



WINKLEIGH CO-OPERATIVE HOUSING CORPORATION

56 – 960 LIMERIDGE ROAD EAST

HAMILTON, ON L8W 2C4

Phone: 905-385-7819 Fax: 905-385-4144

Email: winkleighcoop@gmail.com

www.winkleighcooperativehousing.weebly.com

Membership and Housing Application

This application has been separated in two parts to help ensure that the information you provide is dealt with confidentially.

Part 1: Contains information on your household and will be used to determine your housing needs.

Part 2: Contains reference and financial information. This part will be available only to staff to enable them to assess your application.

Before submitting your application, make sure that:

- The application is completed in full and signed by all applicants
- The consent form is signed by all applicants
- Proof of income is included

Incomplete applications will not be processed

For Office Use Only

Date Application Received: _____ Complete: Yes ____ No: ____

Consent Form Signed: Yes ____ No ____

Proof of Income Received: Yes ____ No ____

Credit/Landlord Check Satisfactory: Yes ____ No ____

Date of Interview: _____

Approved _____ Denied _____

Date: _____

Management: _____

Part 1: Household Information (Please print clearly)

**To be completed by all adult applicants. if there is a 3rd applicant please attach an additional page*

Applicant A:

Last Name	First Name	Middle Name
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Address	Main Phone Number
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City	Province	Postal Code	Alternate Phone Number
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Email Address (if you prefer correspondence through email)

Applicant B:

Last Name	First Name	Middle Name
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Address	Main Phone Number
---------	-------------------

City	Province	Postal Code	Alternate Phone Number
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Email Address (if you prefer correspondence through email)

Other members in the household:

Last Name	First Name	Relationship to Applicant	Date of Birth

Do you require language translation? Yes _____ No _____

Please arrange for someone to translate for you during the interview if we are unable to do so.

Housing Needs

Type of housing unit required. (Please indicate first and second choice)

Three Bedroom _____ Four Bedroom _____

100 Leggett Crescent Location _____ 960 Limeridge Rd E Location _____

Some units have central air conditioning and there is a monthly rental fee. Do you want a unit with air/conditioning, and are you willing to accept the extra rental costs? Yes _____ No _____

Do you now or have you ever lived in the following:

Co-op Housing Yes _____ No _____ Non-Profit Housing Yes _____ No _____

Municipal Housing Yes _____ No _____

If yes,

Name of Development Address Phone Number

For how long? Dates

How did you hear about Winkleigh Co-op? _____

Parking

Note: two vehicles per unit are allowed. One may be parked in the garage and the second in the driveway. There is no additional parking space available. Each vehicle must be registered with the office.

Number of Vehicles: _____ Make of Vehicle(s): _____

Pets

Do you own any pets? Yes _____ No _____

If yes, type and number of pets

Type of Animal Colour Age Spayed/Neutered Vaccinated

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Why would you like to live in this co-operative?

Have you any experience or interest in co-ops or other community organizations, for example food co-ops, credit unions, PTA, tenant associations?

Do you have any concerns or questions about the co-op?

What do you hope to gain/accomplish by being a member of the co-op?

All members are required to attend the general members' meetings, there are typically 3 a year. Would there be any reason that might prevent you from attending?

Members are expected to maintain their yards (cutting the grass, weeding, shoveling the walkway and steps). Would there be any reason that might prevent you from doing this?

Housing Charges (Rent) are due on the 1st business day of each month. Payments may be made by cheque, money order or debit (during office hours). The co-op does not accept cash.

Have you had the opportunity to visit the co-op's website to get information on the co-op and to review our bylaws and policies? www.winkleighcooperativehousing.weebly.com

Yes _____ No _____

Did you have any questions or concerns about the by-laws /policies?

Part 2: Rental History, Financial Information and References

This part of the application is confidential and available only to management.

Accommodation History

**if there is a 3rd applicant please attach an additional page*

Applicant A:

Name: _____

Do you presently own your home?

Yes ____ No ____

If yes, how many years? _____

Current Landlord

Name: _____

Address: _____

Phone: _____

Monthly Rent; _____

Length of Stay at present address:

_____ years _____ months

Previous Landlord

Name: _____

Address: _____

Phone: _____

Monthly Rent; _____

Length of Stay at present address:

_____ years _____ months

May we use your present and/or previous landlord as reference?

