

CHAUTAQUA CO-OPERATIVE HOMES INC.

2280 Munn's Avenue, Oakville, Ontario L6H 3L1

Phone #: 905 842 1106

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MEMBERSHIP APPLICATION FORM

1. Applicant

Last Name

First Name

Address (including postal code)

Phone # (home) _____ Phone (work) _____

Email: _____

Date of Birth: _____ S.I.N. _____

2. Co-applicant

Last Name

First Name

Address (including postal code)

Phone # (home) _____ Phone (work) _____

Email: _____

Date of Birth: _____ S.I.N. _____

Relation to applicant: _____

3. Other Household Members

Last Name	First Name	Female / Male F / M	Date of Birth DD/MM/YYYY

4. Unit

What size unit do you require? _____

Do you require an accessible unit? _____

5. Housing Background

How long have you lived at your current address? _____

If you have lived there less than 2 years, please give previous addresses.

How much do you pay in rent each month? _____

If you pay for utilities, how much do you pay? _____

Landlord's name and phone number _____

6. Parking

List all vehicles belonging to the household

Please Note: Each unit will have two designated parking spots only. Additional vehicles must be parked off the site.

Make	Colour	Licence Number

7. Pet Policy

The co-op has a pet policy that allows one dog or one cat per family.

What pets do you have?

8. Household Income

Applicants' first and last name: _____

Please give us a monthly before-tax income (gross income) of each household member.

Name of household member	Employer or source of income (for example, Social Assistance, CPP, OAS)	Gross income each month

Please provide proof of this income with your application. Verification can be two month's consecutive pay stubs or a letter from your employer or any other document that will verify your income.

This page of your application will be kept confidential and separate to limit access to your financial information.

Signatures

We understand that only the members of Chautauqua 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, there will be a membership fee of \$20.00 per approved member.

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.

Signatures of all household members who are at least 16 years of age.

Applicant for membership

Applicant for membership

Applicant for membership

Applicant for membership

Date: _____