

## AMICAE HOUSING CO-OPERATIVE

1047 Barclay Street  
Vancouver, BC V6E 4H2  
Phone: 604.687.0605

Dear Applicant:

Thank you for applying to Amicae Housing Cooperative. There are no vacancies at this time, however, please complete this application and return to Amicae. Your name will be placed on our waiting list and we will contact you if you are being considered for a unit.

If you would like your application to remain on our files, we will need you to send us a letter or email ([amicae.membership@gmail.com](mailto:amicae.membership@gmail.com)) every six months expressing your continuing interest and any changes to your application regarding income, family size, address and/or telephone number. That way your file stays active and ready should a vacancy come up that suites your needs. **NOTE: Application forms are not accepted by email.**

If you have any questions regarding your status on our wait-list please address the Membership Committee by mail only at the above address. Please do NOT call the office for wait-list status.

A housing cooperative is a group of people working together to enjoy long term affordable housing. Each member has a responsibility to participate in the ongoing care and maintenance of the housing complex. Therefore, please do not look upon Amicae Housing Cooperative as inexpensive housing without commitment. The responsibility of membership is not for everyone.

The fact sheet on the reverse side of this letter gives some information on our cooperative.

Sincerely,

AMICAE HOUSING COOPERATIVE  
Membership Committee

<b>OFFICE USE ONLY</b>	Date Received: _____
Income: _____	1 BD _____
Updates: _____	2 BD _____
Adults: _____ Children: _____	3 BD _____
	Accessible: _____

**APPLICATION FORM**  
**AMICAE HOUSING CO-OPERATIVE**  
800-1047 Barclay Street, Vancouver, BC V6E 4H2

**Personal Information**

Applicant's Name: \_\_\_\_\_  
(Last Name) (First Name)

Date of Birth: \_\_\_\_\_ Sex: M F  
(Month/Year)

Current Address: \_\_\_\_\_  
(Apartment No.) Street City/Province Postal Code

Telephone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

Email Address: \_\_\_\_\_

Status in Canada \_\_\_\_\_

**Previous Addresses (for last 5 years):**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Other Adults Residing With You:**

Name: \_\_\_\_\_  
(Last Name) (First Name)

Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Month/Year)

**Names, Birth dates and Sex of Children Residing With You:**

- \_\_\_\_\_ (M F)  
(Name) (Birth date)
- \_\_\_\_\_ (M F)  
(Name) (Birth date)
- \_\_\_\_\_ (M F)  
(Name) (Birth date)

**Disabilities: Please describe any disabilities of household members:** \_\_\_\_\_

If possible please provide doctor's letter or information regarding nature of disability

**Do you require any of the following:**

Live in Attendant: \_\_\_\_\_ Wheelchair: \_\_\_\_\_ Grab Bars: \_\_\_\_\_ Adapted Kitchen: \_\_\_\_\_  
Adapted Bathroom: \_\_\_\_\_ Others: \_\_\_\_\_

**II. Housing Needs:**

1 Bedroom \_\_\_\_\_ 2 Bedroom \_\_\_\_\_ 3 Bedroom \_\_\_\_\_ Parking Space (Yes/No): \_\_\_\_\_  
Pets (Yes/No): \_\_\_\_\_ Please specify: \_\_\_\_\_ How Many? \_\_\_\_\_

**III. Housing References**

(Inquiries to present landlord will not be made without your consent) Consent: Yes \_\_\_\_\_ No \_\_\_\_\_

**Present Landlord:** \_\_\_\_\_  
(Name and Telephone No.)

**Previous Landlords:**

1. \_\_\_\_\_  
(Name and Telephone No.) (Date: From/To)
2. \_\_\_\_\_  
(Name and Telephone No.) (Date: From/To)
3. \_\_\_\_\_  
(Name and Telephone No.) (Date: From/To)

**IV. Questionnaire: Itemize any past volunteer work:**

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

**Have you had experience with co-ops of any kind?** Yes \_\_\_\_\_ No: \_\_\_\_\_

If yes, explain the good and bad points:

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

Name of Co-op: \_\_\_\_\_ Telephone No. of **a Board member** \_\_\_\_\_

If no, what do you expect to be the good and bad points

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

Do you have any special skills or interests which might be helpful in the running of a housing co-op? If yes, explain:

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

Which committees would you be prepared to serve on?

- \_\_\_ **Finance** (Financial aspects of the Co-op)
- \_\_\_ **Membership** (interviewing prospective members, maintaining member participation, grievance procedures)
- \_\_\_ **Landscape** (general upkeep of garden areas)
- \_\_\_ **Youth** (provide activities for young people in co-op)

- \_\_\_ **Operations & Maintenance** (General physical upkeep and repairs of the Co-op)
- \_\_\_ **Board of Directors** (these are elected positions which provide overall coordination of Co-op)
- \_\_\_ **Social** (brings co-op members together with BBQ's etc.)

**V. Income Verification**

Gross Fixed Income (Per Year) and other Income (Per Year):

**Applicant:** \_\_\_\_\_ **Other Adult(s):** \_\_\_\_\_ **Children:** \_\_\_\_\_

**If you are selected for interview, please provide copies of previous T4 slips or three most recent consecutive pay slips and letter of employment. You must provide \$15 non-refundable processing fee for completion of Credit Check. Failure to provide these documents will result in your interview being cancelled.**

**V. Employment Information**

**Applicant's Employment (last five years) (indicate periods, UIC, GAIN or HPIA):**

1. \_\_\_\_\_  
 (Name of Employer) \_\_\_\_\_ (Contact Reference)  
**Dates of Employment From:** \_\_\_\_\_ **To:** \_\_\_\_\_
2. \_\_\_\_\_  
 (Name of Employer) \_\_\_\_\_ (Contact Reference)  
**Dates of Employment From:** \_\_\_\_\_ **To:** \_\_\_\_\_
3. \_\_\_\_\_  
 (Name of Employer) \_\_\_\_\_ (Contact Reference)  
**Dates of Employment From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Other Adult's Employment (last five years) (indicate periods, UIC, GAIN or HPIA):**

1. \_\_\_\_\_  
 (Name of Employer) \_\_\_\_\_ (Contact Reference)  
**Dates of Employment From:** \_\_\_\_\_ **To:** \_\_\_\_\_
2. \_\_\_\_\_  
 (Name of Employer) \_\_\_\_\_ (Contact Reference)  
**Dates of Employment From:** \_\_\_\_\_ **To:** \_\_\_\_\_
3. \_\_\_\_\_  
 (Name of Employer) \_\_\_\_\_ (Contact Reference)  
**Dates of Employment From:** \_\_\_\_\_ **To:** \_\_\_\_\_

I/WE UNDERSTAND THAT MEMBERSHIP IN AMICAE CO-OPERATIVE WILL REQUIRE PARTICIPATION OF A MINIMUM OF 10 HOURS PER MONTH, PER ADULT. ACTIVE PARTICIPATION ON A COMMITTEE OF MY/OUR CHOICE AND ATTENDANCE AT ALL GENERAL MEETINGS IS REQUIRED. I/WE ARE AWARE THAT FAILURE TO DO THIS MAY RESULT IN MY/OUR EXPULSION.

I/WE HEREBY ACKNOWLEDGE THAT OUR SIGNATURE ON THIS APPLICATION WILL BE CONSIDERED AS AUTHORIZATION TO MAKE NECESSARY FINANCIAL INQUIRIES.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Any other information about yourself which you may like to provide: \_\_\_\_\_

\_\_\_\_\_