



AURORA VILLAGE CO-OPERATIVE

For Office Use Only

Application No.: _____
 Application Fee: \$ _____
 Application Rec'd.: _____
 Date of Info. Meeting: _____
 Date of Interview: _____
 Interviewed By: _____
 Interview Results: _____
 Membership Decision: _____
 Board Decision: _____
 Proof of Income: _____
 Credit Check Done: _____
 Landlord Check Done: _____

We realize this Application Form asks for a great deal of information. If clarification is needed about any of the questions asked, please contact our Office at 905-841-7125. The personal information given is strictly for Co-operative use in evaluating your request for membership, and will be shared with the Membership Committee. All information is kept confidential.

Our Application Form is in compliance with the *Personal Information Protection and Electronic Documents (PIPEDA) Act*.

PLEASE NOTE:

Your application will be returned if it is not fully completed and accompanied by all requested documentation. The following **must** accompany the completed application and is required for each applicant named in the application:

- (a) \$20.00 application fee for each applicant.
- (b) **Income verification:** This may be three consecutive paystubs from your employer; OR if you are on auto deposit with your company you may submit three consecutive bank statements showing those deposits from your employer along with an employment letter stating gross annual income.
- (c) Relevant documentation regarding each applicant's status in Canada.

APPLICANT #1

Name: _____
 (First) (Middle) (Last)

Street: _____

City: _____

Province: _____

Postal Code: _____

Telephone: (H) _____
 (W) _____

E-mail: _____

APPLICANT #2

Name: _____
 (First) (Middle) (Last)

Street: _____

City: _____

Province: _____

Postal Code: _____

Telephone: (H) _____
 (W) _____

E-mail: _____

SECTION 1: INFORMATION RE STATUS IN CANADA

APPLICANT #1

APPLICANT #2

Specify: () Canadian Citizen
() Landed Sponsored Immigrant

() Refugee
() Other

Specify: () Canadian Citizen
() Landed Sponsored immigrant
() Refugee
() Other

(Please attach copies of all relevant documentation, for each applicant, regarding your status in Canada)

SECTION 2: INFORMATION RE DEPENDENTS

Do any of the Applicants have children who will be moving into the Unit? Yes_____ No_____

If "Yes", how many? _____

Please list their name(s), gender, and date(s) of birth:

NAME: _____ (M)___ (F)___ DATE OF BIRTH: _____/_____/_____
(Please Print) (Day) (Month) (Year)

NAME: _____ (M)___ (F)___ DATE OF BIRTH: _____/_____/_____
(Please Print) (Day) (Month) (Year)

NAME: _____ (M)___ (F)___ DATE OF BIRTH: _____/_____/_____
(Please Print) (Day) (Month) (Year)

PLEASE NOTE:

A Credit check is done on each applicant immediately upon receipt of the following:

- Your completed Membership Application.
- Your Application fee(s) - (\$20.00 for each adult named on this Application).
- All requested documentation.

A major portion of your Application fee is applied toward the cost of having a Credit check done, with the balance of the fee covering administrative costs incurred in processing your Application.

The Application fee is therefore non-refundable, except when the Co-op rejects an application. In that instance, 75% (\$15.00) would be returned to each applicant.

SECTION 3:

GENERAL INFORMATION

The information requested in the following sub-Sections 1, 2, and 3, is required in order to conduct Credit and Landlord checks. At the Membership interview, each applicant will have the opportunity to discuss any unfavourable information that may be uncovered.

1. PERSONAL INFORMATION:

APPLICANT #1:

Name: _____
(First) (Middle) (Last)

Date of Birth: _____ / _____ / _____
(Day) (Month) (Year)

S.I.N.: _____
(Your S.I.N. is required in order to facilitate a Credit check. It will be removed from the application when Credit check is received)

Address: _____

APPLICANT #2

Name: _____
(First) (Middle) (Last)

Date of Birth: _____ / _____ / _____
(Day) (Month) (Year)

S.I.N.: _____
(Your S.I.N. is required in order to facilitate a Credit check. It will be removed from the application when Credit check is received)

Address: _____

2. EMPLOYMENT HISTORY:

- If there are more than 2 people receiving income, list additional information on a separate page.
- Please attach, to this application, proof of income for all applicants.
- Proof of income – see item (b) page 1 of this application

APPLICANT #1:

Occupation: _____

Employer: _____

Address: _____

Telephone: _____

Years with Employer: _____

If less than two years, state previous Employer: _____

APPLICANT #2

Occupation: _____

Employer: _____

Address: _____

Telephone: _____

Years with Employer: _____

**PLEASE NOTE: AURORA VILLAGE CO-OP HAS A “NO PET” BY-LAW
AND A “NO SMOKING” BY-LAW**

3. ACCOMMODATION HISTORY:

APPLICANT #1:

Present Address: _____

Length of Time: _____

Own Present Dwelling? _____

Present Landlord: _____

Address: _____

Telephone: _____

APPLICANT #2

Present Address: _____

Length of Time: _____

Own Present Dwelling? _____

Present Landlord: _____

Address: _____

Telephone: _____

How much do you spend for housing each month (rent or mortgage, plus utilities)? This is to determine affordability.

