



APPLICATION FOR MEMBERSHIP

Please complete entire application form

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Name of Applicant					
Current Address					
City		Province		Postal Code	
Home Phone Number				Work Phone Number	
Cellular Phone Number				Email Address	
PLEASE LIST THE NAMES OF ALL PERSONS (INCLUDING APPLICANT) WHO WILL BE RESIDING IN THE UNIT					
Name		Birth date (m/d/yy)		Relationship to Applicant	
Unit size Required					
Special Requirements (ie: no stairs, handicap unit, etc.)					
Number of Vehicles				Pets (only one four legged pet allowed/must be neutered/spayed)	
Have you ever lived in a Housing Co-op?					
Name and location of Previous Co-op					
Please indicate your areas of skills and/or interest: ✓ applicable choice					
Buildings <input type="checkbox"/>		Membership <input type="checkbox"/>		Social <input type="checkbox"/>	
Building Systems and Repairs		Interviewing and Orientation		Organizing Social Functions	
Parent <input type="checkbox"/>		Newsletter <input type="checkbox"/>		Grounds & Gardens <input type="checkbox"/>	
Social Functions for Children		Writing, Editing, Producing		Landscaping and Work Parties	
Finance <input type="checkbox"/>		Pool <input type="checkbox"/>		Security <input type="checkbox"/>	
Reviewing Financials, Budgets		Pool Maintenance, Chemicals		Security Patrols	
<p>You are required to inform Killarney Gardens Housing Co-op in writing of any changes in your family composition, financial information, or other information. Every 6 months you must confirm, in writing, your interest in remaining on our waitlist. Thank you for applying for membership in Killarney Gardens Housing Co-Operative</p>					
Date Received by Co-op				Received by (print name)	

KILLARNEY GARDENS HOUSING CO-OP – FINANCIAL INFORMATION

2998 East 54th Avenue Vancouver BC V5S 1Y5

Office: 604-436-2886 Membership Committee: 604-436-9554 Fax: 604-435-3921

Email: killarneygardens@telus.net Website: www.kghousingcoop.ca

Please complete entire Application Form – This information will be kept in strict confidence

Name of Applicant	
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Please list the incomes and sources of income for all those listed on this application who are at 19 years of age or older

Name	Social Insurance Number	Monthly Income (gross)	Source of Income (Employment, Pension, etc)	Name & Phone Number of Employer	How long employed by

Please ensure to report all incomes from all sources. Thank you

Please note:

- A non-refundable \$35 (cheque/money order) application fee must be included with your application
- Please attach proof of income, recent income tax assessments, and three consecutive pay stubs
- You will be contacted by the membership committee for an interview. All household family members are required to attend.

Name & Phone Number of Current Landlord		How long
Name & Phone Number of Previous Landlord		How long

We understand that only members of Killarney Gardens Co-op may live in the co-op and apply for membership. We understand that if the co-op accepts us for membership and offers us a unit, we must purchase shares in the co-op at a cost depending on the type of unit offered.

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 do a landlord check and credit check.

I agree that Killarney Gardens Housing Co-op may keep the following information about us: All information provided on this Application Form, accompanying income documentation and credit check details. I agree this personal information may be made available to people in the following positions: Board of Directors, Treasurer, Finance Committee, Auditor, Lawyer, CMHC, BCHMC, Property Manager, office staff, and the Membership Interview Volunteers (non-financial information only)

I understand that Killarney Gardens Housing Co-op will use the information to: Contact me about this application, determine my eligibility for housing and membership in the co-op, perform a credit check and landlord check, and confirm eligibility for membership to CMHC, BCHMC, Property Management Company and Co-op's auditors as required.

Signatures of all household members who are at 19 years of age or older:

Name - Printed	Signature

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