

# Lois Miller Co-operative Homes Inc.

## Application for Membership

Please indicate the number of bedrooms required: <input type="checkbox"/> one <input type="checkbox"/> two <input type="checkbox"/> three	<b>For office use only</b> <b>Date application received:</b>
What date do you require housing:	

### Applicant Information

Name:		Email Address:	
Date of birth: <i>mmdyyy</i>	SIN:	Phone:	
Current address:			
City:	Prov:	Postal Code:	

### Applicant Employment Information

Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	Prov:	Postal Code:	
Position:	Hourly Salary (Please circle)	Annual income:	

### Emergency Contact

Name of a person not residing with you:			
Address:			
City:	Prov:	Postal Code:	Phone:
Relationship:			

### Co-applicant Information

Name:			
Date of birth: <i>mmdyyy</i>	SIN:	Phone:	
Current address:			
City:	Prov	Postal Code:	

### Co-applicant Employment Information

Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	Prov:	Postal Code:	
Position:	Hourly Salary (Please circle)	Annual income:	

Housing Information	
Do you own vehicles and how many?	Cars ___ Recreational Trailer ___ Boat ___ Trailer ___ Motorcycle ___
Do you have pets? Yes ___ No ___ Dog height at shoulder? _____ inches	
How many and what kind?	

Household Information				
Please list all persons who will be living in your household.				
Name			Date of Birth	
First	Middle	Last	DD/MM/YEAR	Relationship to You
				SELF

Residency Profile			
Please indicate the addresses of your previous residences going back at least 5 years.			
Applicant	Address	City	Dates: From/To

Landlord or Property Management Name(s) & Phone Number(s) for the above. Be advised that a landlord reference check will be conducted and is considered confidential.

List in same order as above.

Property (address)	Name of Contact/Landlord	Telephone #

**Financial Information**

A confidential credit evaluation is part of the Co-op's membership selection process. Detailed and specific this section of the application form.

Do you own or rent your present dwelling? Own \_\_\_\_\_ Rent \_\_\_\_\_

**Present Monthly Costs:** Mortgage \_\_\_\_\_ Rent \_\_\_\_\_ Taxes \_\_\_\_\_ Utilities \_\_\_\_\_  
Other \_\_\_\_\_ Total \_\_\_\_\_

Do you presently live in subsidized housing? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you owe any money to any Housing Provider(s)? If so, Who?

May we contact this landlord? Yes \_\_\_\_ No \_\_\_\_\_ landlords?

Is there any reason why we should **not** contact any current or previous landlord? If yes: please explain:

**Bank or Financial Institution with which you conduct your financial affairs?**

Name of Bank	Branch	Telephone Number

Has any person or persons whose name appears on this application ever declared personal bankruptcy?

If **'yes'** please attach a letter explaining the circumstances with details of dates, etc., and attach to the letter to the attention of the **Board of Directors**.

**Household Income**

List all income received by all members of your household.

Employment income, pension(s), EI, ODSP, Ontario Works, Child Support Payments, Alimony, Insurance

such as bank and/or bond interest and dividends or any other source of income.

<b>Applicant Name(s)</b>	<b>Source of Income</b>	<b>Monthly</b>
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<b>COMBINED GROSS HOUSEHOLD INCOME:</b> _____		
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**Volunteer Information**

In order to keep operating expenses as low as possible, the Co-op requires a minimum number of hours of volunteer work from each

Member 16 years of age and over (approximately 4 hours per month, per member). Most members are assigned a duty roster job to help with building upkeep.

Is there any reason why you would not be able to be part of the Duty Roster? If yes, please explain below.

References (Personal or Work only, no family)		
Name:	Address:	Phone:
<p>This is an application for membership in the Co-operative. I/We understand and agree that this application does not constitute an agreement on the part of the Co-op or its agents to provide me/us with Co-operative Housing accommodation. I/We hereby authorize the Co-op to make such inquiries it deems necessary to consider this application.</p> <p>The Co-op has engaged the services of the Credit Bureau(s) to perform credit checks on all applicants. I/We authorize the Credit Bureau(s) to obtain such factual and investigative information regarding me/us from others as permitted by law to furnish other credit grantors and any credit bureau, particulars of this credit application. In addition, I/We authorize notice from the Credit Bureau(s) that a consumer report containing credit information may or will be referred to in connection with this application to the Co-operative for residency, or any renewal or extension thereof.</p>		
Signature of applicant:		Date:
Signature of co-applicant:		Date:

- All information will be held in confidence and used by the Board of Directors, the Credit Bureau and the staff to assist you in meeting your housing needs.
- Information about each adult wanting accommodation in the Co-op must be included on the application form.
- If you have no information for an item, please indicate **nil** as the Co-op is unable to process incomplete applications.
- Applications are kept on file for up to one year from date of receipt.
- Return to: **Lois Miller Co-op, 234 Guthrie Drive, Unit 202, Kingston, ON K7K 6K8** or deliver to the **drop off box** located between the entrance doors at 234 Guthrie Drive.
- Telephone 613-545-1375.