

Application for Membership
West Hills Co-operative Homes Inc.
49-701 Stone Church Rd. W.
Hamilton. Ont., L9B 2N8 (905) 574-4545

An "Applicant" is any adult (18 years or older) residing with the family. Please answer all questions with detailed information on all applicants. If you need more space, please attach a plain sheet of paper.

1. Applicants:

Name _____
Address _____

Postal Code _____
Phone (Home) _____ (Work) _____

Name _____
Address _____

Postal Code _____
Phone (Home) _____ (Work) _____

2. Size of Unit: _____ Two Bedrooms
_____ Three Bedrooms
_____ Handicapped

7. How many parking spaces do you require? _____

Please list all vehicles (automobiles, trucks, vans, motorcycles, trailers, etc.) owned by members of the family:

Make	Model	Colour	Plate Number
_____	_____	_____	_____
_____	_____	_____	_____

3. When would you like to move? _____

4. How much notice is required? _____

8. The business and social affairs of West Hills 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-op. Please list any volunteer participation or other activity of yours that will benefit and serve our Co-op. (Example: activity in trade union, tenants association, service club, election campaign, civic committee, etc.)

5. Please list all other members of the household:

Surname	Given name	Relationship	Birth date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Please List all household pets below. Pets and their control are subjects of policy statements adopted by the Co-operative. Please ask the Co-ordinator for a copy if you own or intend to own household pets. Pets must be registered at the co-op office and proof of vaccination.

9. Why do you want to live at West Hills Co-operative?

NOTE: IF SUBSIDY IS REQUIRED YOU MAY BE PUT ON A SUBSIDY WAITING LIST

10. Applicants financial Information:

Name: _____ Birth Date _____

Address: _____

Phone (Home) _____ (Work) _____

Social Insurance Number _____

Occupation _____

Employer _____

Employer's Address _____

Phone _____ Years with firm _____

Gross Annual Income \$ _____ Net Annual Income\$ _____

Bank _____

Address _____

Outstanding Debts (including credit cards)

Amount _____ Amount _____

Creditor _____ Credit Card _____

Present Landlord _____

Address _____

_____ Phone _____

Length of stay at present address _____

Present Rent \$ _____ Utilities \$ _____

Please submit a letter of reference from your current landlord stating your rent is paid in full and up to date.

Previous Address _____

Previous Landlord _____

_____ Phone _____

Length of stay at previous address _____

Is there any reason your landlord should not be called? _____

Some members at West Hills Co-op receive an additional subsidy from the federal government to pay their housing charge.

Do you require an additional subsidy to assist you with your housing charge? ___ Yes ___ No.

Declaration:

I/We, the undersigned, do hereby apply for residence and membership in West Hills Co-operative Homes Inc. I/We understand that \$5.00 per adult family member is payable as a membership fee, which is non-refundable if the application is not accepted or if it is withdrawn before a unit is assigned. I/We declare that the information given on this application form is correct and understand that this information will be given to a credit agency and the information received from a credit agency will be used to determine credit worthiness.

Signature _____ Date _____

Signature _____ Date _____

10. Applicants financial Information:

Name: _____ Birth Date _____

Address: _____

Phone (Home) _____ (Work) _____

Social Insurance Number _____

Occupation _____

Employer _____

Employer's Address _____

Phone _____ Years with firm _____

Gross Annual Income \$ _____ Net Annual Income\$ _____

Bank _____

Address _____

Outstanding Debts (including credit cards)

Amount _____ Amount _____

Creditor _____ Credit Card _____

Present Landlord _____

Address _____

_____ Phone _____

Length of stay at present address _____

Present Rent \$ _____ Utilities \$ _____

Previous Address _____

Previous Landlord _____

_____ Phone _____

Length of stay at previous address _____

Is there any reason your landlord should not be called? _____

Do you require a unit accessible for wheelchairs? _____

**NOTE:
A verification of income must be submitted with the application, either a copy of your most recent pay stub or a letter from your employer on company letterhead.**