

**I HAVE READ THE INCLUDED INFORMATION SUMMARY IN ITS ENTIRETY**

NOTE: PLEASE ANSWER **ALL** QUESTIONS

**APPLICATION FEE \$35.00**

**1. APPLICANT**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Female  Male  Date of Birth \_\_\_\_\_

Social Insurance Number \_\_\_\_\_

Address (**Including Postal Code**)

\_\_\_\_\_  
\_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Work) \_\_\_\_\_

E-mail \_\_\_\_\_

**2. CO-APPLICANT**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Female  Male  Date of Birth \_\_\_\_\_

Social Insurance Number \_\_\_\_\_

Address (**Including Postal Code**)

\_\_\_\_\_  
\_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Work) \_\_\_\_\_

E-mail \_\_\_\_\_

**3. MARITAL STATUS:**

Married     Divorced     Widowed     Single

Separated     Common-Law

If Common-Law or Separated, state how long \_\_\_\_\_

**4. SUPPORT PAYMENTS:**

Amount received per month.

Child Support \_\_\_\_\_ Alimony \_\_\_\_\_

*If your income tax does not reflect these payments, please provide copies of legal documents or a letter from your lawyer or a signed Affidavit stating how much you receive and how often or whether you do not receive any support payments.*

5. List all persons, **INCLUDING YOURSELF**, who will be living with you should this application be approved.

LAST NAME	FIRST NAME	RELATIONSHIP	DATE OF BIRTH (month/day/year)	MALE/ FEMALE	OCCUPATION

6. Are all persons listed above Canadian Citizens?  Yes  No

*If no, provide copies of immigration documents for all persons, including yourself, who are not Canadian Citizens.*

7. Have you declared bankruptcy?  Yes  No

If yes, how many times? \_\_\_\_\_ Dates of Bankruptcy \_\_\_\_\_

Have you been discharged?  Yes  No If yes, date of discharge. \_\_\_\_\_

*Please provide a copy of your discharge.*

**8. UNIT**

What kind of accommodation are you looking for?

50 Plus Apartment -  one bedroom  two bedrooms

Townhouse -  two bedrooms  three bedrooms

Do you have mobility issues?  Yes  No

If yes, what is your mobility issue? \_\_\_\_\_

Is someone in the household a smoker?  Yes  No

The members have approved the Co-op going smoke-free. The direction and timing will be determined.

**The applicant/co-applicant understand that if they decide to move out of the Co-op, prior to having lived there for one year, that they will be required to pay an early move-out penalty in the amount of \$250.00.**

Initials \_\_\_\_\_

## 9. HOUSING BACKGROUND

How long have you lived at your current address? \_\_\_\_\_

If you have lived there less than 2 years, please give your previous address and phone number of landlord.

\_\_\_\_\_  
\_\_\_\_\_

Do you rent or own your present accommodation?  Own  Rent

If you rent, Name, Address and Phone number of Landlord.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

What is your present accommodation:  House  Townhouse  Apartment

Other, \_\_\_\_\_

Present housing charge/house payment is \$\_\_\_\_\_ per month, plus \$\_\_\_\_\_ for heat,  
\$\_\_\_\_\_, for power and \$\_\_\_\_\_ for water and sewer.

*If renting, please provide a letter of reference from your current landlord.*

10. Have you ever lived in a Co-op before?  Yes  No

If yes, please give name and address:

***Please note: We are a smoke free community. There is a designated smoking area in the community but smoking in units or on the street will result in a fine***

Name of Co-op: \_\_\_\_\_

Address of Co-op: \_\_\_\_\_

Date you lived at Co-op: \_\_\_\_\_

Involvement: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

11. Reasons for wanting to move to this Co-op \_\_\_\_\_

12. PET POLICY

The Co-op has a Pet Policy that allows **TWO** small animals in each townhouse and **ONE** small animal in each apartment. **(THE MAXIMUM SIZE OF A FULL-GROWN DOG FROM THE BASE OF THE NECK TO THE FLOOR CANNOT BE MORE THAN 14 INCHES. Dogs must have current Town license and dogs and cats must have shots up to date and must be spayed/neutered, when age appropriate. THERE IS A PET DAMAGE DEPOSIT IN THE AMOUNT OF \$200.00.**

Initials \_\_\_\_\_

Do you have a pet?      Yes      No

If yes, what kind and how many of each \_\_\_\_\_

13. PARKING

List all vehicles belonging to the household. Please note that each townhouses unit has two parking stalls and the apartment units have one parking stall.

