

# FIFE ROAD CO-OPERATIVE HOMES INC

## APPLICATION FOR MEMBERSHIP

Please complete the application and return it to the office at 44-190 Fife Road Guelph. If you have any questions feel free to contact the office at 519-836-6732.

### APPLICANT #1: Everyone over the age of 16 is considered an applicant for membership

Mr  Mrs  Ms. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Marital Status  Single  Divorced  Common-Law  Married  Widow Other: \_\_\_\_\_

Date of Birth (yyyy/mm/dd): \_\_\_\_\_ Sex:  Male  Female

Status in Canada:  Canadian Resident  Landed Immigrant  Other: \_\_\_\_\_

S.I.N. #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Present Address \_\_\_\_\_  
Address Apt # City Province Postal Code

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

Present Accommodation:  Own  Rent  Temporary  Co-own

Landlord: \_\_\_\_\_  
Name Address Phone #

Have you ever received an eviction notice?  Yes  No Eviction Date: \_\_\_\_\_

Reasons: \_\_\_\_\_

### APPLICANT #2: (who will be a lease holder and live with you)

Mr  Mrs  Ms. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Marital Status  Single  Divorced  Common-Law  Married  Widow Other: \_\_\_\_\_

Date of Birth (yyyy/mm/dd): \_\_\_\_\_ Sex:  Male  Female

Status in Canada:  Canadian Resident  Landed Immigrant  Other: \_\_\_\_\_

S.I.N. #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Present Address \_\_\_\_\_  
Address Apt # City Province Postal Code

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

Present Accommodation:  Own  Rent  Temporary  Co-own

Landlord: \_\_\_\_\_  
Name Address Phone #

Have you ever received an eviction notice?  Yes  No Eviction Date: \_\_\_\_\_

Reasons: \_\_\_\_\_

### Unit Size

What size of unit do you need?

One Bedroom  Two Bedroom  Three Bedroom  Four Bedroom

Do you require a accessible unit?  Yes  No

When would you be able to move? \_\_\_\_\_

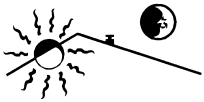
Fife Road Co-operative Homes Inc

44-190 Fife Road

519-836-6732 phone

fiferoadcoop@gmail.com

519-836-6727 fax



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### APPLICANT #3: (who will be a lease holder, but will live with you)

Relationship to Applicant: \_\_\_\_\_ Student:  Yes  No

Mr  Mrs  Ms. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Marital Status  Single  Divorced  Common-Law  Married  Widow Other: \_\_\_\_\_

Date of Birth (yyyy/mm/dd): \_\_\_\_\_ Sex:  Male  Female

Status in Canada:  Canadian Resident  Landed Immigrant  Other: \_\_\_\_\_

S.I.N. #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Present Address \_\_\_\_\_

Address	Apt #	City	Province	Postal Code
_____	_____	_____	_____	_____

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

Present Accommodation:  Own  Rent  Temporary  Co-own

Landlord: \_\_\_\_\_

Name	Address	Phone #
_____	_____	_____

Have you ever received an eviction notice?  Yes  No Eviction Date: \_\_\_\_\_

Reasons: \_\_\_\_\_

### APPLICANT #4: (who will be a lease holder, but will live with you)

Relationship to Applicant: \_\_\_\_\_ Student:  Yes  No

Mr  Mrs  Ms. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Marital Status  Single  Divorced  Common-Law  Married  Widow Other: \_\_\_\_\_

Date of Birth (yyyy/mm/dd): \_\_\_\_\_ Sex:  Male  Female

Status in Canada:  Canadian Resident  Landed Immigrant  Other: \_\_\_\_\_

S.I.N. #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Present Address \_\_\_\_\_

Address	Apt #	City	Province	Postal Code
_____	_____	_____	_____	_____

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

Present Accommodation:  Own  Rent  Temporary  Co-own

Landlord: \_\_\_\_\_

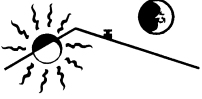
Name	Address	Phone #
_____	_____	_____

Have you ever received an eviction notice?  Yes  No Eviction Date: \_\_\_\_\_

Reasons: \_\_\_\_\_

### Persons Under the age of 16

	First Name	Last Name	Date of Birth: (yyyy/mm/dd)	Gender
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____



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<b>PREVIOUS TENANCY</b>					
Name: _____					
Previous Address _____		_____	_____	_____	_____
		Address	Apt #	City	Province      Postal Code
Landlord: _____					
		Name	_____	Address	_____ Phone #
Subsidized: <input type="checkbox"/> Yes <input type="checkbox"/> No		Arrears: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Occupancy: From: _____ To: _____					

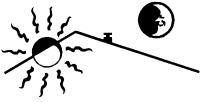
<b>PREVIOUS TENANCY</b>					
Name: _____					
Previous Address _____		_____	_____	_____	_____
		Address	Apt #	City	Province      Postal Code
Landlord: _____					
		Name	_____	Address	_____ Phone #
Subsidized: <input type="checkbox"/> Yes <input type="checkbox"/> No		Arrears: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Occupancy: From: _____ To: _____					

