

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 (dd-mmm-yyyy): _____ Sex: Male Female

Status in Canada: Canadian Resident Landed Immigrant Other:

S.I.N. #: _____ Drivers License #: _____

Present Address

Address	Apt #	City	Province	Postal Code
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Telephone: Home Work Other

Present Accommodation: Own Rent Temporary Co-own

Landlord:

Name	Address	Phone #
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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 (dd-mmm-yyyy): _____ Sex: Male Female

Status in Canada: Canadian Resident Landed Immigrant Other:

S.I.N. #: _____ Drivers License #: _____

Present Address

Address	Apt #	City	Province	Postal Code
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Telephone: Home Work Other

Present Accommodation: Own Rent Temporary Co-own

Landlord:

Name	Address	Phone #
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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?

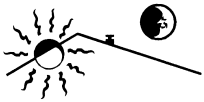
Fife Road Co-operative Homes Inc

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
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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
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Telephone: Home _____ Work _____ Other _____

Present Accommodation: Own Rent Temporary Co-own

Landlord:

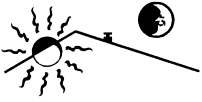
Name	Address	Phone #
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Have you ever received an eviction notice? Yes No Eviction Date: _____

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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PREVIOUS TENANCY

Name:

Previous Address

Address

Apt #

City

Province

Postal Code

Landlord:

Name

Address

Phone #

Subsidized: Yes No

Arrears: Yes No

Occupancy:

From:

To:

PREVIOUS TENANCY

Name:

Previous Address

Address

Apt #

City

Province

Postal Code

Landlord:

Name

Address

Phone #

Subsidized: Yes No

Arrears: Yes No

Occupancy:

From:

To:

PREVIOUS TENANCY

Name:

Previous Address

Address

Apt #

City

Province

Postal Code

Landlord:

Name

Address

Phone #

Subsidized: Yes No

Arrears: Yes No

Occupancy:

From:

To:

If you do not want us to contact your landlord, please explain why.

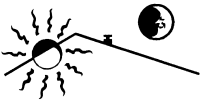
How much rent do you currently pay a month?

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.



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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)

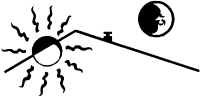
Employment:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Name of Employer	
Social Assistance:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type:	<input type="checkbox"/> Ontario Works <input type="checkbox"/> Ontario Disability Support Plan (ODSP)
Self-Employment:	Yes <input type="checkbox"/>	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:	



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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:

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

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

How Did you hear about us? 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?

- 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: (dd-mmm-yyyy)
Name:	Signature:	Date: (dd-mmm-yyyy)
Name:	Signature:	Date: (dd-mmm-yyyy)