OWNER OF VEHICLE	MAKE/MODEL/YEAR	COLOUR	PLATE NUMBER

14. STATEMENT OF INCOME

**NOTE: ALL INFORMATION REGARDING YOUR FAMILY'S INCOME MUST BE COMPLETE AND ACCURATE. PROVIDE DETAILS OF CURRENT EMPLOYMENT HELD IN THE LAST TWELVE (12) MONTHS BEGINNING WITH THE MOST RECENT EMPLOYER. PLEASE GIVE US THE MONTHLY BEFORE-TAX INCOME (GROSS INCOME) OF EACH HOUSEHOLD PERSON OVER THE AGE OF 18.**

*Please provide the following:*

- A copy of your current filed income tax plus a copy of the tax assessment you receive back from Revenue Canada for the most recent tax year.*
- A letter from current employer confirming employment and salary.*
- A copy of last two (2) pay stubs/or if retired, proof of pension income.*

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

<b>COMPANY/OTHER INCOME (including AISH, Income Support, Child Support, Alimony, Disability, etc.)</b>	<b>ADDRESS</b>	<b>GROSS MONTHLY</b>	<b>START DATE</b>	<b>END DATE</b>	<b>HOURS PER WEEK</b>

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

<b>COMPANY/OTHER INCOME (including AISH, Income Support, Child Support, Alimony, Disability, etc.)</b>	<b>ADDRESS</b>	<b>GROSS MONTHLY</b>	<b>START DATE</b>	<b>END DATE</b>	<b>HOURS PER WEEK</b>

**Other Household Persons (18 and over)** \_\_\_\_\_

<b>COMPANY/OTHER INCOME (including AISH, Income Support, Child Support, Alimony, Disability, etc.)</b>	<b>ADDRESS</b>	<b>GROSS MONTHLY</b>	<b>START DATE</b>	<b>END DATE</b>	<b>HOURS PER WEEK</b>

**Retired Applicant** \_\_\_\_\_

<b>PENSION INCOME</b> (including AISH, Income Support, Alimony, etc.)	<b>GROSS MONTHLY</b>
CPP	
Old Age	
Other	

**Retired Applicant** \_\_\_\_\_

<b>PENSION INCOME</b> (including AISH, Income Support, Alimony, etc.)	<b>GROSS MONTHLY</b>
CPP	
Old Age	
Other	

**Self Employed** \_\_\_\_\_

*Please attach a copy of your audited financial statement for the most current fiscal year.*

<b>NAME OF COMPANY</b>	<b>ADDRESS</b>	<b>MONTHLY PERSONAL SALARY WITHDRAWALS</b>	<b>RETAINED EARNINGS OR NET INCOME OF BUSINESS</b>

15. **VOLUNTEER COMMITTEES** – Members are encouraged to volunteer at the Co-op. That is how housing charges are kept down.

*The applicant/co-applicant understands that they may have to supply a Doctor's Certificate stating that they are fully capable of living on their own, maintaining their housing accommodation, and can operate household equipment, and that they are of no threat to other members or staff at the Co-op. If, and when the Board feels a member can no longer live on their own for the safety of themselves and other members, a meeting will be scheduled to discuss this matter and further action may be necessary.*

Initials \_\_\_\_\_

*The applicant/co-applicant acknowledges that they have read the Information Summary provided with this application. Complete details are contained in the Co-op's By-laws, Policies and Housing Agreement. If you require more information prior to signing the application, please contact the Office.*

Initials \_\_\_\_\_

**ACCEPTANCE INFORMATION**

If the application is accepted by the Board of Directors and a unit is available and accepted in writing by the new member, half of the share purchase amount (non-refundable) must be provided to the Office by guaranteed funds within 48 hours. The remainder of the share purchase must be paid in full before the member receives keys or takes occupancy, unless other arrangements are made and approved by the Board.

