

Mary Campbell Housing Co-operative, Inc.

587-589-591 Talbot St.

London, ON N6A 2T2

(519) 438-8941

mchcoop@execulink.com

Date Received: _____

APPLICATION FOR MEMBERSHIP

SECTION A: HOUSEHOLD INFORMATION

Applicants are defined as any adult member of the household, or those aged sixteen years or older who are not attending school full time.

APPLICANT(S)

Name: Address: Ph:

D/O/B:

Name: Address: Ph:

D/O/B:

Name: Address: Ph:

D/O/B:

Please list all other members of the household.

Name: Name: Name:

D/O/B: D/O/B: D/O/B:

When would you be available for a membership interview (please list days and times)?

Size of unit required (check all that apply):

One bedroom

Two bedroom

Three bedroom

Wheelchair-accessible one bedroom

Wheelchair-accessible two bedroom

When would you like to move in?

Do you require special accommodations or other living considerations? If so, please specify.

If available, would you like to be considered for Housing Charge Assistance? Yes No

Do you have pets? Yes No

Please keep in mind that the Co-op has a no-dog policy. All other pets can be registered with the office for the purpose of fire and emergency planning.

Do you require parking spaces? Yes No Handicapped parking

How many vehicles? License plate number(s):

How did you hear about Mary Campbell Co-op?

SECTION B: INDIVIDUAL INFORMATION (Each applicant must separately complete this section.)

The structure of a housing co-operative incorporates the skills and abilities of its members in its daily operations as well as social activities. In doing so, repairs and maintenance are performed in a timely and cost-effective manner, a greater sense of community is fostered, and the Co-op is better able to succeed in its commitment to providing affordable housing. Participation is a vital component of the co-operative environment.

Have you attended the Information Meeting? Yes No Date attended:

How many hours per month are you able to volunteer for Co-op duties?

EMERGENCY CONTACT(S)

Primary contact name: Secondary contact name:

Phone number: Phone number:

RESIDENCE INFORMATION

Present landlord or mortgage company name:

Phone number: Length of stay at present address:

Present monthly rent/mortgage: Average monthly utility costs:

Utilities included? Yes No

**** Please provide previous residency information if current length of stay is less than two years.*

Previous landlord or mortgage company name:

Previous address:

Phone number: Length of stay at previous address:

Previous monthly rent/mortgage: Average monthly utility costs:

Utilities included? Yes No

May we use your present landlord or mortgage company as a reference? Yes No

If no, please specify.

FINANCIAL/EMPLOYMENT INFORMATION

Access to confidential information will be firmly restricted by the Co-op in accordance with the Mary Campbell Housing Co-operative Privacy Policy, subject to applicable federal and provincial laws.

CURRENT EMPLOYMENT

Occupation: Phone number:

Employer: Length of time with employer:

Employer address: Gross monthly income:

*** Please provide previous employer information if current length of employment is less than two years.

PREVIOUS EMPLOYMENT

Occupation: Phone number:

Employer: Length of time with employer:

Employer address: Gross monthly income:

OTHER INCOME

Source(s): Amount: Monthly Annually

Amount: Monthly Annually

Amount: Monthly Annually

SECTION C: DECLARATION AND PERSONAL INFORMATION PROTECTION STATEMENT

I/We understand that to be eligible to occupy a housing unit I/we must become a member of Mary Campbell Co-operative, Inc. and sign the Occupancy Agreement. I/we support the co-operative principles and am/are interested in obtaining membership.

I/We understand that this application must be accompanied by the following:

- A \$20.00 application fee per household. This application fee will not be refunded. I/We will make the cheque or money order payable to Mary Campbell Housing Co-operative, Inc.
- Income verification for each adult member of the household who receives an income, including applicants over the age of sixteen who are not attending school full-time.

I/We understand that Mary Campbell Housing Co-operative, Inc. is formed for the purpose of providing housing at cost to its members and that membership includes the responsibility to participate in the management and maintenance of the Co-operative.

I/We understand that accommodation in Mary Campbell Housing Co-operative, Inc. depends on being accepted for membership into the Co-operative and that I/we will be interviewed for membership at a later date.

I/We declare that all the information provided in this application is correct and current to the best of my/our knowledge. I/We authorize the Co-operative to verify any or all of the information in my/our application, and to obtain information about me/us through the performance of a credit and/or tenant check and as permitted by law.

I/We understand that Mary Campbell Housing Co-operative, Inc. will use the information contained within this application for the following purposes:

- Contact me/us about this application
- Determine my/our eligibility for housing and membership in Mary Campbell Housing Co-operative
- Decide if we qualify for subsidy assistance, and
- Decide on any request for an internal move

I/We declare that the household has reviewed a copy of the Mary Campbell Housing Co-op Privacy Statement and understand how my/our personal information is being collected, retained and used for the purpose of considering my/our application for membership. I/We hereby consent to my/our personal information being collected for this purpose and understand that, if my/our membership(s) is/are not approved, all personal information will be destroyed after the expiry of the appeal period.

Applicant Signatures

(must be signed by all applicants over sixteen years of age)

Date
