

115 PLACE CO-OPERATIVE HOUSING ASSOCIATION
9380 CARDSTON COURT, BURNABY, BC, V3N 4R5 604 421 1222

MEMBERSHIP APPLICATION

Applicant Name:	First Name:	Last Name:	Birth Date: (mm/dd/yy)
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Check your preference of your unit	<input type="checkbox"/> 1. Bachelor	<input type="checkbox"/> 3. One Bedroom and Den
	<input type="checkbox"/> 2. One Bedroom	<input type="checkbox"/> 4. Two Bedroom
Minimum one person per bedroom maximum two		

Current Address:	City:	Province:	Postal Code:	How Long?
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Home Phone Number:		Work Phone Number:	
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Cell Phone Number:		E-mail address:	
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Current Landlord:		Telephone Number:	
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If less than 2 years, previous address	
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Previous Landlord:		Telephone Number:	
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Name of next of Kin:		Relationship to applicant		Telephone Number:	
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LIST THE NAMES OF ALL PERSONS WHO WILL RESIDE IN THE UNIT

FULL NAME	BIRTH DATE (MM/DD/YY)	RELATIONSHIP TO APPLICANT	SOCIAL INSURANCE NUMBER To be provided in the presence of witnesses at time of interview

Do you want the share certificate in Joint Membership? (More than one name on share.) (Joint Members, Spouse/Partner must reside together)	Yes ____ No ____
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Vehicle Model		Vehicle year		Licence Plate #	
Vehicle Model		Vehicle Year		Licence Plate #	

Personal References

1.	Telephone:	
2.	Telephone:	

Why do you want to live in 115 Place Co-operative?
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Have you ever lived in a Co-operative Housing?	Yes _____ No _____
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If yes:	How long:	Name and location:	Volunteer Committee you served on:
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What skills or interests do you have that you could contribute to the 115 Place Co-operative?	1.
	2.
	3.

<p>It is required that each member set aside a minimum of 4 hours per month to the 115 Place Co-op either for committee activities or the governance of the Co-op. To facilitate this, you will be contacted by a Participation Co-ordinator shortly after you have moved in. Please acknowledge your understanding of this important function of 115 Place Co-operative Housing living.</p>	Signature _____
	Signature _____
To be signed in the presence of witnesses at time of interview	

MEMBERSHIP COMMITTEE WITNESS: _____ DATE _____

MEMBERSHIP COMMITTEE WITNESS: _____ DATE _____

**115 PLACE CO-OPERATIVE HOUSING ASSOCIATION
9380 CARDSTON COURT, BURNABY BC V3N 4R5**

MEMBERSHIP APPLICATION FINANCIAL INFORMATION
THIS INFORMATION WILL BE KEPT IN STRICT CONFIDENCE

Name of Applicant	Last Name	First Name
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We, the undersigned hereby authorize 115 Place Co-operative Housing Association to obtain Credit Bureau Reports or other such information as may be deemed necessary in connection with this application for membership. This consent is given pursuant to Section 12 of the Personal Credit Reporting Act of 1979.

Name of Applicant	Signature
	To be signed in the presence of witnesses at the time of interview
Name of Co-Applicant	Signature
	To be signed in the presence of witnesses at the time of interview
Name of Co-Applicant	Signature
	To be signed in the presence of witnesses at the time of interview

PLEASE LIST THE INCOMES AND SOURCES OF INCOME FOR ALL THOSE LISTED ON THIS APPLICATION

Name of Applicant	Monthly income (gross)	Name and phone number of Employer	# of years
Name of Co-Applicant	Monthly income (gross)	Name and phone number of Employer	# of years
Name of Co-Applicant	Monthly income gross)	Name and phone number of Employer	# of years

PLEASE NOTE: PROOF OF EMPLOYMENT INCOME REQUIREMENT: PHOTOCOPIES OF PREVIOUS YEAR'S REVENUE CANADA NOTICE OF ASSESSMENT FORM - OR - ALL PREVIOUS YEAR'S T4 SLIPS MUST BE PROVIDED FOR ALL APPLICANTS PLUS 3 CONSECUTIVE PAY STATEMENTS FOR EACH APPLICANT

