**115 Place Co-op Membership Application Form**

**Purpose of this Form**

This form is designed to collect specific information from applicants seeking membership in the 115 Place Housing Co-operative (the Co-op) following the Personal Information Protection Act (PIPA). The Co-op uses this information to determine your eligibility for housing and the type of accommodation that will best suit your needs. The information collected will only be used by PIPA.

**Review of Information and Record Keeping**

The information collected in this form will be reviewed by the Co-op’s designated agent(s) to verify your eligibility for housing. We will employ all reasonable safeguards to ensure your information is kept confidential. Records of unsuccessful applications will be kept for one (1) year to provide you with an opportunity to access these records, after which all records (electronic or paper copies) will be destroyed.

**Share Purchase**

Members are required to purchase a membership share in the Co-op for $2,000.00

**Pet Policy**

Members are allowed only fish and birds no other pets are permitted.

**Smoke-free Housing**

**115 Place is a smoke-free housing co-op**. All floors and units are designated as smoke-free. Smoking is prohibited everywhere on co-op property, including in all homes, common areas, balconies, and patios. The smoking policy applies to members and guests. “Smoking” includes vaping and the inhaling, exhaling, burning or ordinary use of any tobacco or other product whose use generates smoke.

**Important Information**

The Co-op will not process incomplete applications. Applicants who fail to provide the required information or who provide false or misleading information are ineligible for membership.

**Applicants must submit completed applications via 115place@cltrust.ca**

**Application Checklist**

☐ Complete all sections of the application.

☐ Be prepared to show government-issued ID for all household members 18 and over, indicating Canadian citizenship, permanent residency, landed immigrant status, or refugee status.

☐ **Declare all household members’ current income and assets and attach for each income earner the most recent notice of assessment(s), plus one of:**

☐ Income source(s)/pay stubs for the last three consecutive pay periods.

☐ Employment letter or permission to contact the employer for income details.

☐ One (1) recent bank statement indicating regular income deposits, with all expenses blacked out.

☐ Consent form for a credit check.

☐ Initial the Declaration.

☐ Sign application

☐ In-house internet/TV service agreement form

☐ E-mail the completed application to **115place@cltrust.ca**

**Requested unit size:**

Bachelor ☐ One Bedroom ☐ Two bedroom ☐

**APPLICANT (PLEASE BE PREPARED TO SHOW YOUR PHOTO ID)**

|  |  |  |
| --- | --- | --- |
| Preferred Pronoun (Optional) | First Name | Last Name |
| Home Phone | Work Phone | Work Phone EXT. |
| Primary Email\* | Date of Birth (dd/mm/yyyy) |
| Mailing address (suite, house number, street, city, province & postal code) | Occupation |
| Income (after taxes):Monthly \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Annual\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**CO-APPLICANT (PLEASE BE PREPARED TO SHOW YOUR PHOTO ID)**

|  |  |  |
| --- | --- | --- |
| Preferred Pronoun (Optional) | First Name | Last Name |
| Home Phone | Work Phone | Work Phone EXT. |
| Primary Email\* | Date of Birth (dd/mm/yyyy) |
| Mailing address (suite, house number, street, city, province & postal code) | Occupation |
| Income (after taxes):Monthly \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Annual\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\*I consent to the use of this email address by the Co-op for the delivery of correspondence and legal notices.

**Other members of your household.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First Name** | **Last Name** | **Relationship to Applicant** | **Birth Date dd/mm/yyyy** | **Income****Monthly / Annual** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Total Household Income (after taxes)**

|  |  |
| --- | --- |
| **Monthly** | **Annual** |
|  |  |

**Car and Parking Information**

According to our parking policy, the price of one parking stall is $15 monthly, $25 for the second one and $50 for the third one (if available). Also, a copy of the insurance policy for each car is mandatory after becoming a co-op member.

|  |  |  |
| --- | --- | --- |
| **Vehicle Model #1**Is it electric (or hybrid)? Yes☐ No☐ | **Vehicle Year**  | **License Plate** |
| **Vehicle Model #2**Is it electric (or hybrid)? Yes☐ No☐ | **Vehicle Year** | **License Plate** |
| **Vehicle Model #3**Is it electric (or hybrid)? Yes☐ No☐ | **Vehicle Year** | **License Plate** |

**Reference checks**

1. **WORK: Please list your last two or three jobs and contact for Manager or Human Resources references checks.**

**Applicant #1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Job Position** | **Name of Company** | **From Date (mm/yyyy)** | **To Date (mm/yyyy)** | **Manager’s or HR Contact Information** |
|  |  |  | Current |  |
|  |  |  |  |  |

**Co-applicant #2**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Job Position** | **Name of Company/Employer** | **From Date (mm/yyyy)** | **To Date (mm/yyyy)** | **Manager’s or HR Contact Information** |
|  |  |  |  |  |
|  |  |  |  |  |

