

# GLENN HADDRELL CO-OP HOMES, INC.

For Co-op Use

Date \_\_\_\_\_  
 Rec'd: \_\_\_\_\_

## A. GENERAL INFORMATION

1. Applicant	Applicant
Name _____	Name _____
Address _____	Address _____
_____	_____
Postal Code _____	Postal Code _____
Telephone (home) _____	Telephone (home) _____
(work) _____	(work) _____
Date of Birth _____	Date of Birth _____
S.I.N. (Required for credit check) _____	S.I.N. (Required for credit check) _____

2. Name, address and telephone number of present landlord, if renting:  
 \_\_\_\_\_

3. If at current address for less than one (1) year, please give name and telephone of previous landlord:  
 \_\_\_\_\_

4. Please list all other persons in your household that would be moving with you:

<i>Surname</i>	<i>Given Name</i>	<i>Sex</i>	<i>Date of Birth</i>	<i>Relationship</i>

5. Are either you or your spouse a Canadian Citizen, Landed Immigrant or a holder of a Special Immigration permit? Yes \_\_\_\_\_ No \_\_\_\_\_ (Proof of Immigration status will be required)

6. Do you anticipate any change in the number of people in your household?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify \_\_\_\_\_

Please note: if this application for membership is approved, each person 18 years of age or over will become members of the co-op, subject to the payment of a \$10.00 lifetime membership fee.

7. What size of unit are you interested in?: 1 Bed \_\_\_ 2 Bed \_\_\_ 3Bed \_\_\_ 4Bed \_\_\_  
 1Bed Access \_\_\_ 2Bed Access. \_\_\_

8. Do you or any other member of your household require a unit able to accommodate a wheelchair? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Are you currently living in co-operative housing, non-profit housing, O.H.C. housing or other subsidized housing? Yes \_\_\_\_\_ No \_\_\_\_\_

11. How much notice are you required to give before vacating your present accommodation?  
1 month \_\_\_\_\_ 2 months \_\_\_\_\_ Other (please specify)\_\_\_\_\_

12. Pets and their control are the subject to By-Law adopted by our Co-op .  
Do you favour our Co-op permitting the keeping of two pets, such as cats and dogs?  
Yes \_\_\_\_\_ No \_\_\_\_\_ No Opinion \_\_\_\_\_ What pets will accompany you?\_\_\_\_\_

13. Do you require a parking space? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many?\_\_\_\_\_  
Do you require a handicapped parking space? Yes \_\_\_\_\_ No \_\_\_\_\_

14. Everyone has something to contribute to our Co-op. The business, social affairs and maintenance of the Co-op are managed by its members and skills of all kinds are welcomed. Please list any skills, volunteer experience or interests which you could contribute to our Co-op.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Do you have any experience with co-operative organizations of any kind and if so, what?  
\_\_\_\_\_  
\_\_\_\_\_

16. Which of the following areas would you be participating in?:  
Maintenance \_\_\_\_\_ Finance \_\_\_\_\_ Social \_\_\_\_\_ Member Selection \_\_\_\_\_ Newsletter \_\_\_\_\_  
Other (please specify)\_\_\_\_\_

17. Why do you want to live in Glenn Haddrell Co-operative Homes, Inc.?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. DECLARATION**

I/We, the undersigned do hereby apply for membership in GLENN HADDRELL CO-OP HOMES, INC.  
I/We, understand that this application does not guarantee us a unit at Glenn Haddrell Co-op Homes.  
I/We, have read the Information Package given to us along with the application for membership and agree to the conditions therein.  
I/We, declare that the information\*\* given on this application is correct and agree that it may be used for an investigation to verify tenant and/or credit worthiness (see Schedule A).  
I/We, understand that if this application is not complete, that Glenn Haddrell Co-op Homes, will not process the application until all required information is provided by the applicant

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**C. FINANCIAL INFORMATION**

Name \_\_\_\_\_

(Pleased be assured that all information supplied will be held in the strictest confidence where required for use by the Co-operative)

