiting list. Once a year, all applicants on a wait list are called to verify that they wish their name remain on the list. As we are unable to speculate when a unit will become available, applications remain on file until such time as applicants are called for an interview which could be anywhere from a few months to a few years. An interview does not automatically qualify an applicant for membership. If the applicant does not want to remain on the wait list, the Co-op appreciates being notified.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-Applicant Signature**

\_\_\_\_\_  
**Date**

## **GENERAL COMMENTS**

## **ADDITIONAL INFORMATION**