Initials \_\_\_\_\_

**SIGNATURES**

We understand that only members of Hi-Wood meadows Housing Co-op Ltd. may live in the Co-op and we apply for membership.

We understand that by applying for membership we must pay a **\$35.00 application fee** to cover the costs involved in processing our application.

We declare that all information in this application is correct. We give the Co-op permission to verify any and all of this information, to do a landlord check, to do credit checks for application purposes and for being approved on the board of directors, and bankruptcy checks as required.

Initials \_\_\_\_\_

**SIGNATURES OF ALL HOUSEHOLD MEMBERS OVER 18 YEARS OF AGE:**

\_\_\_\_\_  
\_\_\_\_\_

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

## DECLARATION OF TOTAL HOUSEHOLD INCOME

Our Operating Agreement states that Hi-Wood Meadows Housing Co-op may not accept new households whose annual income is higher than the income ceiling CMHC sets for the year. In 2017 the maximum income an applicant household may have is \$132,307.00. This ceiling is set at the 65<sup>th</sup> percentile of household income as found in the most recent Survey of Household spending in the Province of Alberta published by Statistics Canada.

I/We hereby declare that my/our total household income (before taxes) does not exceed the above-noted ceiling amount. This includes everyone in the household who is at least 18 years old.

I/We make this Declaration conscientiously believing it to be true and knowing it is of the same force and effect as if made under oath.

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Signature – Applicant

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Date

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Signature – Co-Applicant

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Date



**HI-WOOD MEADOWS HOUSING CO-OP LTD.**

**PRIVACY STATEMENT**

**Hi-Wood Meadows is committed to protecting the privacy, confidentiality, accuracy and security of the personal information we collect, use and retain.**

**The information we collect includes:**

- ❖ **Contact information (address, telephone numbers)**
- ❖ **Household size and composition**
- ❖ **Household income**
- ❖ **Place of employment**
- ❖ **Previous housing situation**
- ❖ **Housing charge payment record**
- ❖ **Credit report/rating**
- ❖ **Age and gender**
- ❖ **Medical information**
- ❖ **Any incidence of property damage**
- ❖ **Complaints filed by other concerning the household**
- ❖ **Social Insurance Number**
- ❖ **Income Tax**

**This personal information may be made available to the following, if necessary:**

- ❖ **The Board of Directors**
- ❖ **Lawyers**
- ❖ **Collection Agencies**
- ❖ **RCMP**
- ❖ **Emergency contacts**
- ❖ **The Co-op auditor**
- ❖ **Medical related agencies**
- ❖ **Homecare**
- ❖ **Reference purposes**
- ❖ **Landlord checks**

**We will not share your personal information except as stated above. Maintaining the security of your personal information is a top priority. Only authorized personnel have access to your information.**

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**Signature - Applicant**

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**Date**

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**Signature - Co-Applicant**

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**Date**

**DECLARATION**

I declare that all the information in this application is correct and hereby authorize the Co-operative to verify any or all of the information contained herein, and to perform a credit check.

And I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the “Canada Evidence Act”.

Declared before me at the \_\_\_\_\_ } \_\_\_\_\_  
of \_\_\_\_\_ } Signature of Applicant

in the Province of Alberta, this \_\_\_\_\_ } \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_ } Signature of Co-Applicant

\_\_\_\_\_  
A Commissioner for Oaths in the  
Province of Alberta

\_\_\_\_\_  
Printed Name  
Commissioner for Oaths

My Appointment expires on

Day	Month	Year
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