Waterside Housing Cooperative B14-2820 Harriet Rd, Victoria, BC V9A 1T1

Membership Application Form

					Date:	
	What size unit d	o you re	quire?			
		1-BR	2-BR	3-BR	Wheelchair accessible	
Plea	ase Note: Minimum	Gross N	Nonthly In	come req	uirements as follows:	
		183.00 (d 426.00 (d 666.00 (l	A-bldg) ´			
1.	Applicant's firs	t and la	st name:			
	Address (includi	ng posta	al code)			
	Phone (home) Phone (work) Cell Email					
2.	Co-applicant's	first and	d last nar	ne:		
	Address (includi	ng posta	al code)			
	Phone (home) Phone (work) Cell Email					
	[Relationship to	applicar	nt:			J

3. Other household members

First Name	Last Name	Relationship	Date of Birth

4. Please provide your prior address(es) for the last 3 years:

Address	Dates of residence	Landlord's Name & Phone #	May we contact?

5. List all vehicles belonging to the household (only **one** parking spot assigned)

Make/Model	Colour	License plate number

6. Pet Policy & Smoking

The co-op has a pet policy that allows two cats; or, one dog &/or one cat (neutered or spayed) per unit as well as contained pets [fish, birds, gerbils, hamsters or guinea pigs]. All pets must be 'fixed' and 'de-flea'd' at all times. The Board may permit other contained pets but may reasonably withhold permission. Dogs must remain on a leash when outside of the unit. Contained pets must remain inside their tank or cage when outside the unit. What pets do you have?

Are you a smoker - Y / N?

The underground parking garage is a designated Non-smoking area.

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8.	Have you live in a	ı co-op previo	ously? If so	, where and	when? If y	ou have m	oved, plea
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8.			ously? If so	, where and	when? If y	ou have m	oved, plea
8.			ously? If so	, where and	when? If y	ou have m	oved, plea
			ously? If so	, where and	when? If y	ou have m	oved, plea
	explain why you r	moved.					
9.	State five specific	reasons why	y you are in	terested in be	ecoming a	member of	our co-op
	explain why you r	reasons why	y you are in	terested in bo	ecoming a	member of	our co-op

Household Income

10.

Name of household member	Employer or source of incom Social Assistance, CPP,	ne (for example, OAS)	Gross income each month
ast tax assessment.	nancial information, are stored se	curedly.	

** We may contact your references or your landlord BEFORE we contact you. **

Signatures

We understand that only the members of Waterside Housing Co-operative may live in the co-op and we apply for membership, as set out below.

We understand that, if the co-op accepts us for membership and offers us a unit, we must buy a share purchase of \$2000.

We declare that all the information in this application is correct. We give the co-op permission to verify any or all of this information, and to do a landlord check and a credit check. We understand that acceptance of membership depends on the co-op obtaining satisfactory results from a credit check. We agree to provide our date of birth for that purpose when needed. If we require a subsidy, we also agree to provide the birth-date of the co-applicant.

Applicant for membership (print, then sign name)	
Co-applicant (print, then sign name)	
Household member 19 or over applying to reside in the Unit (print,	then sign name)
Household member 19 or over applying to reside in the Unit (print,	then sign name)
Date:	

Signatures of all household members who are at least 19 years of age:

IN ORDER TO REMAIN CURRENT ON OUR WAITLIST, YOU MUST UPDATE YOUR APPLICATION EVERY 6 MONTHS BY SENDING A BREIF EMAIL TO MEMBERSHIP@WATERSIDECOOP.CA INDICATING ANY CHANGES TO HOUSEHOLD OR INCOME.

Thank you.

Membership Committee Use: Subsidy required: Υ Ν Income broken down: BR or Unit required: Call log:

Waterside Housing Co-operative Membership application

Interview time arranged: