

## **CREEKVIEW HOUSING CO-OPERATIVE**

1483 Lamey's Mill Road, Vancouver, BC V6H 3Y7

### **APPLICATION FOR MEMBERSHIP**

Please fill out the application form completely. It will not be possible to process your application if the information is incomplete. You may wish to attach a letter that briefly outlines your present family circumstances.

You are reminded to keep your application current by updating the information by mail should any changes occur in your housing needs.

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## 1. Applicant

\_\_\_\_\_  
Last name First name

\_\_\_\_\_  
Date of birth (D/M/Y)

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City Province Postal code

\_\_\_\_\_  
Phone (home) (work) (cell)

\_\_\_\_\_  
Email

## 2. Co-applicant

\_\_\_\_\_  
Last name First name

\_\_\_\_\_  
Date of birth (D/M/Y)

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City Province Postal code

\_\_\_\_\_  
Phone (home) (work) (cell)

\_\_\_\_\_  
Email

Relationship to applicant \_\_\_\_\_

**3. Other household members**

Last name	First name	Female/male (F/M)	Date of birth (D/M/Y)
		F M	
		F M	
		F M	
		F M	
		F M	
		F M	

**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 your previous address below.

\_\_\_\_\_  
\_\_\_\_\_

How much do you pay in rent each month? \_\_\_\_\_

If you pay for utilities, how much do you pay? \_\_\_\_\_

Landlord's name and phone number you give permission for the co-op to contact.

\_\_\_\_\_  
\_\_\_\_\_

**6. Co-op Living**

Why do you want to live in Creekview Co-op?

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**7. Parking**

List all vehicles belonging to the household.

<b>Make/Model</b>	<b>Colour</b>	<b>License number</b>

**8. Pet Policy**

The co-op has a pet policy that allows two (2) cats and caged animals. (NO DOGS ALLOWED) What pets do you have?

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**FINANCIAL INFORMATION**

**(Confidential)**

**8. Household income**

Applicant's first and last name: \_\_\_\_\_

Please give us a monthly before-tax income (gross income) of each household member.

household member	Source of income (e.g.: pension; employment; self employment)	Gross income each month

You will need to provide proof of this income at the time the co-op is considering offering you a unit in the co-op.

This page will be kept separately to limit access to your financial information.

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## SIGNATURE PAGE

We understand that only the members of **Creekview Housing Co-operative** may live in the co-op and we apply for membership, as set out below.

We understand that, if the co-op accepts us for membership and offers us a unit, we must buy a share purchase of **\$2,000** for the **principal** member, and an administrative payment of \$10 equal to the purchase price of one fully paid share for each **associate member** (19 years and older) who will be residing with the principal member.

At the time of admission there is a \$30 membership fee.

We declare that all the information in this application is correct. We give the co-op permission to verify any or all of this information, and to do a landlord check, and a credit check on both members and associate members. We understand that acceptance of membership depends on the co-op obtaining satisfactory results from credit checks. We agree to provide our dates of birth for that purpose.

There is no housing charge subsidy available at this time for new members.

We require signatures of all household members who are at least **19** years of age:

Applicant for **principal member**: \_\_\_\_\_

Applicant for **associate member** (1): \_\_\_\_\_

Applicant for **associate member** (2): \_\_\_\_\_

Date: \_\_\_\_\_

**Note:** The personal information protection statement is to be signed with this application form.

\_\_\_\_\_

Creekview Housing Co-operative  
Consent to Obtain Confidential Reports

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth (write it out) \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth (write it out) \_\_\_\_\_

Address (include postal code)

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I hereby authorize Creekview Housing Co-operative, its management company, or Agents, to obtain credit bureau reports or other information as may be deemed necessary in connection with my (our) application for membership in the above mentioned housing co-operative.

I give this consent pursuant to Section 12 of the Personal Credit Reporting Act. R.S.B.C.

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness (name printed)

\_\_\_\_\_  
Signature