

Application for Membership  
West Hills Co-operative Homes Inc.  
49-701 Stone Church Rd. W.

Hamilton. Ont., L9B 2N8 (905) 574-4545 e-mail: westhillscoop@cogeco.net

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) \_\_\_\_\_

e-mail: \_\_\_\_\_

- 2. Size of Unit: \_\_\_\_\_ Two Bedrooms
- \_\_\_\_\_ Three Bedrooms
- \_\_\_\_\_ Handicapped

3. When would you like to move? \_\_\_\_\_

\_\_\_\_\_

4. How much notice is required? \_\_\_\_\_

\_\_\_\_\_

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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postal Code \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 \$15.00 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.**

**CLEAR FORM**