

MEMBERSHIP AND HOUSING APPLICATION

MCLEAN CO-OPERATIVE HOMES INC.

File #: _____ (for office use only)

Applicant #1 Name: _____

Applicant #2 Name: _____

This application is in two parts to help ensure the confidentiality of the information you provide.

The First part of this application asks for information on your household and will give the Co-Operative information about your housing needs.

The second part has reference and financial information. Only those directly involved in the member selection process will read this information. This information will help in deciding weather you will be accepted for membership in the co-operative.

If you have any questions about filling out this application, please call the Co-Op information line at (613) 668-3957. Please mail this finished application to:

McLean Co-Operative Homes Inc.
100-343 Parkin Circle,
Gloucester, Ontario
K1T 0C9
(613) 738-5111
info@mcleancoop.com

*Please note that this is a mailing address only. All inquiries should be made by phone or email.

FOR OFFICE USE ONLY:

BMR MARKET RENT

Date application received: _____

Date approved/not approved: _____

Unit allocated: _____

APPLICATION NOT TRANSFERABLE

PART I: HOUSEHOLD INFORMATION

1. List the main applicant(s): (please print clearly)

Applicant 1

Name: _____

Address: _____

Telephone: (work) _____
(home) _____

Applicant 2

Name: _____

Address: _____

Telephone: (work) _____
(home) _____

2. Is one or both of the applicants listed above permanent residents of Canada (a Canadian Citizen, a landed immigrant or refugee)?

Yes No

3. List the children in your household (all occupants that will be under the age of 18)

Last Name	First Name	Year of Birth	Gender

3 a. Do you have shared legal custody of any other children?

Yes No

Names of the children: _____

4. Please list other adults in your household not listed in #1 above:

Last Name	First Name	Year of Birth	Gender

5. Please give the name of a relative not living with you (in case of an emergency):

Name: _____
Address: _____
Phone: _____
Relation to Applicant: _____

6. Does any member of your household have any health problems that affect their housing needs? If yes please specify: (e.g. wheelchair access, pain allergy, etc.)

7. Do any members of your household use Para-Tanspo?

Yes No

8. What size unit are you applying for?

1(one) Bedroom Apartment 1(one) bedroom accessible apartment
 2(two) Bedroom Apartment 3(three) Bedroom Townhouse

9. Do you need a parking space?

Yes No How many? _____

10. Do you own a pet?

Yes No

If yes, what kind(s) and how many?

Member Involvement

11. Member involvement by members is very important to the building of our Co-Op community. All adult members of the Co-Op are expected to volunteer about 4(four) hours per month. Any type of participation is welcome. On a regular basis you will have to fill out a form that outlines the kinds of Co-Op activity you have contributed to in the past year. A copy of the Member Involvement Policy is available from the Co-Op office.

The following is a list of the main areas of activity needed to help the Co-Op operate. Please check off one or more the areas where you would like to contribute. Please feel free to suggest an activity that is not listed here.

Member #1

- Member Selection Committee
- Maintenance Committee
- Social Committee
- Newsletter Committee
- Landscape Committee
- Finance Committee
- Participation Committee
- Website Development Committee
- Youth Committee
- Office/Administration Help

Member #2

- Member Selection Committee
- Maintenance Committee
- Social Committee
- Newsletter Committee
- Landscape Committee
- Finance Committee
- Participation Committee
- Website Development Committee
- Youth Committee
- Office/Administration Help

Your suggestions: _____

12. To help us know you better, please list any community groups, service clubs or trade unions in which you have been involved (optional):

13. Have you ever lived in a housing Co-Op before? Yes No

14. Have you ever been involved in another type of Co-Op or credit union?

Yes No

15. If yes, please give details.

16. Why would you like to live in a housing Co-Operative?

PART II: REFERENCES AND FINANCIAL INFORMATION

File #: _____ (for office use only)

This part of the application is confidential and available only to the staff.

PRESENT ACCOMODATION

1. Please give information on your present living situation by answering the questions below. (If you are forming a household with people who are presently not living with you right now, please give more information for each adult on the back of this page.)

(a) How long have you been at your present address?

_____ years

(b) If you rent your present place of residents, what is your current monthly rent?

_____ dollars per month

if utilities (heat and hydro) are not included in your rent what do you pay per month on average for these utilities?

_____ dollars per month

(c) If you own your present place of residence, what are your monthly housing costs? (include mortgage, taxes, utilities, condominium fees, etc.)

_____ dollars per month

(d) Please give the names and phone number of your present LANDLORD

Name: _____

Telephone: _____

(e) If you have been at your present address for less than 2 years, please give the names and numbers of your PREVIOUS LANDLORD

Name: _____

Telephone: _____

(f) May we use your present and/or previous landlord as a reference?

Yes No

If no please explain why:

CREDIT CHECK (CONFIDENTIAL)

Please give the following information for credit check purposes. If you are aware of any credit problems that may affect your reference, please let us know. It is in your interest to give accurate and up to date information

Applicant 1

(first and last name)

Name: _____

Address: _____

Date of Birth: _____

(day/month/year)

Applicant 2

(first and last name)

Name: _____

Address: _____

Date of Birth: _____

(day/month/year)

EMPLOYMENT/PROOF OF INCOME (CONFIDENTIAL)

TO BE FILLED OUT BY ALL APPLICANTS

Applicant 1

Occupation: _____

Employer: _____

Employer Address: _____

Length of present employment: _____

If less than 1 (one) year at present employment, give previous employer's name and address information

Applicant 2

Occupation: _____

Employer: _____

Employer Address: _____

Length of present employment: _____

If less than 1 (one) year at present employment, give previous employer's name and address information

TO BE FILLED OUT BY ALL APPLICANTS (CONFIDENTIAL)

Applicant 1 (Name)	Applicant 2 (Name)
Gross Annual Income (before deductions) from all sources: \$	Gross Annual Income (before deductions) from all sources: \$

Source of Income (for Each applicant)	Documentation required (for each applicant, attach to application form)
Employment	A signed letter from employer stating annual income Or pay stubs covering an 8 week period Or a statutory declaration (form and instructions available from McLean Co-Op)
Self Employment	Statutory Declaration (form and instructions available from McLean Co-Op)
OntarioWorks(Welfair/Social Assistance) ODSP (Ontario Disability Support Program)	Income verification letter from your worker Or Statement of Assistance and Drug Card
Old Age Pension, Canada Pension (CPP) or other Pension.	Copy or photocopy of 3 deposit stubs
Employment Insurance (Unemployment Insurance)	Copy or photocopy of 3 deposit stubs

The applicable proof of income must be received before your application for membership is processed.