

**Preston Heights Housing Co-operative Inc.  
Application for Membership**

**All persons who are 18 years of age or older MUST apply for membership and sign the declaration following their financial information.** Any person over the age of 16 **MAY** apply for membership. Please answer all questions with detailed information on **ALL** applicants. If there are additional applicants, please attach a plain sheet(s) of paper including all the requested personal and financial information for all additional applicants.

**Please Print**

**1) APPLICANT #1**

NAME: \_\_\_\_\_ Date of Birth(dd/mm/yr) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone No.(Home): \_\_\_\_\_

**APPLICANT #2**

NAME: \_\_\_\_\_ Date of Birth(dd/mm/yr) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone No.(Home): \_\_\_\_\_

**2) PLEASE LIST ALL OTHER MEMBERS OF THE HOUSEHOLD**

Surname	Given Name	Gender(M/F)	Date of Birth(dd/mm/yy)
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**3) VOLUNTEER EXPERIENCE**

The business and social affairs of Preston Heights Housing Co-operative are managed by the members with the help of staff. For this reason, skills and experience in group activities are important resources for the Co-operative. Please list any volunteer participation or other activities of yours that might prepare you to make a contribution to the Co-operative. (Example: activities in a trade union, tenant's association, service clubs, election campaigns, civic committees, etc.)

Applicant #1	Applicant #2
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**4) SIZE OF UNIT REQUESTED** - Please check off the type of unit you are seeking

Two-bedroom Townhouse	<input type="checkbox"/>	Two-bedroom wheelchair accessible	<input type="checkbox"/>
Three-bedroom Townhouse	<input type="checkbox"/>	Three-bedroom wheelchair accessible	<input type="checkbox"/>

**5) REQUESTED MOVE-IN DATE**

Notice require at current residence \_\_\_\_\_ (Number of days)

**6) Why do you want to live at Preston Heights Housing Co-operative?**

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**7) VEHICLES**

Only two vehicles per household may be accommodated on Co-operative property. If you have more than two please be aware that you will require off-site parking for the extra ones and/or oversized vehicles. Parking strictly enforced as per Municipal By-laws. Please list all vehicles (automobiles, trucks , vans, motorcycles, trailers, etc.) owned by the members of the family/household. Vehicles not insured or roadworthy are prohibited from Co-operative property.

	Make/Model	Colour	Plate Number	Serial Number	Drivers License No.	Insurance Company	Name of Owner
Vehicle #1							
Vehicle #2							

**8) PETS**

Please list all household pets below. Pets and their control are subject of policy statements adopted by Preston Heights Housing Co-operative from time to time. Only 2 pets per unit are allowed and are subject to by-laws and policies set out by the Co-op.

Type	Breed	Last shots date	Male/Female	Spayed/Neutered

PLEASE NOTE: If you have any questions regarding eligibility guidelines for market rent or subsidy, please contact staff.

Telephone: 519-653-2172

Email: [info@prestonheightshousingcoop.com](mailto:info@prestonheightshousingcoop.com)

## APPLICANT #1 FINANCIAL INFORMATION

Do you wish to apply for subsidy?      Yes          No   

NAME : \_\_\_\_\_ S.I.N. \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

CURRENT EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_ YEARS EMPLOYED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_

GROSS MONTHLY INCOME: \$ \_\_\_\_\_ NET MONTHLY INCOME: \$ \_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_ YEARS EMPLOYED: \_\_\_\_\_

BANK: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_

PRESENT LANDLORD: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_

LENGTH OF STAY: \_\_\_\_\_ PRESENT RENT: \$ \_\_\_\_\_ TOTAL UTILITIES: \$ \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_

PREVIOUS LANDLORD: \_\_\_\_\_ PHONE: \_\_\_\_\_

LENGTH OF STAY: \_\_\_\_\_ PREVIOUS RENT: \$ \_\_\_\_\_ TOTAL UTILITIES: \$ \_\_\_\_\_

Is there any reason why landlord or previous landlord should not be called?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### DECLARATION

I, the undersigned, do hereby apply for residence and membership in Preston Heights Housing Co-operative Inc. I understand that a one time \$15.00 per adult membership fee and maintenance deposit equal to the first months rent is payable upon approval and signing of the occupancy agreement. I understand that all housing charges due on the first business day of the month by 3 pm, that late fees and returned item fees will be applied, and that all charges by the Co-op become housing charges. I declare that the information given on this application form is correct. I give the Co-operative permission to verify any or all of this information to establish credit worthiness and to do a landlord check and credit check.

