



APPLICATION FOR MEMBERSHIP

Please complete entire application form

Name of Applicant:

Current Address:

City:

Province:

Postal Code:

Home Phone Number:

Work Phone Number:

Cell Phone Number:

Email Address:

**INCLUDING YOURSELF, PLEASE LIST THE NAMES OF ALL PERSONS
WHO WILL BE RESIDING IN THE UNIT**

Name

**Birthdate
(M/D/YY)**

Relationship to Applicant

Unit Size Required:

Pets

Only **two** four-legged pets allowed.

Pets must be spayed or neutered and, documentation must be provided.

Number of Vehicles:

Have you ever lived in a Housing Co-op?

Name and Location of Previous Co-op:

Please notify Killarney Gardens Housing Co-op, in writing, of any changes in your family composition or financial information. Thank you for applying for membership in Killarney Gardens Housing Co-op.

Date Received by Co-op:

Received by (print name):

KILLARNEY GARDENS HOUSING CO-OP – FINANCIAL INFORMATION

Please complete entire Application Form ~ This Information will be kept in strict confidence

Name of Applicant:			
Please provide the incomes for all those listed on this application			
Name	Monthly Income, Gross	Sources of Income IE: Employment, Pension, etc.	Name & Phone Number of Employer
Please report all incomes from all sources.			
Name and Phone Number of Current Landlord:			
Name and Phone Number of Previous Landlord:			
<p>I understand that only members and those persons listed on the Application Form may reside in the co-op. I understand that if the co-op approves my membership and offers me a unit, I must purchase shares, \$2500.00, in the co-op within two days of unit acceptance. Cash will not be accepted.</p> <p>I declare that all the information in this Application Form is correct. I give the co-op permission to verify any or all of this information and, do a landlord check and a credit check.</p> <p>I agree that Killarney Gardens Housing Co-op may keep the following information: all information provided on this Application Form, accompanying income documentation and credit check details. I agree that this personal information may be made available to persons in the following positions: the co-op's Auditor, CMHC, BCHMC and the co-op's Management Company/Office Staff.</p> <p>I understand that Killarney Gardens Housing Co-op will use the information to: contact me about this application, determine my eligibility for membership in the co-op, perform a landlord check and credit check, and confirm eligibility for membership to persons in the following positions: the co-op's Auditor, CMHC, BCHMC and the co-op's Management Company/Office Staff as required.</p>			
Signatures of all household members who are 19 years of age or older			
Name (Please print)		Signature	

Thank you for applying for membership in Killarney Gardens Housing Co-op.
Please remember to submit the incomes for all those listed on the Application Form.