

Muriel Collins Housing Co-operative

Member and Housing Application

C O N F I D E N T I A L

All information contained in this application will be kept confidential and available only to the office. Please print clearly and include full names of all household members. Please circle correct title (Mr. Mrs. Miss etc. List as "applicants' everyone who is 18 years or older. For more than two (2) adults, or an applicant with a different address, please specify details on a separate sheet of paper and attach.

1. Household Information

Applicant 1 Mr. Mrs. Miss. Ms.	Applicant 2 Mr. Mrs. Miss. Ms.
Name: _____	Name: _____
Address: _____ Apt. # _____	Address: _____ Apt. # _____
City: _____ Province: _____	City: _____ Province: _____
Postal Code: _____	Postal Code: _____
Telephone Numbers: (please include area codes)	Telephone Numbers: (please include area codes)
(H) () _____	(H) () _____
(W) () _____	(W) () _____

2. Other Members of Household

Surname	Given Names	Son/Daughter/Other	Birthday mm/dd/yyyy)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For Office use Only

Type of Unit required: _____
Type of Subsidy needed: _____

Date Received: _____
Application Fee: _____
Fee Received: _____

Muriel Collins Housing Co-operative

3. General Information

How did you hear about Muriel Collins Housing Co-operative? Be specific.

Have you lived in a housing co-op before or been involved in any other form of co-operative or credit union?

Yes _____ No _____

If yes, please supply specifics: _____

Do you have or have you ever had a criminal record?

Yes _____ No _____ If yes, give specifics: _____

Do you have any other comments concerning your application to the Co-op?

4. Housing Requirements

Size of unit (number of bedrooms) you need or prefer:

1 _____ 2 _____ 3 _____

Do you need a wheel chair accessible unit? Yes _____ No _____

Do you need a parking space? (One only) Yes _____ No _____
If you do not have a vehicle, no space will be assigned.

Do you have any pets? Yes _____ No _____

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

5. Geared-to-Income Assistance (Subsidy)

Do you wish to apply for geared-to-income assistance?

Yes _____ No _____

(If yes, please complete "Application for Rent-Geared-to-Income Assistance and Declaration of Income" – form attached.)

Are you a Canadian citizen, Permanent Resident/Landed Immigrant or Refugee Claimant?

Yes _____ No _____

Muriel Collins Housing Co-operative

6. Income and Employment Information

<p>Appropriate proof of income must be submitted with this application See attached sheet Acceptable Forms of Proof of Income for a description of acceptable proof of income.</p>																																					
<p>Applicant 1 Mr. Mrs. Miss. Ms.</p> <hr/> <p>Legal Name:</p> <hr/> <p>Birthdate: (mm/dd/yyyy)</p> <hr/> <p>Social Insurance Number</p> <hr/> <p>Occupation: (if none put NA)</p> <hr/> <p>Name of Employer:</p> <p>() _____</p> <p>Work Telephone Number:</p> <p>Length of time with present employer: _____</p> <p>If less that 1 year, please give previous employer:</p> <hr/> <hr/>	<p>Applicant 2 Mr. Mrs. Miss. Ms.</p> <hr/> <p>Legal Name:</p> <hr/> <p>Birthdate: (mm/dd/yyyy)</p> <hr/> <p>Social Insurance Number</p> <hr/> <p>Occupation: (if none put NA)</p> <hr/> <p>Name of Employer:</p> <p>() _____</p> <p>Work Telephone Number:</p> <p>Length of time with present employer: _____</p> <p>If less that 1 year, please give previous employer:</p> <hr/> <hr/>																																				
<p>Have you declared bankruptcy within the past seven (7) years? Yes _____ No _____ If Yes, please provide further information regarding your credit history.</p>																																					
<p>Gross Monthly Income from Other Sources</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>ODSP</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>OW</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>All Support Payments</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>OSAP Loans</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Bursary & Scholarships</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Pensions</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Interest/Dividends</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Bonds/RRSP</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Other Estates _____</td><td style="text-align: right;">\$ _____</td></tr> </table>	ODSP	\$ _____	OW	\$ _____	All Support Payments	\$ _____	OSAP Loans	\$ _____	Bursary & Scholarships	\$ _____	Pensions	\$ _____	Interest/Dividends	\$ _____	Bonds/RRSP	\$ _____	Other Estates _____	\$ _____	<p>Gross Monthly Income from Other Sources</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>ODSP</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>OW</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>All Support Payments</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>OSAP Loans</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Bursary & Scholarships</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Pensions</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Interest/Dividends</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Bonds/RRSP</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Other Estates _____</td><td style="text-align: right;">\$ _____</td></tr> </table>	ODSP	\$ _____	OW	\$ _____	All Support Payments	\$ _____	OSAP Loans	\$ _____	Bursary & Scholarships	\$ _____	Pensions	\$ _____	Interest/Dividends	\$ _____	Bonds/RRSP	\$ _____	Other Estates _____	\$ _____
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<p>Total Gross Household Income (Per Month): \$ _____ ¹</p>																																					

