

Orchard Park

CO-OPERATIVE HOMES INC.
33 MAIDSTONE AVENUE EAST, ESSEX, ON N8M 3B3
PHONE: 519-776-6973 • FAX: 519-776-4453
www.orchardparkcoophomes.com

1. Applicant

Last Name _____ First Name _____

Female _____ Male _____

SIN#: _____ Date of Birth: _____

Present Address (including postal code) City: _____

Postal Code _____

Telephone Number: (home) _____ (work) _____

Email Address: _____

2. Co-applicant

Last Name _____ First Name _____

Female _____ Male _____

SIN#: _____ Date of Birth: _____

Present Address (including postal code)

_____ Postal Code _____

Telephone Number: (home) _____ (work) _____

Email Address: _____

3. Other Household Members

Last Name	First Name	Female/Male	Date of Birth

4. Unit

What size of 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 address

How much do you pay in rent each month? _____

If you pay utilities, how much do you pay each month? _____

Landlord's name & telephone number

6. Are any/all applicants legal residents of Canada Yes _____ No _____?

7. Have any/all applicants previously lived in any rent-geared-to-income and/or social housing developments and left with arrears: Yes _____ No _____
**If yes, amount of arrears \$ _____ and explanation of what you have done to pay them should be attached.

8. How did you find out about the Co-op? _____

9. Parking

List all vehicles belonging to the household.

Make	Colour	License Plate Number

10. Household Income

Please give us the monthly tax gross income for each household member.

Name of Household Member	Employer or other source of income	Gross Monthly Income

A copy of the last eight consecutive week’s income (all sources) must be attached.

List of Asset: Savings \$ _____ Chequing \$ _____
 Bond \$ _____ Shares \$ _____ Stocks \$ _____
 Other \$ _____

11. Emergency Contact

(In case of an emergency please list (2) contacts)

Name: _____ Telephone# _____

Name: _____ Telephone# _____

12. Signatures

- **We understand that only members of a Co-operative may live in a Co-op and we apply for membership and occupancy rights in the Co-op.**
Therefore, a home is being provided only to those named on this application and have been approved. Additions to any household at the Co-op is not allowed before the person applies and has been accepted.
- We understand that Co-operative Housing Developments provide housing at cost to its members.
- We understand that Co-op's expect members to share responsibility in the running the Co-op community and we agree to take part in this responsibility.
- **We understand that we must attend an Information Exchange Meeting with the Co-op's New Member Committee and can become members only if the Co-op accepts us.**
- **We understand that Co-op's are governed by the Co-operative Corporations Act of Ontario and their specific By-Laws and not the Landlord & Tenant Act.**
- I understand that I must pay my rent on the first of every month by cheque or money order that must be into the office on the 25th of the previous month. Cheques should be dated for the first.
- I understand that it is important to attend General Membership Meetings

We declare that all the information in this application is correct. We give the Co-operative permission to verify any or all of this information, and to do a landlord and credit check.

Signatures of all household members 16 years of age and older

Signature _____ Date: _____

Signature _____ Date: _____