

**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 \$ _____

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? _____

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

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