PLEASE NOTE: PROOF OF PENSION ONLY INCOME REQUIREMENT: MUST BE SUPPORTED WITH 3 CONSECUTIVE BANK STATEMENTS ALONG WITH PHOTOCOPIES OF THE PREVIOUS YEAR'S CCRA NOTICE OF ASSESSMENT

MEMBERSHIP COMMITTEE WITNESS: _____ DATE _____

MEMBERSHIP COMMITTEE WITNESS: _____ DATE _____

MEMBERSHIP APPLICATION WAIVER INFORMATION

PLEASE READ EACH OF THE STATEMENTS BELOW CAREFULLY AND ACKNOWLEDGE YOUR UNDERSTANDING AND ACCEPTANCE OF EACH BY SIGNING BELOW

- A. DEPOSIT AGREEMENT** – If I should change my mind after accepting a unit, I shall forfeit the \$100 deposit if I do not notify 115 Place Co-op within 48 hours of the suite viewing. The balance of the share purchase (\$1900) is due one month prior to move-in.
- B. LIABILITY INSURANCE VERIFICATION** – each member is responsible to provide adequate liability insurance on their unit. When I sign for the keys, I will also provide proof of personal contents insurance (including \$1,000,000 Third Party Liability coverage) to the Membership Committee.
- C. INTERNAL MOVES:** I understand that once I have accepted and moved into my/our unit, that there are no internal moves without prior written approval from the Board of Directors. 12 full months of residency in my original suite is required before a written request can be made.
- D. SUBSIDY** – Please be advised that there is no subsidy available for new shareholders at this time. I acknowledge and accept this fact.
- E. PET POLICY** – I understand that pets are not allowed at 115 Place Co-op other than fin or feathers.
- F. DISHWASHERS** – I understand and acknowledge that built-in dishwashers are not allowed, however portable dishwashers are acceptable.
- G. BARBECUES** - I understand and acknowledge that only gas or electric barbeques are permitted on balconies.
- H. HOUSING CHARGE** – I understand and acknowledge that a pre-authorized payment through my financial institute is mandatory.

SIGNATURE: _____

Witness _____

To be signed in the presence of witnesses during interview

SIGNATURE: _____

Witness _____

To be signed in the presence of witnesses during interview

Date _____

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Occupancy Agreement Addendum

To be signed in the presence of witnesses at time of interview

PLEASE NOTE: Use of this addendum does not, in itself, verify that the stated property is either fully certified or is working toward full certification in the Crime Free Multi-Housing Program.

In consideration of the execution or renewal of an Occupancy Agreement of the residential property identified in the Occupancy Agreement, Landlord and Resident agree as follows:

Members(s), any member of the member(s) household, and any person affiliated with the resident or invited onto the residential property of residential premise by the resident(s) or any member of the resident's family shall not engage in any criminal activity on the premises or property including, but not limited to:

- (a) Any drug-related criminal activity.
- (b) Solicitation (sex trade workers and related nuisance activity)
- (c) Street gang activity
- (d) Assault or threatened assault
- (e) Unlawful use of a firearm
- (f) Any criminal activity that threatens the health, safety or welfare of the landlord, other members or persons on the residential property or residential premises

Initial _____ (To be initialed in the presence of witnesses at the time of interview)

VIOLATION OF THE ABOVE PROVISIONS, WHICH IS A REASONABLE AND MATERIAL TERM OF THE OCCUPANCY AGREEMENT, SHALL BE GOOD CAUSE FOR A NOTICE TO TERMINATE MEMBERSHIP.

A single violation of any of the provisions of this added addendum shall be deemed a serious violation and material non-compliance with the Occupancy Agreement. It is understood and agreed that a single violation shall be good cause for a notice to end an Occupancy Agreement. Unless otherwise provided by law, proof of violation shall not require criminal conviction but shall be predominant of the evidence.

In case of conflict between the provisions of this addendum and any other provisions of the Occupancy Agreement, the provisions of this addendum shall govern.

Should incidents occur resulting in police involvement, I agree to allow the investigating police service to release information to the managing company. This is in accordance with the Freedom of Information and Protection of Privacy Act.

Initial _____ (To be initialed in the presence of witnesses at the time of interview)

This Occupancy Agreement addendum is incorporated into the Occupancy Agreement executed and renewed this day between 115 Co-operative Association and Member

Member Signature

Landlord or Authorized Agent Signature

Date

(To be signed in the presence of witness at time of interview)