



# PARTICIPATION



Participation by all members in the ongoing administration of our co-op is mandatory and monitored. Therefore, prospective members should be willing to commit to contributing a minimum of 4 hours per month to co-op related business through participation on one of our main committees (Finance, Membership and Maintenance) and after one year run for election on the Board of Directors. Landscape, Kids or the Newsletter Committees are sub-committees and may be joined in *addition* to a main committee.

In summary, all members contribute various skills that deal with issues an owner of an apartment building faces in the operation of his/her property (i.e. hiring trades people, coordinating repairs or replacements, janitorial chores, grounds keeping, monitoring expenses, collecting housing charge payments, preparing annual budget, marketing, interviewing new applicants, etc.). It is challenging, exciting and rewarding to be so involved in your home and community. This life style and commitment is not suitable to all people and therefore we ask all applicants to carefully consider their life style and their ability and willingness to commit to cooperative housing before applying for membership.

Sincerely,

Victoria Gardens Housing Co-operative



1823 East 11th Avenue  
 Vancouver, B.C.  
 V5N 1Y9  
 Office Phone: 604-708-5450

# MEMBERSHIP APPLICATION FORM

Please print legibly and complete all areas of this form. Incomplete applications will not be processed.

## APPLICANT Applying for Principal Membership

Surname		Given name		Home Phone No.	Work Phone No.
Apt. No.	Street Address		City	Prov.	Postal Code
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (day/month/year)	Marital Status: <input type="checkbox"/> married <input type="checkbox"/> common-law <input type="checkbox"/> single <input type="checkbox"/> divorced <input type="checkbox"/> separated			

## CO-APPLICANT/S Applying for Associate Membership (associate membership (\$10/each) is mandatory for all adults in the household other than the principal share holder).

Surname		Given name		Home Phone No.	Work Phone No.
Apt. No.	Street Address (if different than principal member at time of application)		City	Prov.	Postal Code
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (day/month/year)	Relationship to Applicant: <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> relative <input type="checkbox"/> friend <input type="checkbox"/> other _____			

**Important:** If there is more than one co-applicant (adult) in household please write the same information (as above) on a blank sheet of paper and attach it to this application.

## CHILDREN BC Housing has restrictions that do not allow children of the opposite sex to share a bedroom after the age of 5. Victoria Gardens also adheres to this policy.

Surname	Given name	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Relationship to Applicant
		Age:	
Surname	Given name	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Relationship to Applicant
		Age:	
Surname	Given name	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Relationship to Applicant
		Age:	

Are you expecting any new children in your family within the next year?  YES  NO

## HOUSING REQUIREMENTS

UNIT SIZE REQUIRED?

- SIZE: 1 Bedroom   
 2 Bedroom   
 3 Bedroom

SPECIAL NEEDS OR PREFERENCES:

Physical needs: If handicapped please specify disability and/or needs i.e. wheelchair access, no stairs, grab bars, etc.

.....

### THIS SECTION IS FOR CO-OP USE *ONLY*

Date Request for Application Received:	Date Application Mailed Out:	Date Completed Application Received:

# OTHER HOUSING REQUIREMENTS

**PARKING:** One parking spot **per unit** is allowed, if a vehicle is owned. Do you own a vehicle?  YES  NO  
A deposit of \$45 is required for each garage door opener.

**PETS:** One pet per suite is allowed at our Co-op however, we do have specific rules and limits regarding them (maximum of 25 cats and 5 dogs in total at the co-op). Therefore, when you are called for an interview regarding a vacancy please be prepared that it may be at a time when we are at our quota. For further information regarding pet rules we have enclosed a copy of our Pet Policy.

Do you have a pet?  YES  NO What kind of pet do you have? \_\_\_\_\_

Does your pet weigh more than 30 pounds? If 'yes', what is the weight? \_\_\_\_\_

## ACCOMMODATION HISTORY

How many years or months have you lived at your present address? \_\_\_\_\_ If you have lived at your current address for 2 years or less, then please give us your two previous addresses. Include dates of residence and the landowner's name and phone number.

PREVIOUS ADDRESS #1:

PREVIOUS ADDRESS #2:

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATES: \_\_\_\_\_

DATES: \_\_\_\_\_

LANDOWNER: \_\_\_\_\_

LANDOWNER: \_\_\_\_\_

PHONE: \_\_\_\_\_

PHONE: \_\_\_\_\_

What is your monthly rent \$ \_\_\_\_\_, Utility charge (if applicable \$ \_\_\_\_\_). If you own, please estimate your monthly housing cost (mortgage, taxes, utilities, condominium fees, etc. \$ \_\_\_\_\_ How much notice do you need to give to move out of your current residence? \_\_\_\_\_

May we contact your current and/or previous landowner? YES  NO  If 'NO', please explain.