APPLICANT #1: \$ _____

APPLICANT #2: \$ _____

APPLICANT #1:

APPLICANT #2

May we use your present Landlord as a Reference?

Yes: _____

No: _____

Yes: _____

No: _____

If “no”, please explain: _____

3. ACCOMMODATION HISTORY: (cont'd.)

Where did you hear about Aurora Village Co-op? _____

Have you previously applied to Aurora Village Co-operative? _____

What was the outcome of your Application? _____

Have you ever lived in a Co-op before _____

If "yes", why did you leave _____

Would you have any objection to our contacting the other Co-operative _____

SECTION 4: HOUSING PREFERENCE:

Size and type of accommodation required – specify first and second choice:

APARTMENT: One Bedroom _____ Two Bedroom _____ Three Bedroom _____

GARDEN HOME: Two Bedroom _____ Three Bedroom _____ Four Bedroom _____

Townhouse: Three Bedroom _____ Four Bedroom _____

Do you require a Parking Space? _____ If "Yes" how many? _____

Does any member of your household have a disability that you feel might affect your housing needs (eg. wheelchair accessibility)? _____ Please specify: _____

List any member who would need assistance out of their Unit in case of an emergency: _____

Please list nature of disability: _____

Please list the name and telephone number of a person to contact in case of an emergency:

SECTION 5:

PARTICIPATION

All Co-operative Members are required to contribute some time to the running of the Co-operative, as per the **Participation Incentive Program** (or “**P.I.P.**”, as it is commonly called).

Do you understand how a Co-operative operates? _____

Briefly explain your understanding of the Participation requirements of Aurora Village Co-operative:

Why do you want to move into a Co-operative? _____

Committees presently operating within Aurora Village Co-operative are listed below. Specify the area(s) of interest for each applicant. Please number in order of preference:

	<u>APPLICANT #1</u>	<u>APPLICANT #2</u>
Board of Directors *	_____	_____
Membership *	_____	_____
Landscape	_____	_____
Newsletter	_____	_____
Neighbourhood Watch	_____	_____
Welcoming	_____	_____
Community Activities	_____	_____

The above asterisked (*) Committees require a 6 month waiting period before you may apply to either Committee.

Please list any skills or interests which would add to your contribution to the Co-operative: _____

Are you presently a member of a Volunteer Organization, such as a Community group, Religious Organization, Service Club, etc. Please indicate below:

I/We understand that only Members of Aurora Village Co-operative may occupy a housing Unit and I/We hereby apply for Membership in the Co-operative.

I/We understand that Aurora Village Co-operative is formed for the purpose of providing housing at cost to its' Members and that membership includes the responsibility to participate in the Co-operative.

I/We understand that accommodation in Aurora Village Co-operative depends on being accepted for membership in the Co-operative, and that I/We will be interviewed for membership.

I/We understand that occupancy of a Unit in Aurora Village Co-operative will depend on my/our entering into an "Occupancy Agreement" with the Co-operative and that, upon acceptance of a Unit, we will be required to pay a Maintenance Guarantee of *one-half of one month's Housing Charge*.

This Maintenance Guarantee will be refunded without interest if, upon move-out, the Unit is found to be up to Co-op standard.

Immediately prior to occupancy of a Unit, I/We understand that I/We will be required to sign the Occupancy Agreement, and pay the First and Last Month's Housing Charge.

Content/liability insurance is mandatory and proof of insurance must be submitted to the office upon move-in and must be submitted to the office annually.

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

I/We understand that misrepresentation of information may invalidate this application.

I/We understand that it is my/our responsibility to provide Aurora Village Co-operative with changes of address and/or telephone numbers as soon as possible. Failure to do so will result in this application being withdrawn.

SIGNATURE: _____
(Applicant #1)

SIGNATURE: _____
(Applicant #2)

SIGNATURE: _____
(Signature(s) of any other adult applicants)

SIGNATURE: _____

DATE: _____

DATE: _____

Our Mission Statement: Our Co-op exists to provide a community that is safe, secure and affordable for our members, in an environment where we all work together.