



Compass Nova Scotia Co-operative Homes Ltd.

207 - 59 Inglis Place
Truro, Nova Scotia
B2N 4B5

APPLICATION FOR MEMBERSHIP - RESIDENT

Location requested: <input type="checkbox"/> Antigonish <input type="checkbox"/> HRM <input type="checkbox"/> Sydney Unit Size Required: <input type="checkbox"/> Bachelor <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom <input type="checkbox"/> 4 Bedroom Do any family members need an accessible unit? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you identify as one of the following? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<ul style="list-style-type: none"> • Women and children fleeing domestic violence • Seniors • Young adults • Indigenous peoples • People with disabilities • People dealing with mental health and addiction issues 		<ul style="list-style-type: none"> • Veterans • LGBTQ2+ • Racialized groups • Recent immigrants • People experiencing homelessness • Single parents 	
Compass NS unit allocation policy gives priority to those applicants who self-identify in one of the categories listed below to ensure that the co-operative maintains housing for the most vulnerable population of at least 50% of the units.			
Building Address	Unit #	Rental Rate	Date Required
PERSONAL INFORMATION			
Applicant's Full Name First Initial Surname		Email Address:	
Date of Birth		H Phone # W Phone #	
Co-Applicant's Full Name First Initial Surname		Email Address:	
Date of Birth		H Phone # W Phone #	

Other Residents (Include Children)	Relationship	Date of birth
1.		
2.		
3.		

RESIDENTIAL HISTORY

1. Present Address		How long there	Rent amount
Landlord	Phone #	Reason for leaving	
2. Previous Address		How long there	Rent amount
Landlord	Phone #	Reason for leaving	

EMPLOYMENT HISTORY

Applicant's Employment History			
Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Other			
Occupation	<input type="checkbox"/> Current <input type="checkbox"/> Previous	Length of Employment	
Employer	Employers Address		
Supervisor/Caseworker	Phone #	Monthly Income <input type="checkbox"/> Gross	

Co-Applicant's Employment History			
Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Other			
Job Title	<input type="checkbox"/> Current <input type="checkbox"/> Previous	Length of Employment	
Employer	Employers Address		
Supervisor/Caseworker	Phone #	Monthly Income <input type="checkbox"/> Gross	

AUTOMOBILES

Make / Model	Year / Color	License Plate Number	Province
1.			
2.			



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OTHER INFORMATION

Applicant's Next of Kin	Address	Phone #	Relationship
Co-applicant's Next of Kin	Address	Phone #	Relationship
Do you own any pets? Are they spayed/neutered and up to date on vaccinations? Please provide us with their name and breed.	1.	2.	3.

NOTE: Upon execution of the lease and occupancy of the premises by the tenant, the deposit shall become the Security Deposit where applicable.

I hereby certify that the above information is true and complete and that I have not withheld any information relevant to this application. It is also understood that the property management and/or owner reserve the right to reject this application. I have read and understand these conditions.

Applicant Signature _____ Date _____

Co-applicant Signature _____ Date _____

I/we know that I/we have the right to verify the information about me/us held by credit reporting agencies, that the landlord and its agents are entitled to rely on such credit reports as being correct, and I/we release any claim I/we may have arising from reliance on that information. I/we hereby give irrevocable permission to the Landlord or its agents to obtain at any time a consumer/credit report about me/us, to contact previous landlords to obtain information about my/our previous tenancies, to contact agencies that provide landlord information, to contact my references, and to take any other reasonable steps necessary to assess this rental application or for any amendment or renewal of my/our tenancy. I/we provide my/our irrevocable consent to the Landlord or their agents to disclose information from my rental application and information arising from any tenancy between us to any third party for the purpose of contributing information to a database of tenant information to be used in providing consumer/credit reports.

FOR OFFICE USE ONLY

REFERENCE VERIFICATION	AP PLI	DEPOSITS
Applicant <input type="checkbox"/> Present Address <input type="checkbox"/> Previous Address <input type="checkbox"/> Employment Co-applicant <input type="checkbox"/> Present Address <input type="checkbox"/> Previous Address <input type="checkbox"/> Employment	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Date Initials Final Building & Apt. # Date of Occupancy Membership Approval Date	Membership fee Date: Amount: Receipt #: Security deposit Date: Amount: Receipt #: