



## APPLICATION FOR MEMBERSHIP

Office Use Only: Date Application Received: \_\_\_\_\_, \_\_\_\_\_

### **PLEASE READ THROUGH THESE FIRST 2 PAGES CAREFULLY BEFORE FILLING OUT THE ATTACHED APPLICATION**

Thank you for applying to **Norris Crescent Housing Co-operative Inc.!**

We would like to remind you that this is not a regular rental apartment complex: this is a co-op. You must be a member of the co-op to live here. The units belong to the co-op and the co-op is a corporation. There is no landlord. The units are not owned by the members on an individual basis (members cannot buy or sell their units); rather the units are owned by the members as a whole.

Every unit pays a "housing charge". We do not call it "rent" because the people who live in the co-op are not renters; they are collective owners of the co-op corporation. The housing charges cover the cost of running the co-op and the co-op is therefore a non-profit organization.

Members are responsible for the management of the co-op. The co-op is a democracy. Each member who lives here has one vote. Your vote will help decide things like;

- How much the co-op will charge for the units (housing charge);
- What the annual budget to run the co-op will be;
- Who will be on the Board of Directors of the co-op;
- What the by-laws and policies are going to be that the members all live by.

**Members must abide by all the by-laws and policies that govern the co-op. Members must also volunteer/participate in the co-op and attend General Membership Meetings to deal with the co-op's day to day business decisions. These General Membership Meetings are held a few times per year and are mandatory. Failure to attend these meetings (and failure to volunteer/participate in the co-op) will result in forfeiture of your co-op membership rights (and thus may result in eviction).**

Everyone has something to contribute to the co-op. The business, social affairs, and maintenance of the co-op are managed by the members. Examples of how you could help with these include:

- going around the co-op on a regular basis cleaning up garbage (housekeeping committee)
- delivering notices to all members from the office (office/delivery committee)
- organizing a social event for all co-op members to attend, ex: a Halloween party (social committee)
- helping to prepare and present the annual budget for the co-op to the membership (finance committee)
- run for the Board of Directors
- educate new members on what a co-op is and what their responsibilities to the co-op are (member selection committee)

- 1. PLEASE HAVE ALL APPLICANTS OVER 16 YEARS OF AGE INITIAL THAT THEY HAVE READ AND UNDERSTAND THE ABOVE INFORMATION and;
- 2. ANSWER THE FOLLOWING QUESTIONS:

Why do you want to live at Norris Crescent Housing Co-operative?

---



---

What is it that you like about co-op living:

---



---

**Please ensure that the application is completed in full, that the Declaration is signed, dated and that all documentation requested is attached with the application. A non-refundable \$35.00 fee is required prior to processing.**

=====

All personal information contained on the application will only be reviewed and confirmed by the office staff and it is kept in accordance with the Privacy Act.

All applicants 16 years or older may be called for an interview with two members of the Membership Committee.

The Board of Directors of Norris Crescent Housing Co-operative Inc. must approve all applicants 16 or older for Membership at a Board of Directors' Meeting before you can become a Member of the Co-op.

The applicants will be notified of the Board's decision to approve or reject the application. If approved, your application will be kept in sequence (date received) on the waiting list. The office staff will contact you once a unit is available. If rejected, you may appeal by advising the Board of Directors within 30 days following your rejection notice that you wish to appeal their decision to reject your application for membership.

**The following are the current housing charges by unit type as of September 1st 2017.**

**APARTMENTS:**

1 bedroom units <i>(all are partial basement units with windows above ground)</i>	\$809.00
2 bedroom units	\$1119.00
3 bedroom units	\$1132.00
4 bedroom units	\$1415.00

**NOTE:**

**Housing Charges (rent) does not include phone, cable, hydro, or renter's insurance. These items are arranged and paid for by the member.**

**The co-op does, however, pay for the utilities (heat, water, and waste).**

Parking fees are an additional \$25 per month per parking space. All parking is outdoors.  
All Housing Charges and parking fees are due on the last day of the previous month for the month following.  
For example: The housing charge and parking fees for September 2016 are due on August 31st 2016.

The total amount that must be **paid prior to moving** in to the co-op includes the following:

- First month's housing charge,
- Last month's housing charge (*Member Deposit*),
- Security/Maintenance Deposit of \$344.00,

All units are single family dwellings, therefore only the persons named in this application are allowed to live in the unit.