Yes ____ No ____

If no, please explain:

Applicant B:

Name: _____

Do you presently own your home?

Yes ____ No ____

If yes, how many years? _____

Current Landlord

Name: _____

Address: _____

Phone: _____

Monthly Rent; _____

Length of Stay at present address:

_____ years _____ months

Previous Landlord

Name: _____

Address: _____

Phone: _____

Monthly Rent; _____

Length of Stay at present address:

_____ years _____ months

Yes ____ No ____

If no, please explain:

Household Income and Reference Information

If more than two people in the household earn income, list the additional information on a separate page. Please attach appropriate proof of income to this application. If you are aware of any credit problems that may affect your reference, please include any information that may help provide an accurate picture of your credit history.

Applicant A:

Occupation: _____

Employer: _____

Address: _____

Length of time with present employer:

_____ years _____ months

If less than three years, please identify previous employer:

Name: _____

Address: _____

Length of time with previous employer:

_____ years _____ months

Current gross monthly income from employment: \$ _____

Income from other sources:

_____ \$ _____

_____ \$ _____

Total Gross Monthly Income \$ _____

Do you need to apply for housing charge assistance? Yes _____ No _____

Date of Birth: _____

Driver's License # _____

Social Ins. # _____

Applicant B:

Occupation: _____

Employer: _____

Address: _____

Length of time with present employer:

_____ years _____ months

Name: _____

Address: _____

Length of time with previous employer:

_____ years _____ months

Current gross monthly income from employment: \$ _____

Income from other sources:

_____ \$ _____

_____ \$ _____

Total Gross Monthly Income \$ _____

Please list two non-relatives whom we may contact as references:

Name: _____ Name: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Relationship to you: _____ Relationship to you: _____

I/We understand that only accepted members may occupy a housing unit and I/we hereby apply for membership in Winkleigh Co-operative Housing Corporation.

I/We understand that as a member I/we have the right and responsibility to take an active part in making decisions in the co-op and that decisions made by the co-op will be based on the Co-operative Principles and the overall objectives of the Co-op.

I/We understand that as a member I/we must attend all General Members' Meetings as this is where decisions are made. If I/we cannot attend due to illness, work or family obligations, I/we will notify the Co-op office before the meeting.

I/We understand that if offered a unit, a one-time membership fee of twenty dollars (\$20.00) per adult will be required.

I/We understand that deliberate false declaration could result in closing the application or ending occupancy.

I/we Understand The monthly charges include the hot water tank rental fee & Rogers bulk cable. **Some units have Central Air rental fees.* Heat and Hydro are not included. New members must set up an account with Union Gas and Alectra (formerly Horizon Utilities)

I/We understand That a maintenance deposit equivalent to 1 month's housing charge is payable prior to possession of the unit. This deposit is refunded to you upon move out, provided the unit is left in good condition and there are no monies outstanding to the co-op.

I/We declare that all 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 at the discretion of the Co-operative.

Signature of Applicants:

Date:

PERSONAL INFORMATION CONSENT

I/We have provided Winkleigh Co-operative Housing Corporation with personal information about me/us, as set out below. I/We consent to the co-op using it for the purposes stated, and sharing it with the organizations specified.

Type of personal information provided:

- Contact information – address, phone number, email address
- Members in the household – date of birth, SIN (optional), vehicle & license information
- Financial Information – annual household income, place and type of employment
- Reference information – name of current and/or previous landlord

The Co-op will use the information as follows:

- To contact me about this application
- To determine my eligibility for housing and membership in Winkleigh Co-op
- To determine my eligibility for relocation
- To meet the requirements of federal or provincial laws, the co-op's by-laws or occupancy agreements or any legally binding contracts.

The Co-op will share the information with the following other organizations when necessary:

- The auditors of the Co-operative
- The Co-operative's lawyer
- Government departments or agencies, as required by law.

I/We understand that the Co-op will destroy personal information that it no longer needs.

I/We have read and received a copy of this statement.

(to be signed by household members aged 16 or older)

Signature

Date

Signature

Date

Signature

Date

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