



693 Beechwood Dr. Waterloo, ON N2T 2P6

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# Application of Membership

An "Applicant" is any adult, 18 years or older, residing with the family. Please answer all questions with detailed information on **all** applicants

## APPLICANT 1

NAME		DATE OF BIRTH	
ADDRESS			
Please provide you full address including street, city, province and postal code.			
HOME PHONE		CELL/WORK PHONE	
S.I.N.		OCCUPATION	
EMPLOYER			
EMPLOYER ADDRESS			
PHONE NUMBER		YEARS AT JOB	
GROSS ANNUAL INCOME			

## OUTSTANDING DEBT

Please list all outstanding debts you have including credit cards.

CREDITOR		AMOUNT	
CREDITOR		AMOUNT	
CREDITOR		AMOUNT	
CREDITOR		AMOUNT	

## APPLICANT 2

NAME		DATE OF BIRTH	
ADDRESS			
Please provide you full address including street, city, province and postal code.			
HOME PHONE		CELL/WORK PHONE	
S.I.N.		OCCUPATION	
EMPLOYER			
EMPLOYER ADDRESS			
PHONE NUMBER		YEARS AT JOB	
GROSS ANNUAL INCOME			

## OUTSTANDING DEBT

Please list all outstanding debts you have including credit cards.

CREDITOR		AMOUNT	
CREDITOR		AMOUNT	
CREDITOR		AMOUNT	
CREDITOR		AMOUNT	

## ADDITIONAL INFORMATION

REQUESTED UNIT SIZE	<input type="radio"/> Two Bedroom	<input type="radio"/> Two Bedroom accessible
	<input type="radio"/> Three Bedroom	<input type="radio"/> Four Bedroom
PREFERRED MOVE IN DATE	mm / dd / yyyy	

I/We the undersigned do hereby apply for residence and membership in BEECHWOOD Co-operative Homes Inc. I/We understand that \$15.00 per adult family member is payable as a membership fee. If membership is confirmed by the Board of Directors. I/We understand that the membership fee will thereby guarantee full rights of membership in the Co-operative. I/We declare that the information given on this application form is correct and agree that it may be used for an investigation to establish credit worthiness.

SIGNATURE	DATE
SIGNATURE	DATE

## PURSUANT TO THE PERSONAL INFORMATION AND PROTECTION OF ELECTRIC DOCUMENTS ACT.

Personal information contained on this form or in attachments may be collected for the Housing Authorities pursuant to the Ontario Housing Corporation Act, Section 2, 4 and 7 R.S.O. 1980, C.339 and the Housing Development Act, Subsection 7 (2) R.S.O.1980, C.209 and will be used to determine suitability and eligibility for housing applied for, continuation of housing and the appropriate rent scale and rent-g geared-to income charge. Personal information may be disclosed to Local Housing Authorities, non-profit housing corporations, The Ministry of Housing and other municipal/provincial and federal departments and agencies providing social assistance to the applicant. The applicant consents to the verification, disclosure, and transfer of information given on this form and attachments by or to any of the above entities and will provide any required supporting material.

## ADDITIONAL HOUSEHOLD MEMBER 1

FULL NAME			
DATE OF BIRTH	GENDER	<input type="radio"/> Female	<input type="radio"/> Male

## ADDITIONAL HOUSEHOLD MEMBER 2

FULL NAME			
DATE OF BIRTH	GENDER	<input type="radio"/> Female	<input type="radio"/> Male

## ADDITIONAL HOUSEHOLD MEMBER 3

FULL NAME			
DATE OF BIRTH	GENDER	<input type="radio"/> Female	<input type="radio"/> Male

## ADDITIONAL HOUSEHOLD MEMBER 4

FULL NAME			
DATE OF BIRTH	GENDER	<input type="radio"/> Female	<input type="radio"/> Male

## VEHICLES

Please note: only 2 vehicles are allowed per household. Any oversized or additional vehicles will require off-site parking.