1. Please indicate your gross **monthly** household income from all sources (before deductions):

Source	Applicant	Co-Applicant	Other
Employment Earnings			
Pension (CPP/OAS/Disability, etc)			
General Welfare Assistance(GWA)			
Family Benefits Assistance (FBA)			
Employment Insurance (EI)			
Investment Income			
Earned Interest			
Other (please specify)			
<b>Total Income</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

2. Please indicate the value of all assets you and any other member of your household may have:

Source	Amount
Bank Accounts (if balance is over \$300.00)	
Guaranteed Income Certificates (GIC's)	
RRSP's or RIF's	
Mortgages	
Stocks, Bonds	
Other (specify)	
<b>Total Assets</b>	<b>\$</b>

3. Are there any circumstances which you feel could adversely affect your credit rating? If so, would you like to explain:

4. Employment Information (if not currently working, please list last employment information)

Applicant	Co-Applicant
Occupation _____	Occupation _____
Employer _____	Employer _____
Employer's Address _____	Employer's Address _____
Employer's Telephone No. _____	Employer's Telephone No. _____
Employed for how long? _____	Employed for how long? _____

5. May we contact your present landlord for references? Yes \_\_\_\_\_ No \_\_\_\_\_. If no, please explain: \_\_\_\_\_

6. What are your current monthly housing costs? Rent/Mortgage \$ \_\_\_\_\_ Hydro \$ \_\_\_\_\_ Heat \$ \_\_\_\_\_

7. Do you believe you will require housing charge subsidy? Yes \_\_\_\_\_ No \_\_\_\_\_

(Completion of a separate application and proof of income will be required to determine if you qualify for housing charge assistance, after membership has been approved)

**Information \*\***

The word "information" means credit information, personal information, information about the services you use that are provided by Glenn Haddrell Co-op Homes, as listed in this Membership Application. Information relating to your Membership at the premises applied for in this membership application including information regarding the duration of your tenancy, monthly housing charges, emergency contacts, and any matters relating to your Occupancy Agreement, including misrepresentations relating to defaults under and/or breaches of your Occupancy Agreement.

"Credit Information" means information about you, including your name, age, date of birth, occupation, place of residence, previous place of residence, occupancy length, marital status, co-applicant's/spouse's/same sex partner's name and age, number of dependents, 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 member, 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 member.

**Collection, Use and Disclosure of Information:**

In consideration for Glenn Haddrell Co-operative Homes, Inc. (The Co-op), accepting you as a member and entering into an Occupancy Agreement with you, you expressly consent to and authorize the following:

The Co-op may obtain Information about you through a tenant check and/or credit or consumer report conducted by Rent Check Credit Bureau, or other agencies who provide credit or consumer reports, and as permitted by law. You expressly authorize Rent Check Credit Bureau, or other agencies, to provide information regarding you to The Co-op.

1. The Co-op may use Information about you to determine your suitability as a member and as permitted or required by law.
2. The Co-op may disclose Information about you as permitted or required by law and to Rent Check Credit Bureau, or other agencies, in order to be included within a database of tenant/member information within a file for you, for the purposes of:
  - tenant 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.
4. You expressly authorize Rent Check Credit Bureau, or other agencies, to retain Information regarding you indefinitely for the purposes outlined in section 3 above, subject to any applicable legal restrictions.
5. You expressly authorize Rent Check Credit Bureau, or other agencies, 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.
6. You agree that you will not withdraw your authorization and consent to the collection, use and disclosure of Information about you to Rent Check Credit Bureau, or other agencies, as outlined in sections 1 to 5 above.
7. You agree that all statements on this Membership Application are true and you expressly authorize all references given to release information about you to The Co-op for verification subject to sections 1 to 5.

I have read, understood and voluntarily agree to the collection, use and disclosure of Information outlined above.

\_\_\_\_\_  
Applicant Name (please print)

\_\_\_\_\_  
Co-Applicant Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Note: This signed form must accompany the Membership Application. 4