

Received _____ *For Office Use Only* Interview Date: _____

Reference Check: _____ Date: _____

Landlord Check: _____ Date: _____

Credit Check: _____ Date: _____

Subsidy Requested Yes _____ No _____

Application approved: Yes _____ No _____

Letter Sent: _____

CLEARWATER HOUSING CO-OPERATIVE

219-32550 MACLURE ROAD ABBOTSFORD, B. C. V2T 4N3 PHONE: 604-859-7429

APPLICATION FOR MEMBERSHIP

NAME OF APPLICANT: _____

Street

City

Province

Postal Code

TELEPHONE Home: _____ **Business:** _____ **Email:** _____

Length of time at this address: _____

Name of Landlord: _____ **Phone:** _____

Former address if *you have resided here less than two years:*

From: _____ **To:** _____

Street

City

Province

Postal Code

Name of Landlord: _____ **Phone:** _____

Present Employer: _____ **Phone:** _____

Street

City

Province

Postal Code

Job title and description: _____

Length of time employed here: _____ From: _____ To: _____

Previous Employer, *if you have worked here less than two years:*

_____ From: _____ To: _____

Name

_____ Phone: _____

Street

City

Province

Postal Code

HOUSEHOLD COMPOSITION:

Please list below details of all household members, including you, who would be residing at the Co-op. Common-Law relationship, must be noted.

First and Last Name	Date of Birth	Relationship

ALL UNITS ARE NON-SMOKING

ACCOMMODATION DETAILS: (please circle yes or no)

Is any member of your household handicapped/disabled and in need of special housing requirements? Yes No

Do any members of your household have medical problems that require special housing considerations Yes No

Is so, give details _____

How many vehicles do you have? _____ Type _____ Year _____

Do you know anyone living in this Co-op? Yes, No Name _____

PRESENT HOUSING DETAILS:

What notice required to vacate present residence? _____

What is your current monthly accommodation cost? _____

Please check below the category that best describes your present housing arrangements:

- | | |
|--|--|
| 1. <input type="checkbox"/> Owned | 4. <input type="checkbox"/> Co-operative housing |
| 2. <input type="checkbox"/> Private rental | 5. <input type="checkbox"/> Group home / institution |
| 3. <input type="checkbox"/> Public non-profit rental | 6. <input type="checkbox"/> Shared accommodation |

Please state the reason you wish to leave your present residence: _____

CO-OPERATIVE HOUSING:

As will be explained at your interview, volunteer work is an integral and important part of Co-op living (co-op housing in not necessarily low income housing) **All members** are required to participate in some aspects of the co-op organization by contributing their time and talents where and when needed.

Please describe any volunteer / community work you have done (i.e. church, school, union, sports, etc.)

Please indicate the areas in which you would like to participate if accepted for membership:

- | | |
|---|--|
| <input type="checkbox"/> Finance Committee | <input type="checkbox"/> Maintenance Committee |
| <input type="checkbox"/> Membership Committee | <input type="checkbox"/> Office Committee |
| <input type="checkbox"/> Social Committee | <input type="checkbox"/> Inspection Committee |
| <input type="checkbox"/> Newsletter Committee | <input type="checkbox"/> Board of Directors |

What skills do you feel you have to contribute to these committees?

Provide a brief description of what you think co-op living is about: _____

How did you learn about Clearwater Housing Co-op? _____

LETTERS OF REFERENCE:

Please provide two letters of reference from this list of credible sources:

Accountant	Landlord	Bank Manager	Lawyer
Clergy	Notary Public	Employer	Police Officer

Please submit these with your application form. Personal references are not acceptable. References will be checked later by telephone, so please provide telephone numbers with letters.

I / we understand that only persons listed under “Family Composition” may occupy the unit

I / we understand that this application must be accompanied by income verification acceptable to the Co-op administration.

I / we understand that this application must be accompanied by two letters of reference from credible sources as listed in this application.

I / we understand that Clearwater Housing Co-operative is formed for the purpose of providing housing at cost to its members and that membership included the responsibility to participate in the management and maintenance of the Co-op.

I / we agree in principle to the terms of the Occupancy Agreement as set out by Clearwater Housing Co-operative. I / we further agree to abide by all rules as set out in my **unit binder**. I / we also understand that violation of said rules can result in termination of membership, subject to action by the Board of Directors of Clearwater Housing Co-operative.

I / we declare that all the information in this application is correct and true, and hereby authorize the Clearwater Housing Co-operative Administration to verify any and all of the information contained herein and to perform a credit check at its discretion.

DATE: _____

SIGNATURE: _____

ADDRESS: _____

TELEPHONE: _____



Applications will be kept on file for six (6) months after date of application. Please contact the Clearwater Housing Co-operative Office or the Membership Committee in writing should you wish to reapply. Please keep the office informed of any changes of address or telephone number 604-859-7429 during the six months.