CURRENT LANDOWNER: (If 2 years or less at present location we would also like to contact previous landowners as indicated above)

Surname \_\_\_\_\_ Given Name \_\_\_\_\_ Phone \_\_\_\_\_

## CHARACTER REFERENCES

**NON**-family members only and, if possible, someone who has known you for one or more years.

SURNAME

GIVEN NAME

PHONE

How long have you known this person?

.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**EMPLOYMENT**

*For other Co-Applicants record the same information (Employment & Income Information) on the additional page provided for this purpose with this application form.*

If you have been at your current employment for less than two years please record your two previous employment dates:

<u>APPLICANT</u>	<u>CO-APPLICANT #1</u>
..... TO .....	..... TO .....
..... TO .....	..... TO .....

**CONFIDENTIAL INCOME INFORMATON**

The information provided on this form is strictly confidential and is kept in the co-op office for use by Office Administration, and Finance Committee. The co-op requires applicants to declare all household income and current debts, etc. in order to asses whether subsidy is required or if applicant can comfortably meet the required monthly housing charges.

**Current Employment:**

**APPLICANT**

**CO-APPLICANT #1**

Occupation/Title OR Trade/Position	.....	.....
From (Date) To (Date)	.....	.....
Employer's Name:	.....	.....
Contact Person:	.....	.....
Phone No.	.....	.....

**Gross** Monthly Salary or Earnings

**A** \$ \_\_\_\_\_

**B** \$ \_\_\_\_\_

**Other Income:**

UI	\$	.....	\$	.....
Gain	\$	.....	\$	.....
Pension	\$	.....	\$	.....
Interest on Investments	\$	.....	\$	.....
Child Support/Alimony	\$	.....	\$	.....
Workers Compensation	\$	.....	\$	.....
Income Replacement (i.e. Disability Pension)	\$	.....	\$	.....
Foster Care Support	\$	.....	\$	.....
Other	\$	.....	\$	.....
Total Other Income ( <b>Gross</b> )	<b>C</b>	\$ _____	<b>D</b>	\$ _____

**TOTAL HOUSEHOLD INCOME**

Record below, the totals from page 3. NOTE: Record total gross income of other co-applicants on line (E).

- (A) .....
- (B) .....
- (C) .....
- (D) .....
- (E) .....

TOTAL **GROSS** HOUSEHOLD INCOME \_\_\_\_\_

**OTHER FINANCIAL INFORMATION**

**APPLICANT**

**CO-APPLICANT**

Bank/Credit Union .....

Outstanding debt/s (loans, etc.) .....

**GENERAL INFORMATION:**

- How did you hear about Victoria Gardens Co-op? .....
- Why do you wish to join a co-op? .....
- Have you lived at a co-op before? If yes, what was the name of it? .....
- If this is not included in your 'Accommodation' section, may we contact them for a reference? .....
- If yes, please give us the office phone number .....
- Please tell us the name of the committee(s) you worked on and give a brief description of the type of work that you performed. ....
- Are you, or have you been involved with any volunteer organizations of any kind? If yes, where and what type of work did you do for them? .....

• What skills will you contribute to the running of the co-op? .....

• If there is any other information you would like to provide, which would show us that you would make a good member please use this space. Feel free to attach your resume, references or personal letter.

**AGREEMENT**

- 1. I HEREBY APPLY for membership in Victoria Gardens Housing-Co-operative.
2. I UNDERSTAND that the Co-op expects all members to share in the responsibility of running the Co-op.
3. I UNDERSTAND that I must be interviewed and can become a member only if the Co-op accepts me. Applying does not guarantee acceptance.
4. I THE UNDERSIGNED, declare that all the information in this application is correct and give the Co-op permission to verify any or all of this information, and to do a credit check. I understand that I am required to pay a fee for this credit check payable, by cheque, at time of interview.

APPLICANT \_\_\_\_\_ CO-APPLICANT #1 \_\_\_\_\_

CO-APPLICANT #2 \_\_\_\_\_ CO-APPLICANT #3 \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

**EMPLOYMENT**

**ADDITIONAL CO-APPLICANT INFORMATION PAGE**

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APPLICANT

CO-APPLICANT #1

..... TO .....

..... TO .....

..... TO .....

..... TO .....

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CO-APPLICANT #1

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From (Date) To (Date) .....

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Employer's Name: .....

.....

Contact Person: .....

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Phone No. ....

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**Gross** Monthly Salary or Earnings

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**Other Income:**

UI \$ .....

\$ .....

Gain \$ .....

\$ .....

Pension \$ .....

\$ .....

Interest on Investments \$ .....

\$ .....

Child Support/Alimony \$ .....

\$ .....

Workers Compensation \$ .....

\$ .....

Income Replacement (i.e. Disability Pension) \$ .....

\$ .....

Foster Care Support \$ .....

\$ .....

Other \$ .....

\$ .....

Total Other Income (***Gross***) **C** \$ \_\_\_\_\_

**D** \$ \_\_\_\_\_