

# Roundhouse

Cooperative Housing Association

Date Received:

DS / SS / M

**\*\*\*NOTE: Application valid within a year from submitting date. Please reapply two weeks before application expiry date.**

## APPLICATION FORM

1. Applicants Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Current Landlord: \_\_\_\_\_ Landlord's Phone #: \_\_\_\_\_

2. Co-Applicants Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

3. Names and birthdates of other adults and children who will reside with the applicant:

Name	Birthdate	Name	Birthdate
_____	*	*	*
_____	*	*	*
_____	*	*	*
_____	*	*	*

4. How many Bedrooms do you require? 1 2 3 4 Do you require a wheelchair accessible unit?

5 Do you require apartment for disabled? Yes No (circle correct)

6. Type & number of pets: \_\_\_\_\_

7. How many Vehicles? \_\_\_\_\_ The Year & Type? \_\_\_\_\_

8. Previous Residences or Landlords for three (3) years:

Reference Name	Phone Number	Dates Lived There
_____	*	*
_____	*	*
_____	*	*

PLEASE NOTE ROUNDHOUSE CO-OP IS A NON-SMOKING BUILDING

**\*\*\* Roundhouse Cooperative Housing Association Office not responsible to remind applicants on:**

- 1.) Application expiry date
- 2.) To submit reapplication

**APPENDIX A – FOR CONFIDENTIAL OFFICE USE ONLY**

**INCOME SECTION FOR USE BY OFFICE ONLY – CONFIDENTIAL**

**INCOME**

Source of Income (employment, child support, pensions, benefits, etc.)

Gross Monthly Income

Applicant:	\$
Co-Applicant:	\$
Other Adults:	\$
Children:	\$

**APPLICANT’S EMPLOYMENT HISTORY (Past 3 Years):**

NAME OF EMPLOYER

DATES WORKED

	*
	*
	*

**CO-APPLICANT’S EMPLOYMENT HISTORY (Past Year):**

	*
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**AGREEMENT:**

**I HEREBY AUTHORIZE** the above named co-operative to obtain such reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account or for any other direct business requirement.

\_\_\_\_\_  
**Applicants Signature**

\_\_\_\_\_  
**Co-Applicants Signature**

**MEMBERSHIP AGREEMENT**

**I HEREBY APPLY** for membership in the Roundhouse Co-operative Housing Association.

**I HEREBY ACKNOWLEDGE** that I will be required to purchase shares in the Co-operative according to a payment schedule acceptable to the co-operative, and,

**I HEREBY AGREE** to execute a subscription for shares and an occupancy agreement in a form and for an amount acceptable to the Co-operative.

**I ACKNOWLEDGE** that if I fail to comply with a request or requirement of the Co-operative with respect to the development or my intended occupancy in it, the co-op may return any money tendered by me, except the non-refundable application fee, and terminate my membership in the Co-operative.

**I HEREBY AGREE** to observe and to be bound by the Memorandum, the rules and the Policies of the Co-operative. I UNDERSTAND that the Co-operative makes no guarantees as to the affordability of accommodation provided to members, nor does it ensure the availability of any subsidies, rent supplements or relief from or reduction of housing charges in the event that the income declared by me in my Membership Application is or becomes less than the stated amount.

**I HEREBY AGREE** to give 60 days notice of my intention to withdraw from the co-op. I understand that a portion of the refund of my Share Purchase may be withheld and applied to the lease payment should this notice be less than 60 days before move-in.

DATED AT \_\_\_\_\_ B.C. THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
**Applicant’s Signature**

\_\_\_\_\_  
**Co-Applicants Signature**