

Membership and Housing Application

Innisfree Housing Cooperative only has 3-bedroom townhouses and **IS NOT** wheelchair accessible.
Please **PRINT** clearly. If you need more space, please complete and attach an extra sheet to the application.

A. WHO IS APPLYING?

Please list everyone in your household and give a complete mailing address including postal code.

Required Information	Adult A	Adult B
Family Name		
First Name		
Full Mailing Address, including Postal Code		
Home Phone		
Work Phone		
Name of current Landlord/Landlady		
Their Phone Number		

Required Information	Dependant A			Dependant B			Dependant C			Dependant D		
Family Name												
First Name												
Relationship to applicant(s)												
Male or Female												
Date of birth including year	Day	Month	Year	Day	Month	Year	Day	Month	Year	Day	Month	Year

B. INCOME AND REFERENCE INFORMATION

All Adults (16 years and older) **MUST** complete this section.

Required Information	Adult A	Adult B	Adult C
Family Name			
First Name and Initial			
Date of Birth			
Social Insurance Number			
Marital Status			
Driver's License Number			
Occupation			
Name of Employer			
Employer's Address			
Employer's Phone Number			

How long working for this Employer			
If less than a year, list Previous employer			
Gross (before taxes) monthly income			
Name of Bank			
Account Number			
Checking or Savings			

C HOUSING INFORMATION

If the information is the same for all parties then only the name of the PRIMARY adult should be included in the first column. If not, then use the second column.

Information Required	Same Information	Different Information
Family Name		
First Name		
How long at present address?		
How many bedrooms?		
Monthly cost?		
Rental or Mortgage?		
Utilities cost, if any		
Previous address if less than 3 years		
How soon can you move? 30/60/90 days or longer. Please state		
Do you want to apply for Rent Geared to Income (RGI)?		
If no RGI were available, would you still apply for membership?		
If you own a vehicle(s), please list MAKE(s), MODEL(s) and Plate #'s Please note: Each household has 1 parking spot		
If you have a pet, what kind(s) and how many of each? E.g. cat, dog, other		

D CHECKLIST

	YES	NO
1. All Sections (A, B, & C) completed?	<input type="checkbox"/>	<input type="checkbox"/>
2. Landlord/Landlady's phone number included?	<input type="checkbox"/>	<input type="checkbox"/>
3. Proof of Income included for adults (16 + years)? See "acceptable proof of income" sheet enclosed.	<input type="checkbox"/>	<input type="checkbox"/>
4. Cheque or Money Order included? There is a \$15 charge for each adult (16 + years). To be used for reference checks.	<input type="checkbox"/>	<input type="checkbox"/>
5. If applying for RGI , then proof of full time school enrolment is required for Adults (16 + years). Is proof attached for each affected adult?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the Information Sheet attached?	<input type="checkbox"/>	<input type="checkbox"/>

E. DECLARATION AND SIGNATURE

I understand that:

1. RGI assistance may not be available and in order to be eligible when it is available, I will be required to complete an application.
2. As members of Innisfree Co-op Inc., we will be expected to contribute 2 hours per month for each adult person (16 + years) in our household to assist in the operation of the Co-op.
3. If I owe money to any of the Housing Authorities, or to any other Housing Co-op or landlord, I will be required to show proof of regular payments prior to moving into Innisfree Housing Co-op Inc.
4. Living in a unit in Innisfree Co-op will depend on my signing an Occupancy Agreement with the Co-op and BEFORE I MOVE IN, I am required to pay:
 - The first month's housing charge of \$ 1,325.00
 - A one time Maintenance Fee of \$ 1,325.00
 - A one time Membership Fee of \$ 20.00 per Adult (16 + years) Membership

I declare that all the information in this application is true. I hereby authorize Innisfree Co-op Inc. and its agents to verify all of the information contained herein and to perform a credit and landlord/landlady check prior to move in, and as necessary after that.

Print Name	Applicant's Signature	Date

ACCEPTABLE FORMS OF PROOF OF INCOME

1. IF YOU HAVE A FULL-TIME OR PART-TIME JOB

Three most recent pay stubs that show your gross earnings and hours.

2. IF YOU ONLY WORK PART OF THE YEAR

A certified copy of your last income tax assessment (call Canada Revenue Agency), and T4 slips, as well as a letter from your current employer, giving an estimate of your earnings for the next twelve months.

3. IF YOU ARE RECEIVING EMPLOYMENT INSURANCE BENEFITS (EI)

Copies of the last three stubs that come with your Employment Insurance cheques.

4. IF YOU ARE RECEIVING SOCIAL ASSISTANCE (Welfare, Family Benefits)

Your most recent cheque stub and a copy of your most recent drug benefits card.

5. IF YOU RECEIVE A PENSION

Copies of your pension cheques OR the slips sent to you with your cheques.

OR

If your pensions are automatically deposited into your bank account, please send copies of your bank records OR ask for a pension verification form.

6. IF YOU ARE SELF-EMPLOYED

A letter or financial statement from a chartered accountant showing: The net income AND total withdrawals from your business as personal salary for the last year.

OR

A statutory declaration, sworn before either a notary public or a commissioner of oaths, of your earnings in the past year and projected earnings for the next twelve months.

GENERAL INFORMATION SHEET

To be completed by each adult and attached to the Membership and Housing Application Form.

Name:

Phone # :

1. How did you hear about Innisfree Co-op?

2. If you were referred, who referred you?

3. Why do you want to live in Innisfree Co-op?

4. All members of the Co-op are expected to participate in maintaining it. Please identify in the list below which committee(s) you would be interested in joining. Put your name next to the ones that apply.
If you have suggestions for other committees that would benefit the Co-op, please include them below.
Note: The attached "committee information sheet" will help you make your decision.

Elected Committees	Adult A	Adult B	Adult C
Board of Directors			
Finance			
Membership			
Volunteer Committees			
Social			
Landscape			
Maintenance			
Participation			
By-law			
Security			
Elections			
Welcoming			

Your ideas: (you can use the back of the sheet if necessary)

Signature		Date
Adult A		
Adult B		
Adult C		