

APPLICATION FORM
AMICAE HOUSING CO-OPERATIVE

#800 – 1047 Barclay Street
Vancouver, BC, V6E 4H2

PLEASE TYPE OR PRINT CLEARLY
INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE CONSIDERED

1) Applicant Information:

Last Name: _____ First Name: _____
Date of Birth: _____ Gender: _____
Status in Canada: _____

2) Contact Information:

You must currently reside in British Columbia in order to be eligible for consideration

Current Address: _____
City: _____ Province: _____ Postal Code: _____
Phone Number: _____ Secondary Number: _____
Email: _____

3) Household Information:

In order to be eligible for an appropriately sized unit, all household members applying with you must currently reside in British Columbia and must be a Canadian citizen/permanent resident.

Name	Relationship	DOB	Sex
1)			
2)			
3)			
4)			
5)			
6)			
7)			

Do all of the people listed above live with you full time? Yes: _____ No: _____
If No, please provide the following information for all persons not living with you full time.

Name	# days per week	Reason
1)		
2)		
3)		
4)		

4) Housing Needs

As per Amicae policy, to be eligible for a unit, all bedrooms must be occupied. Please use the following standards to determine the appropriate sized unit for your household.

- Spouses and couples share one bedroom
- Dependants aged 18 or over do not share a bedroom
- Parents do not share a bedroom with children
- Dependants aged 5 or over of the opposite sex do not share a bedroom

1 Bedroom: _____ 2 Bedroom: _____ 3 Bedroom: _____

Parking Space: Yes: _____ No: _____ Locker: Yes: _____ No: _____

Does your household include pets? Yes: _____ No: _____

If Yes, please specify: _____ How many? _____

Amicae has multiple units designed with accessibility in mind. Please specify if you require any of the following:

Live in Attendant: _____ Wheelchair: _____ Grab Bars: _____ Adapted Kitchen: _____

Adapted Bathroom: _____ Other: _____

5) Residence History

Please provide information on where you have lived for the past 5 years.

1) Address: _____ Dates: _____

Landlord: _____ Phone: _____

2) Address: _____ Dates: _____

Landlord: _____ Phone: _____

3) Address: _____ Dates: _____

Landlord: _____ Phone: _____

4) Address: _____ Dates: _____

Landlord: _____ Phone: _____

5) Address: _____ Dates: _____

Landlord: _____ Phone: _____

Inquiries to previous landlords will not be made without your consent. Consent: Yes: _____ No: _____

6) Questionnaire

What do you believe are some good and bad points about living in a Co-op?

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

Which committees would you be prepared to serve on?

<input type="checkbox"/> Finance (financial aspects of the Co-op)	<input type="checkbox"/> Landscape (general upkeep of garden areas)
<input type="checkbox"/> Membership (interviewing prospective members, maintaining member participation, etc)	<input type="checkbox"/> Board of Directors (elected positions which provide overall coordination of Co-op)
<input type="checkbox"/> Social (plans social events for members)	<input type="checkbox"/> Maintenance (general upkeep and repairs of Co-op)

Please list any other information about yourself which you may like to provide.

Do you know anyone currently residing at Amicae who is willing to be a reference? Yes: _____ No: _____
If Yes, please provide unit number and name: _____

Dear Applicant,

Thank you for applying to Amicae Housing Co-operative. Your name will be placed on our waiting list and we will contact you if you are being considered for a unit.

To maintain your position on our waiting list, you are required to send in a **new application every six months**, indicating any changes to your previous application regarding income, family size, and contact info. Each application will be assigned a file number and your original date of application will be noted. If you fail to provide a new application by the six month deadline, your application will be removed from our list. You are welcome to submit a new application at that time, however a new file number will be assigned and the new application date will be noted.

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.

Sincerely,
AMICAE HOUSING CO-OPERATIVE

I UNDERSTAND THAT MEMBERSHIP IN AMICAE CO-OPERATIVE WILL REQUIRE ACTIVE PARTICIPATION ON A COMMITTEE OF MY CHOICE AND ATTENDANCE AT ALL GENERAL MEETINGS. I AM AWARE THAT IF MY APPLICATION IS ACCEPTED, I MUST ABIDE BY ALL POLICIES APPROVED BY GENERAL MEMBERSHIP, AND THAT FAILURE TO DO SO MAY RESULT IN MY EXPULSION.

I HEREBY ACKNOWLEDGE THAT MY SIGNATURE ON THIS APPLICATION WILL BE CONSIDERED AS AUTHORIZATION TO MAKE NECESSARY INQUIRIES TO PREVIOUS LANDLORDS.

Applicant's Signature: _____ Date: _____

Other Adult's Signature: _____ Date: _____

7) Income Verification

Name	Gross Fixed Income (per year)	Other Income (per year)
Applicant:	\$	\$
1)	\$	\$
2)	\$	\$
3)	\$	\$
4)	\$	\$
5)	\$	\$
6)	\$	\$
7)	\$	\$
	Total gross income for household	\$

8) Employment Information

Applicant's Employment (last five years).

- Name of Employer: _____
Phone Number: _____ From: _____ To: _____
- Name of Employer: _____
Phone Number: _____ From: _____ To: _____
- Name of Employer: _____
Phone Number: _____ From: _____ To: _____

Other Adult's Employment (last five years).

- Name of Employer: _____
Phone Number: _____ From: _____ To: _____
- Name of Employer: _____
Phone Number: _____ From: _____ To: _____

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 also provide a cheque for a \$20 non-refundable processing fee for completion of Credit Check. If you fail to provide these documents during the interview process, your application will not be considered. NOTE: DO NOT SEND THESE ITEMS UNLESS SELECTED FOR INTERVIEW. ALL CHEQUES AND FINANCIAL INFORMATION SENT WITH APPLICATION WILL BE SHREDDED.

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

Applicant's Signature: _____ Date: _____

Other Adult's Signature: _____ Date: _____