

Matheson Heights Housing Co-operative

3514 Blue Jay Crescent, Vancouver, B.C. V6S 4E4

Office/Fax: (604) 433-8668

mathesonwaitlist@gmail.com

Application for Membership

Section A

Applicant's Name: _____
(Last Name) (Given Name)

Address: _____
(Postal Code)

Email: _____

Telephone Numbers: _____
(Cell) (Home)

Birth date: _____ **Social Insurance #:** _____
(M / D / Y) (Optional)

Co-Applicant's Name: _____
(Last Name) (Given Name)

Birth date: _____ **Social Insurance #:** _____
(M / D / Y) (Optional)

Please list all other persons who will be residing with you

Last Name	Given Name	Birth Date	Relationship

Section B

Residence History

In what type of accommodation are you currently resident?

(Rental, Co-op, Own, Other) _____

Do you or any member of your household listed above own housing property?

Yes No

Do any member of your household have any health problems which will affect your housing needs? Please be advised that medical documentation is required if applying for a wheelchair accessible unit.

Yes No _____

Are you applying for a subsidized housing unit?

Yes No

What is your current monthly rent? _____

What domestic pets do you have? _____

Please note that no exotic pets, e.g. ferrets, snakes, rabbits, etc., are allowed

Please select from the table below which unit size you require:

Check only one	Type
	1 bedroom apartment
	2 bedroom apartment
	2 bedroom apartment, wheelchair accessible <i>(doctor's note required)</i>
	2 bedroom townhouse
	3 bedroom townhouse
	4 bedroom townhouse

Please provide information regarding your current landlord and any other landlords you have had during the past three years.

Address	Landlord's Name & Phone #	Date From / To
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section C

Employment History (Past three years)

Applicant Company	Contact Person & Phone #	Date From / To

Co-Applicant Company	Contact Person & Phone #	Date From / To

Please list three personal references (other than family)

Name	Phone #	Relationship

Section D

Income Information

Please select from the table below the combined gross annual income for all persons ages 19 years and older.

Check only one	Combined Household Gross Annual Income
	Less than \$28,000
	\$28,000 - \$33,000
	\$33,000 - 41,000
	\$41,000 - \$45,000
	\$45,000 - \$52,000
	\$52,000 >

Please note that under the terms of our Operating Agreement with CMHC and our Lease, a housing co-operative resident may not operate any business out of their unit.

Section E

Volunteer Experience

According to the structure of co-operative living and the Occupancy Agreement, you are expected to:

- Attend General Meetings and any Extraordinary Meetings
- Join a Committee of your choice
- Assist in the general maintenance and security of the co-operative by choice or assignment

What types of volunteer work are you currently doing or have done in the past? Please provide all the information you can (e.g. organization's name, contact persons and phone numbers, dates, etc.)

Please indicate the Committee(s) in which you would be willing to serve

Maintenance _____ **Policies and Procedures** _____ **Social** _____
Unit Inspection _____ **Interview & Welcome** _____ **Finance** _____
Newsletter _____ **Playground** _____ **Safety & Security** _____
Landscaping _____

Please note that "serving" does not just mean attending meetings. Each committee member must participate.

Please indicate any skills which you are willing to put at the service of the co-operative.

Please list any hobbies or areas of interest which you are willing to share with the other members of the co-operative.

Section F

Application Agreement

1. I/We understand that the applicant is required to report all the people who live in their unit and that any changes in household size must be reported immediately to the co-operative's management company.
2. I/We understand that I/We must be interviewed as part of the application process and that neither this application nor the interview itself is guarantee that I/We will be accepted.
3. I/We acknowledge that, if accepted, I/We will be required to purchase shares in the Co-operative, Tenant insurance and pay the first month's housing charges before the move-in date.
4. I/We understand that the Co-operative makes no guarantees as to the affordability of accommodations provided to members, nor does it ensure the availability of any subsidies, rent supplements or reduction of housing charges in the event that my income becomes less than that stated in this form.
5. I/We understand that it is my/our responsibility to keep the Co-operative updated with regards to our information and that failing to do so will forfeit my application.
6. I/We understand that there is only one assigned parking space per unit and that no storage of vehicles or recreational vehicles is allowed on co-operative property.
7. I/We confirm that the information contained in this application is accurate and I/We hereby authorize Matheson Heights Housing Co-operative, its employees or agents, to obtain such reports or other information (e.g. credit check, current or past residences or employment history, etc.) as may be deemed necessary in connection with this application.
8. I/We understand the importance of volunteering within the Co-op and acknowledge that, if accepted, will join a Committee as per Section E of this application.
9. I/We agree that a criminal record check may be done.