### VEHICLE 1 INFORMATION

V.I.N. NUMBER		YEAR	
CAR MAKE		CAR MODEL	
COLOUR		PLATE NUMBER	

### VEHICLE 2 INFORMATION

V.I.N. NUMBER		YEAR	
CAR MAKE		CAR MODEL	
COLOUR		PLATE NUMBER	

## PETS

Please list all household pets. Please provide a copy of each of your pets up-to-date vaccinations.

### PET 1 INFORMATION

PET TYPE	<input type="radio"/> Dog	<input type="radio"/> Cat	<input type="radio"/> Other, please specify	
PET'S NAME		BREED		
GENDER	<input type="radio"/> Female	<input type="radio"/> Male	SPAYED/NEUTERED	<input type="radio"/> Yes <input type="radio"/> No
LICENSE NUMBER		LAST RABIES VACCINATION	mm / dd / yyyy	
PICTURE OF PET	<input type="radio"/> I have attached a picture		<input type="radio"/> I will email a picture to admin@beechwood.coop	
DESCRIPTION OF PET	💡 Size, colour & unique features.			


### PET 2 INFORMATION

PET TYPE	<input type="radio"/> Dog	<input type="radio"/> Cat	<input type="radio"/> Other, please specify	
PET'S NAME		BREED		
GENDER	<input type="radio"/> Female	<input type="radio"/> Male	SPAYED/NEUTERED	<input type="radio"/> Yes <input type="radio"/> No
LICENSE NUMBER		LAST RABIES VACCINATION	mm / dd / yyyy	
PICTURE OF PET	<input type="radio"/> I have attached a picture		<input type="radio"/> I will email a picture to admin@beechwood.coop	
DESCRIPTION OF PET	💡 Size, colour & unique features.			

### PET 3 INFORMATION

PET TYPE	<input type="radio"/> Dog	<input type="radio"/> Cat	<input type="radio"/> Other, please specify	
PET'S NAME		BREED		
GENDER	<input type="radio"/> Female	<input type="radio"/> Male	SPAYED/NEUTERED	<input type="radio"/> Yes <input type="radio"/> No
LICENSE NUMBER		LAST RABIES VACCINATION	mm / dd / yyyy	
PICTURE OF PET	<input type="radio"/> I have attached a picture		<input type="radio"/> I will email a picture to admin@beechwood.coop	
DESCRIPTION OF PET	💡 Size, colour & unique features.			

## ADDITIONAL INFORMATION

VOLUNTEER PARTICIPATION	
 Please provide us with a list of all of the volunteer activities you have co-ordinated or participated in.	
WOULD YOU BE INTERESTED IN JOINING A CO-OP COMMITTEE	<input type="radio"/> Yes <input type="radio"/> No

## INCOME VERIFICATION - APPLICANT A

Income verification must be included with the application. Letter from employers and 2 months of Pay Stubs are both acceptable forms of income verification.



I HAVE INCLUDED	<input type="radio"/> A letter from my current Employer	<input type="radio"/> Copies of my Pay Stubs for the last 2 months
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## INCOME VERIFICATION - APPLICANT B

Income verification must be included with the application. Letter from employers and 2 months of Pay Stubs are both acceptable forms of income verification.

I HAVE INCLUDED	<input type="radio"/> A letter from my current Employer	<input type="radio"/> Copies of my Pay Stubs for the last 2 months
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## HOUSING INFORMATION

ARE YOU CURRENTLY RESIDING IN SUBSIDIZED HOUSING?	<input type="radio"/> Yes <input type="radio"/> No
CURRENT LANDLORD	NO. OF BEDROOMS
ADDRESS  Please provide the full address including street, city, province and postal code.	
PHONE	LENGTH OF STAY
PRESENT RENT	UTILITIES
IS THERE ANY REASON YOUR LANDLORD SHOULD <b>NOT</b> BE CALLED?	<input type="radio"/> Yes <input type="radio"/> No
PLEASE SPECIFY	
PREVIOUS ADDRESS  Please provide the full address including street, city, province and postal code.	

## OTHER INFORMATION

ADDITIONAL INFORMATION	
 Please let us know about anything else you feel we should know about your situation.	