Applicant #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICANT #2 FINANCIAL INFORMATION

Do you wish to apply for subsidy?      Yes          No   

NAME : \_\_\_\_\_ S.I.N. \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

CURRENT EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_ YEARS EMPLOYED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_

GROSS MONTHLY INCOME: \$ \_\_\_\_\_ NET MONTHLY INCOME: \$ \_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_ YEARS EMPLOYED: \_\_\_\_\_

BANK: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_

PRESENT LANDLORD: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_

LENGTH OF STAY: \_\_\_\_\_ PRESENT RENT: \$ \_\_\_\_\_ TOTAL UTILITIES: \$ \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_

PREVIOUS LANDLORD: \_\_\_\_\_ PHONE: \_\_\_\_\_

LENGTH OF STAY: \_\_\_\_\_ PREVIOUS RENT: \$ \_\_\_\_\_ TOTAL UTILITIES: \$ \_\_\_\_\_

Is there any reason why landlord or previous landlord should not be called?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### DECLARATION

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Applicant #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# PRESTON HEIGHTS HOUSING CO-OPERATIVE INC.

## Personal Information Protection Statement

I/We agree that **Preston Heights Housing Co-operative Inc.** may keep the following information about me/us:

*Contact Information*

*Emergency Contact*

*Medical Information*

*Employment Information*

*Household size & composition*

*Age, Gender, Family & Marital Status*

*Identification #'s (ie: Social Insurance Number)*

*Household Income*

*Banking and Credit Rating Information*

*Any payment records*

*Any incidents of property damage*

*Complaints/Grievances filed by others concerning the household*

*Previous housing situation*

I/We agree that this personal information may be made available to people in the following positions:

*Office staff*

*Auditors, bookkeepers*

*Lawyer*

*Board of Directors*

*Government departments or agencies*

*Social Services*

*Membership Committee (no financial, banking, credit, ID#, and employment particulars, medical info will be given to the membership committee. Only information relevant to conducting interviews will be given.)*

I/We understand that **Preston Heights Housing Co-operative Inc.**, will use the information to:

- Contact me/us about this application
- Determine my/our eligibility for housing and membership in the Co-operative
- Decide if I/We qualify for subsidy
- Decide on any request for an internal move
- Meet the requirements of federal or provincial laws, the co-operative's by-laws or occupancy agreements
- or any legally binding contracts

I/We understand that the co-operative will retain my/our personal information for as long as required and as required by law, contract, the co-operative's by-laws and occupancy agreement. Personal information that is no longer needed will be destroyed. Personal information may be kept as long as I/We remain a member or longer in the event there are outstanding housing charges when membership and occupancy cease.

I/We have read and received a copy of this statement.

\_\_\_\_\_  
Applicant #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant #2

\_\_\_\_\_  
Date

## INFORMATION FOR THE APPLICANT

Please detach this portion and retain for your permanent record of the application.

All information provided to the Co-operative in this application form is protected under the Privacy Act.

To be considered for membership and residence at Preston Heights Housing Co-operative, applicants must complete the prescribed application form with full information as indicated, and participate in a membership interview. Acceptance will be by resolution of the Board of Directors and/or its representatives.

Preston Heights Housing Co-operative has a mandate to serve the needs of people who are not adequately served by the commercial housing market and who would benefit from and contribute to a community that has its basis in the principles of co-operation. The main object of the membership selection process at Preston Heights Housing Co-operative is to choose the best possible members for the Co-operative, taking into account the needs of the community and the needs of the individual.

Therefore, the criteria for membership selection shall include:

- A willingness to participate in the development of Preston Heights Housing Co-operative as a community and commit to 4 hours per month per member in the form of maintenance, upkeep and improvement and committee membership. Also to attend all General Membership meetings. (3–4 per year, usually held on Sunday afternoons and lasting 2-3 hours)
- A willingness to respect the human and civil rights of others
- A willingness to abide by the By-Laws, Agreements, Policies and regulations set by the Co-operative
- A willingness to allow a credit and tenancy check as proof of financial responsibility
- An indication of permanency or at least long-term residence
- A need appropriate to the available unit.

In cases where there is more than one applicant for an available unit, the following priorities shall prevail:

- Applicants will be assessed on their merits according to the above criteria in order to achieve a proper balance between the needs of Preston Heights Housing Co-operative and the needs of the individual or family.
- First preference shall be given to members of Preston Heights Housing Co-operative under the terms of the Internal Moves Policy adopted by the Board of Directors and/or the General Membership.
- Second preference shall be given to applicants from other Co-operative organizations who have established need and who have positive recommendations from the other Co-operative.

In order to be effective and fair, the membership selection process must provide for:

- Adequate training of volunteer interviewers through workshops and practice.
- A thorough orientation of prospective members.
- An in-depth interview by trained members with a review by the committee and the Board of Directors and/or its representatives.
- Positive recommendation by the interviewers, and in the case of inter-co-operative application, by the Board or staff of the other Co-operative.

Upon approval by the Board of Directors and/or its representatives and signing of the Occupancy Agreement, the member is entitled to quiet enjoyment of the unit assigned as long as the member continues to uphold and abide by the terms of the By-Laws, Agreements, Policies and regulations set by Preston Heights Housing Co-operative from time to time. Each member is entitled to one vote on each item of business for which a vote of the membership is required or sought. There will be no voting by proxy. A member's rights of occupancy may be terminated by a majority decision of the Board of Directors providing that proper notice has been given in accordance with the Occupancy Agreement. Thank you for your interest in Preston Heights Housing Co-operative!