



Woburn Village

Co-operative Homes Inc.

45A – 255 Dolly Varden Blvd.

Scarborough, ON M1H 2K8

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CONFIDENTIAL

MEMBERSHIP MARKET APPLICATION

PLEASE COMPLETE AND RETURN ALL PAGES OF THIS APPLICATION.
ATTACH ALL PERSONAL INFORMATION DOCUMENTS TO THE BACK OF THIS APPLICATION
(do not insert documents into application)

To all Applicants:

Please ensure that ***all questions*** on this application form are answered. If any of the information needed is missing, your application will not be processed.

Please ensure that appropriate proof of income is included with this application.

Please ensure that proof of Citizenship status is included for **each occupant** (including children) of the household, as well as pet inoculation papers for all dogs and cats. NOTE: we do NOT accept health cards, social insurance cards and drivers licences for proof of status. We DO accept Canadian birth registrations and certificates, Canadian passports, Canadian Immigration documents and Canadian citizenship cards. Please allow us to make the photocopies if at all possible.

All applicants must sign the Release of Information consent form for landlord references, and credit checks, as well as the Personal Information consent form.

Market Rent Application Revision date: November 1, 2006

APPLICANT INFORMATION

(Complete one copy for each person in your household, age 16 yrs and older)

Applicant #1

Name:

_____ / _____ / _____ (male _____)
First Middle Last (female _____)

Address: _____ / _____ / _____ / _____
Street Unit Municipality Code

Previous Address: _____ / _____ / _____ / _____
Street Unit Municipality Code

Telephone: (home) _____ (Business) _____

Date of Birth: _____ / _____ / _____
Month Day Year

S. I. N.: _____ Driver's Licence #: _____

Name of Bank: _____ Bank Acc't No: _____

Bank branch address: _____

Credit Card #'s _____ Card Type: _____

Occupation or Student status: _____

Personal skills/talents/interests: _____

Languages spoken: _____

What community/volunteer work have you done, or are you now involved with?

APPLICANT INFORMATION

(Complete one copy for each person in your household, age 16 yrs and older)

Applicant #2

Name

_____ / _____ / _____ (male_____)
First Middle Last (female____)

Address: _____ / _____ / _____ / _____
Street Unit Municipality Code

Previous Address: _____ / _____ / _____ / _____
Street Unit Municipality Code

Telephone: (home) _____ (Business) _____

Date of Birth: _____ / _____ / _____
Month Day Year

S. I. N.: _____ Driver's Licence #: _____

Name of Bank: _____ Bank Acc't No: _____

Bank branch address: _____

Credit Card #'s _____ Card Type: _____

Occupation or Student status: _____

Personal skills/talents/interests: _____

Languages spoken: _____

What community/volunteer work have you done, or are you now involved with?

APPLICANT INFORMATION

(Complete one copy for each person in your household, age 16 yrs and older)

Applicant #3

Name:

_____ / _____ / _____ (male_____)
First Middle Last (female____)

Address: _____ / _____ / _____ / _____
Street Unit Municipality Code

Previous Address: _____ / _____ / _____ / _____
Street Unit Municipality Code

Telephone: (home) _____ (Business) _____

Date of Birth: _____ / _____ / _____
Month Day Year

S. I. N.: _____ Driver's Licence #: _____

Name of Bank: _____ Bank Acc't No: _____

Bank branch address: _____

Credit Card #'s _____ Card Type: _____

Occupation or Student status: _____

Personal skills/talents/interests: _____

Languages spoken: _____

What community/volunteer work have you done, or are you now involved with?

APPLICANT INFORMATION

(Complete one copy for each person in your household, age 16 yrs and older)

Applicant #4

Name:

_____ / _____ / _____ (male_____)
First Middle Last (female____)

Address: _____ / _____ / _____ / _____
Street Unit Municipality Code

Previous Address: _____ / _____ / _____ / _____
Street Unit Municipality Code

Telephone: (home) _____ (Business) _____

Date of Birth: _____ / _____ / _____
Month Day Year

S. I. N.: _____ Driver's Licence #: _____

Name of Bank: _____ Bank Acc't No: _____

Bank branch address: _____

Credit Card #'s _____ Card Type: _____

Occupation or Student status: _____

Personal skills/talents/interests: _____

Languages spoken: _____

What community/volunteer work have you done, or are you now involved with?