¹ For more than two people, please add information on a separate sheet of paper
 MCHC_Application_Form.doc

Muriel Collins Housing Co-operative

7. Accommodation History

<p>Applicant 1 How long have you lived where you are now? _____</p> <p>Type of Housing (own, rent, co-op) _____</p> <p>Number of bedrooms you have now? _____</p> <p>Current Rent/Mortgage: \$ _____ Utilities: (if extra) \$ _____</p> <p>May we use your present landlord as a reference? Yes _____ No _____</p> <p>Name: _____</p> <p>Telephone #: () _____</p> <p>If "no" – please explain _____ _____</p>	<p>Applicant 1 How long have you lived where you are now? _____</p> <p>Type of Housing (own, rent, co-op) _____</p> <p>Number of bedrooms you have now? _____</p> <p>Current Rent/Mortgage: \$ _____ Utilities: (if extra) \$ _____</p> <p>May we use your present landlord as a reference? Yes _____ No _____</p> <p>Name: _____</p> <p>Telephone #: () _____</p> <p>If "no" – please explain _____ _____</p>
<p>Please list places of residency and landlord names for the last 10 years (prior to your current address).</p>	
<p>_____ Address</p> <p>_____ Name</p> <p>_____ Address</p> <p>_____ Name</p> <p>_____ Address</p> <p>_____ Name</p> <p>_____ Address</p> <p>_____ Name</p> <p>_____ Address</p>	<p>_____ Address</p> <p>_____ Name</p> <p>_____ Address</p> <p>_____ Name</p> <p>_____ Address</p> <p>_____ Name</p> <p>_____ Address</p> <p>_____ Name</p> <p>_____ Address</p>

8. Participation

All Co-op members are expected to volunteer some time to help with the running of the Co-op. Please specify the area of interest for each adult applicant. Initial your choice if there are more than one adult application in your household.

Gardening _____ Membership _____ Finance _____ Maintenance _____
Social _____ Emergency On-Call _____ Newsletter _____ Children's _____ 55+ _____

Please list any other things you would like to do, as a member to help out in the Co-op.

9. Contact Person(s)

Please complete the following:

In case of emergencies, Please notify the following person(s):

Name of Person: _____

Address: _____

Telephone Numbers: Home: () _____
Work: () _____

Relationship to Applicant: _____

Name of Person: _____

Address: _____

Telephone Numbers: Home: () _____
Work: () _____

Relationship to Applicant: _____

10. Each Adult Applicant Must Include Two (2) Letters of Reference

One character reference from a neighbour or friend **and** one letter indicating some sort of volunteer community participation over the past five (5) years. (See attached sheet for a description of acceptable reference letters).

I/WE HEREBY apply for membership in the Co-operative

I/WE UNDERSTAND that this application must be accompanied by the following:

- Two (2) letters of reference for each adult applicant (18 years or older).
- \$25.00 (Twentyfive Dollars) non-refundable application fee **per adult** to cover the cost of the credit check
- The cheque or money order be made payable to Muriel Collins Housing Co-operative. Cash is also acceptable
- Proof of income for each member of the household who receives an income.

I/WE UNDERSTAND that any children sixteen years of age and older, attending an educational institution, must supply a letter of proof of enrolment from the educational institution they are attending.

I/WE UNDERSTAND the Muriel Collins Housing Co-operative has been formed to provide housing at cost to its members and that the Co-op relies on the participation of members to operate successfully.

I/WE DECLARE that all the information in this application is correct. The undersigned consents to the obtaining of credit and/or personal information as may be required at any time in connection with the rental hereby applied for or any renewal or extension thereof and to the disclosure of any credit information concerning the undersigned to any credit reporting agency or to a person with whom the undersigned has or proposes to have financial relations.

Date: _____

Signature of Applicant: _____

Signature of Applicant: _____

Muriel Collins Housing Co-operative

Verification of Assets

It is the responsibility of the applicant to complete this form so that a credit history can be completed by a bank, trust company or credit union and to ensure that it is returned to Muriel Collins Housing Co-operative, 79 Richmond Street East, Toronto ON M5C 1N9

Please print name:

I, _____, and

I, _____

Hereby authorize that the information requested below be given to Muriel Collins Housing Co-operative as required.

Applicant's signature

Date

Applicant's Signature

Date

To Whom It May Concern

The Housing Charge (rent) charged to Muriel Collins Housing Co-operative members is based in part on their gross income. Please provide all available information as requested for the applicant(s) named above.

All information will be treated as confidential.