

I HAVE READ THE INCLUDED INFORMATION SUMMARY IN ITS ENTIRETY

PLEASE ANSWER ALL QUESTIONS

APPLICATION FEE \$35.00

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

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 _____ Spousal Support _____

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. *This includes individuals lawfully admitted into Canada for permanent residence, refugees, sponsored by the government of Canada, or individuals who have applied for refugee or immigration status and for whom private sponsorship has broken down. To qualify to submit an application, applicants must be a Permanent Resident or Canadian Citizen.

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?

Apartment - one bedroom two bedrooms

Townhouse - two bedrooms three bedrooms

Do you have mobility issues? Yes No

If yes, what is your mobility issue? _____

*Note the Co-op is independent living and any assistance with daily living or mobility is the responsibility of the member.

Is someone in the household a smoker? Yes No ***Smoking is not permitted inside the unit.**
The members have approved the Co-op going smoke-free. The direction and timing will be determined.

The applicant/co-applicant understands that if they decide to move out of the Co-op, prior to having lived there for one year, 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/ payment is \$ _____ per month, \$ _____ for heat,
\$ _____ for power and \$ _____ for water and sewer. \$ _____ other.

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:

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 current 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 shots up to date and must be spayed/ neutered, when age appropriate.

A NON-REFUNDABLE PET FEE IS DUE FOR APPROVED PETS PRIOR TO MOVE IN .

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 townhouse 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 tax Notice of 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 _____

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

Co-Applicant _____

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

Other Household Persons (18 and over) _____

COMPANY/OTHER INCOME (AISH, Income Support / Child / Spousal Support, Disability, Pension, etc.)	ADDRESS	GROSS MONTHLY	START DATE	END DATE	HOURS PER WEEK

Retired Applicant _____

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

Retired Applicant _____

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

Self Employed _____

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

NAME OF COMPANY	ADDRESS	MONTHLY PERSONAL SALARY WITHDRAWALS	RETAINED EARNINGS OR NET INCOME OF BUSINESS

15. VOLUNTEER COMMITTEES – Members are required 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 and we give the Co-op permission to:

- verify any and all of this information;
- perform a landlord check;
- perform credit check(s) for application purposes and for being approved on the board of directors,
- bankruptcy checks as required.

Initials _____

SIGNATURES OF ALL HOUSEHOLD MEMBERS OVER 18 YEARS OF AGE:

Signature

Signature

Signature

Signature

Date: _____

DECLARATION OF TOTAL HOUSEHOLD INCOME

Our Operating Agreement states that Hi-Wood Meadows Housing Co-op may not accept new household applicants whose annual income is higher than the income ceiling CMHC sets for the year, which currently is set at the income of \$139,109.⁰⁰.

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.

Signature – Applicant

Date

Signature – 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 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.

Signature - Applicant

Date

Signature - Co-Applicant

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