CHILDREN/DEPENDENTS

(under 16 years old)

Name: _____ Sex: Female { } Male { }

Date of Birth: _____ / _____ / _____
Month Day Year

Relation to Applicant: Son Daughter Other: _____

Name: _____ Sex: Female { } Male { }

Date of Birth: _____ / _____ / _____
Month Day Year

Relation to Applicant: Son Daughter Other: _____

Name: _____ Sex: Female { } Male { }

Date of Birth: _____ / _____ / _____
Month Day Year

Relation to Applicant: Son Daughter Other: _____

Name: _____ Sex: Female { } Male { }

Date of Birth: _____ / _____ / _____
Month Day Year

Relation to Applicant: Son Daughter Other: _____

Name: _____ Sex: Female { } Male { }

Date of Birth: _____ / _____ / _____
Month Day Year

Relation to Applicant: Son Daughter Other: _____

Emergency Contact: (Print name Address & Phone – Note: your contact cannot be part of your household)

Name (someone who does NOT live with you)	Address	Phone	Relationship

(Each applicant 16 yrs and older must provide the following including those who are unemployed)

EMPLOYMENT AND FINANCIAL INFORMATION

Applicant #1: Name: _____
 Occupation: _____
 Employer: _____
 Employer Address: _____

 Employer phone: _____
 Date hired: _____

Applicant #2: Name: _____
 Occupation: _____
 Employer: _____
 Employer Address: _____

 Employer Phone: _____
 Date hired: _____

GROSS EARNINGS (before deductions:)

Appl. #1
Gross Earnings
Last 12 months
 from: _____
 to: _____

Appl. #2
Gross Earnings
Last 12 months
 from: _____
 to: _____

Basic Salary	_____	_____
Overtime	_____	_____
Premium/shift bonus	_____	_____
Cost of Living Allowance	_____	_____
Commissions	_____	_____
Gratuities(tips)	_____	_____
Yearly Bonus	_____	_____
Other(CPP;EI;WC; Disability;OAS; Social Assistance)	_____	_____
TOTAL GROSS EARNINGS:	_____	_____

NOTE: verification to support declaration must be submitted with this application.

(Each applicant 16 yrs and older must provide the following including those who are unemployed)

EMPLOYMENT AND FINANCIAL INFORMATION

Applicant #3: Name: _____
Occupation: _____
Employer: _____
Employer Address: _____

Employer phone: _____
Date hired: _____

Applicant #4: Name: _____
Occupation: _____
Employer: _____
Employer Address: _____

Employer Phone: _____
Date hired: _____

GROSS EARNINGS (before deductions:)

Appl. #3
Gross Earnings
Last 12 months
from: _____
to: _____

Appl. #4
Gross Earnings
Last 12 months
from: _____
to: _____

Basic Salary _____
Overtime _____
Premium/shift bonus _____
Cost of Living Allowance _____
Commissions _____
Gratuities(tips) _____
Yearly Bonus _____
Other(CPP;EI;WC;
Disability;OAS;
Social Assistance) _____
TOTAL GROSS EARNINGS: _____

NOTE: verification to support declaration must be submitted with this application.

HOUSING INFORMATION: ALL This information MUST be provided

1. **Current** Landlord name/address/phone number/fax number: (please print)

Name	Address	Phone	Fax
------	---------	-------	-----

Length of Stay at Current Address: _____

Current Monthly Rent: \$_____ Utilities Monthly: \$_____

How much notice are you required to give? _____

2. **Previous** Landlord name/address/phone number: (please print) – *If out of Canada please note country.*

Name	Address	Phone	Fax
------	---------	-------	-----

Length of Stay at Previous Address: _____

3. Have you lived in Social Housing before? (MTHA;Co-Op;Non-Profit) yes_____ no_____

Previous Social Housing Address (if yes):_____

4. **GENERAL HOUSEHOLD INFORMATION**

Unit Size Requested: { } one bedroom { } two bedroom
 { } three bedroom { } four bedroom
 { } one bedroom wheelchair accessible

Do any members of the household have any health problems which affect your housing needs? If yes, please explain below.