Applicant's name (please print)

Applicant's signature

Signed at _____, BC
(Location)

Date: _____

Co-Applicant's name (please print)

Co-Applicant's signature

Signed at _____, BC
(Location)

Date: _____

MATHESON HEIGHTS HOUSING CO-OPERATIVE
 3514 Blue Jay Crescent
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**CONSENT
 MUST BE SIGNED BY APPLICANT
 and
 OTHERS WHO WILL LIVE WITH APPLICANT OVER THE AGE OF 19**

Dear Applicant:

In October 2003, the provincial government passed a law to protect the privacy of personal information - the *Personal Information Act (PIPA)*. This law applies to housing co-ops as of January 1, 2004.

The Act allows the co-op to gather and use personal information for the purposes that "a reasonable person would consider appropriate in the circumstances." At application, the co-op will collect personal information to determine eligibility for membership in Matheson Heights Housing Co-operative. A determination for eligibility includes, but is not limited to:

- The size of a unit an applicant may be considered for (eg. 4 bedroom townhouse; 2 bedroom apartment, etc.)
- Potential need for subsidy by the master member; specific housing needs by the applicant (eg. Housing emergency, housing crisis, etc.)
- At least an R2 rating on a potential master member's credit history
- An interview with the potential master member and others who may live with the master member by 2 co-op members if and when a suitable unit becomes available to assess the applicant's existing housing situation.

Eligibility for membership is determined by the Board of Directors at an in-camera meeting, attended only by Board members.

Information collected on this application includes:

- Financial information to determine co-op subsidy applicability
- Applicant's employment and source of income including investments, rental properties, government sources (Canada Pension Plan; Workers Compensation Board; Long term Disability; Disability Benefits, Social Assistance, etc.)
- Applicant's Social Insurance Number for a credit check
- References to check the character of applicants
- The age of the individual applying to be master member, only for purposes of conducting a credit check and reporting unpaid debts to a collection agency or credit bureau
- The number of other individuals, and age, of others who will live with the master member

PIPA LETTER TO APPLICANT

- The income of those who will live with the master member
- Possible disabilities if the applicant feels their disability results in the need for a specific type of unit (for example, an apartment with no stairs)
- Eligibility information to qualify for the supplementary Home Owner Grant
- Co-op census information, including a record of all residents in each unit for security

I agree this personal information may be made available to people in the following positions:

- Co-op auditor
- Employees of *CMHC and/or BC Housing*
- Municipal employees dealing with the Home Owner Grant (for grant application)
- Co-op lawyer
- Contracted management service and staff (*CANA Management*)
- Designated committee members who have designated official duties for the purposes of this application: *Waiting List Committee; Interview/Welcome Committee*
- *CANA Management* for Income review and setting housing charges by our management company
- *CANA Management* for credit checks to Equifax Canada
- Landlord and other reference checks
- Co-op Board of Directors so long as it is in connection with the Board's official duties

The co-op will ensure safe storage of all your information and ensure it is not disseminated outside the scope of this consent.

If you become a member, and there are no assurances implied or explicit at time of application that your application will lead to membership in the co-op, the co-op will continue to collect information from you for the purposes listed below:

If your application is successful and you become a member, you will be required to sign another PIPA statement regarding the collection, storage and dissemination of your personal information. This information will be held under strict security, will explicitly state what information we collect and why, how this information will be used, our co-op's PIPA policies and appeal procedures.

By signing below, I _____(applicant print name), agree that:

- 1) I have read this consent in its entirety,
- 2) I have had ample opportunity to seek another opinion, whether it be legal or otherwise,
- 3) I have no question regarding this consent,
- 4) This consent will expire if I decide not to pursue membership in the co-op and provide the co-op notice to this effect in writing,
- 5) By not signing this consent but submitting an application, I will not be considered for membership and my application will be shredded in the co-op office.

Signed in the City of _____, this _____ day of _____ (month), 20 _____ (year).

Applicant's Signature

Applicant Print Name

Witness to Signature (witness please sign)

I am at least 19 years of age or older and agree with this consent and will reside with the applicant if the applicant is accepted as a master member:

Co-applicant

Co-applicant Print Name

Witness to Signature (witness please sign)

Co-applicant

Co-applicant Print Name

Witness to Signature (witness please sign)

Co-applicant

Co-applicant Print Name

Witness to Signature (witness please sign)

Co-applicant

Co-applicant Print Name

Witness to Signature (witness please sign)