

APPLICATION FOR MEMBERSHIP

No. of Bedrooms Needed: 1 2 3 4 5 Date Needed: _____

S.I.N. _____ Birthdate: _____

Mr/Mrs/Ms _____

Home Phone: _____ Cell: _____ Work _____

Address: _____

PLEASE LIST ALL PERSONS WHO WILL LIVE IN THE UNIT:

Name	Birthdate	Relationship to Applicant
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

(List others on a separate page if necessary)

Employment:	Applicant	Co-Applicant
Employer: _____	_____	_____
Occupation: _____	_____	_____
Employer's Address: _____	_____	_____
Employers Ph#. _____	_____	_____
Length of Employ.: _____	_____	_____

OTHER INFORMATION:

Vehicles:

1. _____	_____	2. _____	_____
Year/Make/Model	Licence #	Year/Make/Model	Licence #

CURRENT RESIDENCE:

Own _____ Rent _____ Co-op _____ How Long _____

Landlord Name: _____ Phone#: _____

Address: _____

GENERAL:

List 5 reasons why you wish to reside in a Housing Co-operative, in order of importance:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Why have you chosen to apply to Arboretum Housing Co-operative?

- 1. _____
- 2. _____
- 3. _____

Have you ever been a member of a Housing Co-op? _____

Special Needs:	Yes	Comments
Wheelchair Access	_____	_____
Live-in Attendant	_____	_____
Other	_____	_____

AS YOU ARE REQUIRED TO PARTICIPATE, PLEASE CHECK ONE OF THE COMMITTEES BELOW THAT YOU WOULD LIKE TO JOIN.

Board of Directors: _____	Property Committee _____
Membership Committee: _____	Newsletter Committee _____
Policy Committee _____	

VOLUNTEER EXPERIENCE:

Applicant	Organization	Position	Date	Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list skills you will volunteer to the Co-op:

DECLARATION OF INCOME:	Applicant	Spouse	Other
Gross Salary/Wage	_____	_____	_____
UIC	_____	_____	_____
Income Assistance	_____	_____	_____
Pension	_____	_____	_____
Investment/Interest Income	_____	_____	_____
Child Support/Maintenance	_____	_____	_____
Other	_____	_____	_____

I/We confirm that the information contained in this application is complete, true and accurate. I/We do hereby authorize Arboretum Housing Co-operative or it's Management Company, Asset Management Services, to obtain Credit Bureau reports or other information as may be deemed necessary in connection with my/our application for membership in Arboretum Housing Co-operative. I/We give this consent pursuant to Section 12 of the Personal Credit Reporting Act, R.S.B.C. 1979.

I/We have also been advised and agree that should any of the information in this application be untrue, that this may result in my/our application not being accepted and may result in an expulsion from Arboretum Housing Co-operative.

Applicants Name _____	Date _____
Applicants Signature _____	S.I.N. _____
Spouse/Partners Name _____	Date _____
Spouse/Partners Signature _____	S.I.N. _____
Other Name _____	Date _____
Other Signature _____	S.I.N. _____

APPLICANTS PLEASE NOTE:

The Membership Committee can only recommend your acceptance into Arboretum Housing Co-operative to the Board of Directors; the Board has the finale say.

Once the Membership Committee has selected, through the interview process, applicants to be recommended to the Board the following information is required:

1. References from your employer(s) and income verification for all family members.
2. References from your current landlord and previous landlord, if applicable, for a three year period.
3. Current credit check through the Credit Bureau

THE ABOVE WILL REMAIN CONFIDENTIAL

An application fee of \$22.00 will be required by you for the Arboretum to do the Credit Check or you can obtain if yourself through the Credit Bureau.

Personal References: List two people who are not related to you.

Name	Address	Phone
_____	_____	_____
_____	_____	_____