Make, Model, Colour, Year of vehicle(s)_____

License Number(s) of Vehicles,by make/colour:_____

Type/Breed of Pets: **(Inoculation papers must be provided)**

COMMUNITY INVOLVEMENT AND PARTICIPATION

Have you lived in a co-op before? { } Yes { } No

If so, what committees/activities were you involved with?

Why do you want to live in a housing co-operative?

What skills or interests can you contribute to the co-op?

NOTE: Attendance at General Members' Meetings is the *minimum* requirement for ALL members of the co-op. How do you see yourself participating at Woburn Village?

- | | | | |
|--|-----|---------------------|-----|
| Member Selection | { } | Board of Directors | { } |
| Community Development | { } | Co-Op CHFT delegate | { } |
| Social | { } | Delivering notices | { } |
| Newsletter | { } | Youth activities | { } |
| On-Call maintenance | { } | Property/Gardening | { } |
| Parking matters | { } | Member Relations | { } |
| New Member Welcome | [] | | |
| Co-op Centre child care for members during committee business events [] | | | |
- Other: please detail:

WOBURN VILLAGE CO-OPERATIVE HOMES INC.
DECLARATION/INFORMATION RELEASE

I/We understand that only members of Woburn Village Co-Operative Homes Inc., may occupy a unit and I/we hereby apply for membership in the Co-Operative.

I/We understand that occupancy of a unit in the Co-Operative is dependent on being accepted for membership in accordance with the Co-Operative's by-laws.

I/We understand that Woburn Village Co-Operative Homes is formed for the purpose of providing housing at cost to its members and that membership includes the responsibility to participate in the Co-Operative.

I/We understand that all information contained in this application is confidential and will be used for membership purposes.

I/We hereby authorize the Co-Operative to verify any or all of the information contained herein, and to perform a credit check on members of this household at the discretion of the Co-Op.

I/We hereby authorize the release to the Co-Operative of any information from present or former landlords, leaseholders, or financial mortgage companies as such information pertains to my/our housing.

I/We understand that a member fee of \$10.00 for each person age 16 years and over in the household, is applicable, along with a housing charge deposit to hold a unit in my/our name, once our membership is approved and a unit chosen. I understand that a member deposit amount equal to the housing charge is due and payable by the time of our move-in date.

I/We understand that there are **no refunds** of member fees/housing charge deposits if I/we subsequently decide not to move into the co-op.

SIGNATURE OF APPLICANT(S):

Name (please print)

Signature

Date

Name (please print)

Signature

Date

Name (please print)

Signature

Date

Name (please print)

Signature

Date

Personal Information Consent
(for use with housing application)

I have provided Woburn Village Co-operative Homes Inc. with personal information about me, as set out below. I consent to the Co-op using it for the purposes stated and sharing it with the organizations specified:

Type of personal Information provided includes contact information (address, telephone number, e-mail address), members in the household (date of birth, SIN, vehicle license plate number), financial information (annual household income, place and type of employment, debts owed), reference information (name of current and/or previous landlord).

The Co-op will use the information as follows:

- To contact me about this application.
- To determine my eligibility for housing and membership in Woburn Village.
- To determine my eligibility for relocation.
- To meet the requirements of Federal or Provincial laws, the co-op's by-laws, or occupancy agreements or any legally binding contracts.
- To obtain credit history information

The Co-op will share the information with the following other organizations when necessary:

- The Auditors of the Co-operative
- The Co-operative's lawyer
- Government departments or agencies, as required by law.
- Credit reporting agencies

I understand that the Co-op will destroy personal information that it no longer needs.

I also understand that the Co-op uses Rent Check Credit Bureau to do background checks.

I have read and received a copy of this agreement (to be signed by household members aged 16 years or older)

<i>Print name</i>	<i>Signature</i>	<i>Date</i>
<i>Print name</i>	<i>Signature</i>	<i>Date</i>
<i>Print name</i>	<i>Signature</i>	<i>Date</i>
<i>Print name</i>	<i>Signature</i>	<i>Date</i>
<i>Print name</i>	<i>Signature</i>	<i>Date</i>