

# Hi-Wood Meadows Housing Co-op Membership Application

Payment to accompany application form.  
Accepted methods of payment are Certified  
Cheque/Bank Draft/ Money Order made out  
to Hi-Wood Meadows Housing Co-op Ltd.

PLEASE ANSWER ALL QUESTIONS

**APPLICATION FEE #35.00**

## 1. APPLICANT:

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

Female Male Date of Birth MM \_\_\_ DD \_\_\_ YY \_\_\_\_\_

Social Insurance Number (optional) \_\_\_\_\_

Address (including postal code)

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

If you have lived here for less than 2 years please provide your previous address, landlord and phone number

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

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

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

## 2. CO-APPLICANT:

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

Female Male Date of Birth MM \_\_\_ DD \_\_\_ YY \_\_\_\_\_

Social Insurance Number (optional) \_\_\_\_\_

Address (including postal code) if different from above

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

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

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

Do you rent or own your current accommodation Own Rent

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

What is your present accommodation House Townhouse Apartment

Other \_\_\_\_\_

Present housing charge is \$ \_\_\_\_\_ per month, \$ \_\_\_\_\_ for heat,

\$ \_\_\_\_\_ for electricity, \$ \_\_\_\_\_ for water and sewer

3. Marital Status

Married Divorced Widowed Single Common-law Separated

If common-law or separated, please state how long \_\_\_\_\_

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

LAST NAME	FIRST NAME	RELATIONSHIP	DATE OF BIRTH mm/dd/yy	MALE FEMALE	OCCUPATION

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

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

6. Unit

What type of accommodation are you looking for?

50 Plus Apartment one bedroom two bedroom

Townhouse two bedroom three bedroom

Do you have mobility issues? Yes No

If yes what is the mobility issue? \_\_\_\_\_

Does anyone in the household smoke? Yes No

The members of the co-op have approved the co-op going smoke free. The direction and timing is undetermined at this time.

**Currently smoking is only allowed on the decks of the townhouses and the balconies of the apartments. SMOKING IN THE UNITS IS STRICTLY FORBIDDEN AND CAN RESULT IN FINES AND/OR THE TERMINATION OF MEMBERSHIP**

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

If yes, please give name and address of the Co-op

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

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

Date of Residency \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

8. Reasons for wanting to live at Hi-Wood Meadows Housing Co-op

9. STATEMENT OF INCOME

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

Please attach the following:

- A copy of your current Tax Assessment you received from Revenue Canada for the most recent tax year.
- A letter from your current employer confirming employment and salary.
- A copy of the last two (2) pay stubs/ or if retired, proof of pension income.

Please list names of all income sources these will include but not limited to Name of employer, AISH, Income Support, Child Support, Alimony, Disability, Pension, CPP, Old Age Security, GIS, Alberta Seniors Benefits, Self Employment, ETC.

Applicant \_\_\_\_\_

Name	Address	Gross Monthly	Start Date	End Date	Hrs Per Week

Co-applicant \_\_\_\_\_

Name	Address	Gross Monthly	Start Date	End Date	Hrs Per Week

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

Name	Address	Gross Monthly	Start Date	End Date	Hrs Per Week

--	--	--	--	--	--	--

12. 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.

**13. 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 18 INCHES.** Dogs must have current Town License and dogs and cats must have all shots up to date and must be spayed/neutered, when age appropriate. **THERE IS A PET DAMAGE DEPOSIT IN THE AMOUNT OF \$200.00**

Do you have a pet Yes No

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

**14. PARKING**

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

OWNER OF VEHICLE	MAKE/MODEL/YEAR	COLOUR	PLATE NUMBER

**15. VOLUNTEER COMMITTEES:** Members are encouraged to volunteer at the Co-op.

Have you ever volunteered Yes No

If so where and what type of volunteering did you do \_\_\_\_\_

Would you be willing to volunteer for some of our committees such as: Social committee, Common area gardens, Children activities, Welcoming committee, Educational committee, Board of Directors. These are just some of the committees that Hi-Wood Meadows Housing Co-op have or are in the process of starting if interested in any of these please list.

---



---

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 \_\_\_\_\_

**ACCEPTANCE INFORMATION**

If the application is accepted by the Board of Directors and a unit is available and accepted 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**

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

I/We understand that by applying for membership we must pay a **\$35.00 application fee** to cover processing costs.

I/We declare that all information is correct. I/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 to the board of directors if applicable, and bankruptcy checks as required.

Initials \_\_\_\_\_

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

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

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 2021 the maximum income and applicant household may have is \$131,893.00. This ceiling is set at the 65th 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 make this Declaration conscientiously believing it to be true and knowing it is of the same force and effect as if made under oath.

---

Signature of Applicant

---

Date

---

Signature if Co-applicant

---

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 others concerning the household
- Social Insurance Number if given
- Tax assessments

**Not all personal information would be made available to some agencies list below and only as by law**

- 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.

By signing below you acknowledge that you have read and authorize Hi-Wood Meadows to collect and make available to agencies as required by law.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

# DECLARATION

I/We 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/We 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 \_\_\_\_\_ ) \_\_\_\_\_  
Signature

Of \_\_\_\_\_ )

In the Province of Alberta, this \_\_\_\_\_ ) \_\_\_\_\_  
Signature

Day of \_\_\_\_\_, \_\_\_\_\_ )

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

My Appointment expires on

DAY	Month	Year