=====

In order to process your application, we require all applicants over 16 years of age pay a **NON-REFUNDABLE** fee of **\$35.00**. Please submit this fee in the form of a cheque or money order with your completed application.

To be completed by the Office) Date fee paid: \_\_\_\_\_, \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Paid by:      Cheque               Money Order

=====

**Size of unit you are applying for?**       1 Bed    2 Bed    3 Bed    4 Bed

**How much notice will you require to be able to move in?**  30 days    60 days    None

-----

**1. Applicant (16 years of age or older)**

Title     Mr.             Mrs.             Ms.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Unit # \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell \_\_\_\_\_ E-mail Address \_\_\_\_\_

SIN number \_\_\_\_\_

Driver's license number \_\_\_\_\_

**Legal Status in Canada (attach proof)**

Canadian Citizen     Permanent Resident     Sponsored Immigrant     Refugee  
 Other (please specify) \_\_\_\_\_

**2. Applicant (16 years of age or older)**

Title     Mr.             Mrs.             Ms.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Unit # \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell \_\_\_\_\_ E-mail Address \_\_\_\_\_

SIN number \_\_\_\_\_

Driver's license number \_\_\_\_\_

**Legal Status in Canada (attach Proof)**

Canadian Citizen     Permanent Resident     Sponsored Immigrant     Refugee  
 Other (please specify) \_\_\_\_\_

**3. Applicant (16 years of age or older)**

Title     Mr.             Mrs.             Ms.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Unit # \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell \_\_\_\_\_ E-mail Address \_\_\_\_\_

SIN number \_\_\_\_\_

Driver's license number \_\_\_\_\_

**Legal Status in Canada (attach proof)**

Canadian Citizen     Permanent Resident     Sponsored Immigrant     Refugee

Other (please specify) \_\_\_\_\_

**4. Applicant (16 years of age or older)**

Title     Mr.         Mrs.         Ms.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Unit # \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell \_\_\_\_\_ E-mail Address \_\_\_\_\_

SIN number \_\_\_\_\_

Driver's license number \_\_\_\_\_

**Legal Status in Canada (attach Proof)**

Canadian Citizen     Permanent Resident     Sponsored Immigrant     Refugee

Other (please specify) \_\_\_\_\_

**FOR ANY ADDITIONAL APPLICANTS OVER 16 YEARS OF AGE, PLEASE ATTACH THE ABOVE INFORMATION ON A SEPARATE SHEET WITH THIS APPLICATION.**

**5. PLEASE LIST ALL OTHER NON-MEMBERS / CHILDREN UNDER 16 YEARS OF AGE OF THE HOUSEHOLD**

SURNAME	GIVEN NAME	DATE OF BIRTH	
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F

**6. PLEASE LIST ALL VEHICLES**

YEAR	MAKE/MODEL	PLATE #
_____	_____	_____
_____	_____	_____
_____	_____	_____

**7. Please list all Household Pets**

\_\_\_\_\_

\_\_\_\_\_

**8. HOUSEHOLD INCOME (PLEASE LIST ALL INCOME BEING RECEIVED BY ALL MEMBERS OF HOUSEHOLD)**

APPLICANT NAME	EMPLOYER / SOURCE OF INCOME	GROSS MONTHLY INCOME
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**Please attach all proof of income for the last 2 months for each applicant;**

*e.g. letter from employer on company letterhead, consecutive pay stubs for the last 2 months, letter from social worker, assistance cheque stubs, copy of assistance statement AND of drug benefit card, monthly pension cheque stubs, E.I. cheque stubs and/or benefits statement showing gross weekly payment, Income Tax assessment, Bank statements, copy of child/spousal support payments or agreement, etc.*

**9. HOUSING BACKGROUND**

**Applicant 1**

If possible please include a letter of recommendation from your current landlord. If you do not want us to contact your landlord, please explain why:

\_\_\_\_\_

\_\_\_\_\_

Name & Phone Number of current Landlord \_\_\_\_\_

Address \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_ Current Rent \$ \_\_\_\_\_

**Please attach proof of rent payment for the last 6 months**

*e.g. copies of cancelled/deposited cheques from bank, bank statements, receipts from landlord, official letter from landlord etc.*

*If less than 2 years, please provide name and phone number of previous landlord*

\_\_\_\_\_

**Applicant 2 (if not the same as applicant 1)**

If possible please include a letter of recommendation from your current landlord. If you do not want us to contact your landlord, please explain why:

\_\_\_\_\_

\_\_\_\_\_

Name & Phone Number of current Landlord \_\_\_\_\_

Address \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_ Current Rent \$ \_\_\_\_\_

**Please attach proof of rent payment for the last 6 months**

*e.g. copies of cancelled/deposited cheques from bank, bank statements, receipts from landlord, official letter from landlord etc.*

*If less than 2 years, please provide name and phone number of previous landlord*

\_\_\_\_\_

**FOR ANY OF THE OTHER PREVIOUSLY STATED APPLICANTS OVER 16 YEARS OF AGE WHO WERE NOT LIVING AT THE ABOVE STATED ADDRESS, PLEASE ATTACH THE ABOVE INFORMATION (AND PROOF OF RENT PAYMENT) ON A SEPARATE SHEET WITH THIS APPLICATION.**

**10. GENERAL INFORMATION/QUESTIONS:**

◆ HOW DID YOU FIND OUT ABOUT NORRIS CRESCENT HOUSING CO-OP?

\_\_\_\_\_

◆ DO YOU KNOW ANYONE LIVING AT NORRIS CRESCENT HOUSING CO-OP?

\_\_\_\_\_

◆ HAVE YOU EVER LIVED IN A CO-OP BEFORE? IF YES, WHICH CO-OP?

\_\_\_\_\_

◆ WHICH OF THE FOLLOWING APPLIES TO YOU AND MEMBERS OF YOUR HOUSEHOLD?

	ENGLISH	FRENCH	OTHER (PLEASE LIST)
SPEAK	_____	_____	_____
UNDERSTAND	_____	_____	_____
WRITE	_____	_____	_____

◆ DO YOU ANTICIPATE ANY CHANGE IN THE SIZE OF YOUR HOUSEHOLD?

Yes  No

If Yes, what changes are anticipated? \_\_\_\_\_

◆ DO YOU REQUIRE HOUSING SUBSIDY AT THE TIME OF THIS APPLICATION?  Yes  No

*(Please understand that housing subsidy may not be available at this time)*

◆ WOULD YOU BE INTERESTED IN JOINING ONE OF THE FOLLOWING COMMITTEES? PLEASE PUT A CHECKMARK FOR "YES" UNDER ANY COMMITTEE THAT YOU WOULD LIKE TO JOIN.

	MEMBER SELECTION	DELIVERY	SOCIAL	MAINTENANCE	FINANCE	HOUSEKEEPING
APPLICANT 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APPLICANT 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APPLICANT 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APPLICANT 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If not interested in any of the above committees, what other volunteer work would you be able to do on a regular basis to help the co-op?:

APPLICANT 1 \_\_\_\_\_

APPLICANT 2 \_\_\_\_\_

APPLICANT 3 \_\_\_\_\_

APPLICANT 4 \_\_\_\_\_



**11. DECLARATION**

I/We declare that the information on this application is correct and give permission to Norris Crescent Housing Co-operative Inc. to verify any or all of this information, and to do a landlord check and credit check.

I/We understand that only members of Norris Crescent Housing Co-Operative Inc may occupy a housing unit, and thus I/We hereby apply for membership in the co-operative.

I/We understand that membership in the co-op includes the responsibility to participate in the co-operative on a regular basis.

I/We understand that the occupancy of a unit at Norris Crescent Housing Co-Operative Inc requires entering into an "Occupancy Agreement" with the co-operative prior to move in, as well as payment of the first and last months' housing charges, security/damage deposit, and membership fee for all adults over 16 years of age.

**Signature of all Household Members over 16 years of age:**

_____	_____ , _____
<i>Signature</i>	<i>Date</i>
_____	_____ , _____
<i>Signature</i>	<i>Date</i>
_____	_____ , _____
<i>Signature</i>	<i>Date</i>
_____	_____ , _____
<i>Signature</i>	<i>Date</i>
_____	_____ , _____
<i>Signature</i>	<i>Date</i>

Should any of the information in this application, **PLEASE SUBMIT ALL CHANGES IN WRITING** to Norris Crescent Housing Co-operative Inc. to ensure your application is accurate and to maintain your spot on our waiting list.

**Co-op Office Hours**  
Monday 2:00pm to 5:00pm  
TUESDAY CLOSED  
Wednesday 2:00am to 5:00pm  
THURSDAY CLOSED  
Friday 10:00am to 1:00pm