<b>PREVIOUS TENANCY</b>					
Name: _____					
Previous Address _____		_____	_____	_____	_____
		Address	Apt #	City	Province      Postal Code
Landlord: _____					
		Name	_____	Address	_____ Phone #
Subsidized: <input type="checkbox"/> Yes <input type="checkbox"/> No		Arrears: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Occupancy: From: _____ To: _____					

If you do not want us to contact your landlord, please explain why.					
_____					
_____					
How much rent do you currently pay a month? _____					
How much notice do you need to give to move out of your current accommodation? _____					
If you pay extra utilities , how much do you pay per month? _____					

**All applicants for membership must provide proof of income when they apply.** The checklist at the end of this application will help you to decide what is considered income. Proof of income can be copies of recent pay stubs, the most recent tax assessment or a letter from your employer which says how much you earn. If you are receiving Ontario Works or Ontario Disability Support, proof of income is your statement of assistance and your drug card.

**ALL FINANCIAL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.**



# FIFE ROAD CO-OPERATIVE HOMES INC - APPLICATION FOR MEMBERSHIP - PAGE 4 -

## HOUSEHOLD INCOME

We need to know about everyone's income. Please give the before-tax income (gross income) per month.

### **Adult 1 - Income All Sources (Please attach verification for each source of Income)**

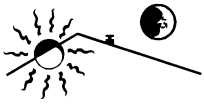
Employment: Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Employer	
Social Assistance: Yes <input type="checkbox"/> No <input type="checkbox"/>	Type: <input type="checkbox"/> Ontario Works <input type="checkbox"/> Ontario Disability Support Plan (ODSP)	
Self-Employment: Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Business	
Pension Yes <input type="checkbox"/> No <input type="checkbox"/>	Type(Attach Copy or Stub)	
Other Income Yes <input type="checkbox"/> No <input type="checkbox"/>	Type	Source
Assets Yes <input type="checkbox"/> No <input type="checkbox"/>	Type	Value \$
Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of School or Institution:	

### **Adult 2 - Income All Sources (Please attach verification for each source of Income)**

Employment: Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Employer	
Social Assistance: Yes <input type="checkbox"/> No <input type="checkbox"/>	Type: <input type="checkbox"/> Ontario Works <input type="checkbox"/> Ontario Disability Support Plan (ODSP)	
Self-Employment: Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Business	
Pension Yes <input type="checkbox"/> No <input type="checkbox"/>	Type (Attach Copy or Stub)	
Other Income Yes <input type="checkbox"/> No <input type="checkbox"/>	Type	Source
Assets Yes <input type="checkbox"/> No <input type="checkbox"/>	Type	Value \$
Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of School or Institution:	

### **Adult 3 - Income All Sources (Please attach verification for each source of Income)**

Employment: Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Employer	
Social Assistance: Yes <input type="checkbox"/> No <input type="checkbox"/>	Type: <input type="checkbox"/> Ontario Works <input type="checkbox"/> Ontario Disability Support Plan (ODSP)	
Self-Employment: Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Business	
Pension Yes <input type="checkbox"/> No <input type="checkbox"/>	Type (Attach Copy or Stub)	
Other Income Yes <input type="checkbox"/> No <input type="checkbox"/>	Type	Source
Assets Yes <input type="checkbox"/> No <input type="checkbox"/>	Type	Value \$
Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of School or Institution:	



# FIFE ROAD CO-OPERATIVE HOMES INC - APPLICATION FOR MEMBERSHIP - PAGE 5 -

## GENERAL INFORMATION:

Members at Fife Road Co-operative have the right and responsibility to get involved at the Co-op. Please describe any volunteer experience you may have:

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How do you see yourself becoming involved at Fife Road Co-op?

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Why would you like to live at Fife Road Co-op?

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How Did you hear about Fife Road Co-op?  Member who lives at Fife Road  Advertising  Drive by  COCHF Website  Other: \_\_\_\_\_

Do you have any questions about Fife Road Co-op or Co-operative living?

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- I/We understand that to live in Fife Road Co-operative Homes Inc. we must become members and must sign an occupancy agreement.
- I/We understand that Fife Road Co-operative Homes Inc provides housing at cost to its members.
- I/We understand that the Co-op expects members to share the responsibility of running the co-op.
- I/We understand that we must be interviewed for membership and can become members only if the Co-op accepts us. Applying does not mean that we will be accepted.
- I/We understand that if we are accepted for membership and are offered a unit, that we must pay a one-time membership fee of \$35.00 per adult member.
- I/We declare that all the information in this application is correct. We give the co-op permission to verify any or all of the information, and to do a credit check.

Signatures of everyone over 16 who is applying:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: (yyyy/mm/dd) \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: (yyyy/mm/dd) \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: (yyyy/mm/dd) \_\_\_\_\_