1. **RENT: Please list your last three addresses and contact for landlord or Co-op reference checks.**

|  |
| --- |
| **Applicant** |
| Address | From Date (mm/yyyy) | To Date (mm/yyyy) | Name of Landlord or Co-op | Landlord contact information |
|  |  | Current |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Co-applicants (if they live in separate locations)** |
| Address | From Date (mm/yyyy) | To Date (mm/yyyy) | Name of Landlord or Co-op | Landlord contact information |
|  |  |  |  |  |
|  |  |  |  |  |

1. **PERSONAL: PLEASE PROVIDE PERSONAL REFERENCES FROM NON-FAMILY MEMBERS.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Relationship** | **Contact** | **Alternate Contact** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Do you currently own real estate? Yes ☐ No☐

**If yes**, is this your primary home? Yes☐ No☐

***Interest in Co-operative Living***

Have you or any co-applicants previously lived in a housing co-operative? Yes☐ No ☐

1. **Please describe why you are interested in living in a housing co-operative and how you foresee interacting with the co-operative community and your neighbors:**
2. **What Skills or interests do you have that could contribute to 115 Place Co-op:**
3. **Do you have any volunteer experience please list below:**

**Accessibility**

* Do you or other members of your household require assistance in the case of a fire? Yes☐ No☐
* Are there any medical conditions or mobility issues that we should be aware of in case of emergency? Yes☐ No☐

**If yes, please list and explain them below:**

|  |
| --- |
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**Signatures**

We understand that only the members of 115 Place Housing Co-operative may live in the Co-op and we apply for membership, as set out below.

We understand that, if the co-op accepts us for membership and offers us a home, we must provide the full amount of Share Purchase for the unit requested as noted under the heading “Share Purchase” when requested by the Co-op and the share purchase price provided will be used to buy the required membership shares.

Should we decide not to take possession of the unit assigned and offered by the Co-op, we understand and agree that half of the assessed housing charge shall be surrendered from the Share Purchase Price and payable to the Co-op at the Co-op’s sole discretion to recoup Co-op costs paid to complete the membership, and we agree that this damage is a true expression of the costs incurred by the Co-op and not a penalty.

If offered membership, we agree to be bound by and to comply with the Rules, Occupancy Agreement and policies of the Co-op in force and as amended from time to time.

We understand and agree, that our monthly housing charge is determined at the time of membership approval. Should our financial position change after membership is accepted, the Co-op is not obligated to reduce our monthly housing charge.

**Declaration:** We declare that all the information in this application is correct. We give the Co-op permission to verify any or all this information, and to do a landlord check. We understand that acceptance of membership depends on the co-op verifying that my household income meets the terms of the lease in force between the Co-op and Community Land Trust Foundation.

Initials:

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

**Signatures of all household members who are at least 18 years of age:**

\*\*Please be prepared to show government-issued identification for all signatories, indicating Canadian citizenship, permanent residence, landed immigrant status, or refugee status\*\*

Applicant – Print Name and Sign

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

Co-Applicant 1 – Print Name and Sign

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

Co-Applicant 2 – Print Name and Sign

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Co-Applicant 3 – Print Name and Sign

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**IN-HOUSE INTERNET / TV SERVICE AGREEMENT FORM**

Member Name …………………………………….… Signature ………...…………….................

Tower # …. Unit # ………… Phone # ………………………..… Email ………………………...

Signed Date: ……………………………… Hook-up/Move-in Date: ……...……………………..

**In-House Internet (90/90mbps) Service Agreement: YES NO**

**If** you have **Shaw** as your **TV provider,** you **CANNOT** have our **Internet.**

1. The hook up, modem, and an Introport email address (from introport.ca website) and the first month fee are free for the new members
2. The monthly fee is **$41.00** (including tax) and the payment is done through auto debit with the rent
3. In case of **CANCELLATION**, the member has to notify the Internet Committee in writing **30** days in advance by notifying the Co-op office. The Modem and Access Point if requested should be handed into the Co-Op Office.
4. In the event of loss or damage to the Modem or Access Point, the member is responsible to pay 115-TV Internet ***$150.00*** replacement cost for each item.
5. **BEFORE MOVING OUT**, **THE MODEM** its **POWER MODULAR AND THE ACCESS POINT (# )** MUST BE **RETURNED TO THE OFFICE.**
6. There is a **$20.00** charge for reinstallation, after any cancellation.
7. In case of having the Introport email, the member desired ***username id*** is: ………..……….

**In-House TV (Analog) Service Agreement: YES NO**

1. The hook up and the first month fee are free to the new member.
2. The monthly fee is **$50.00** (including tax) and the payment is done through auto debit with the rent.
3. In case of **CANCELLATION**, the member has to notify the 115 TV Satellite in writing **30** days in advance by notifying the Co-op Office.
4. There is a **$20.00** charge for reinstallation, after any cancellation.

Channel **8** is the in-house announcement for Co-op events.

Channels **36** and **38** show the front door on tower **two** and tower **one** respectively