



File No _____

APPLICATION FORM
AMICAE HOUSING CO-OPERATIVE

#800 – 1047 Barclay Street
Vancouver, BC, V6E 4H2

PLEASE READ THROUGH THE INSTRUCTIONS CAREFULLY
INCOMPLETE OR IMPROPERLY FILLED APPLICATIONS WILL NOT BE CONSIDERED

1) Applicant Information:

Last Name: _____ First Name: _____
Date of Birth: _____ Gender: _____
Status in Canada: _____

2) Contact Information:

You must currently reside in British Columbia in order to be eligible for consideration

Current Address: _____
City: _____ Province: _____ Postal Code: _____
Phone Number: _____ Secondary Number: _____
Email: _____

3) Household Information:

In order for your application to be considered, all household members applying with you must currently reside in British Columbia and must be a Canadian citizen/Permanent Resident. Use **(C)** to indicate Citizen or **(PR)** to indicate Permanent Resident under "Status".

Name	Relationship	DOB	Gender	Status
Applicant Name:	Self			
1)				
2)				
3)				
4)				

Do all of the people listed above live with you full time? Yes: _____ No: _____
If No, please provide the following information for all persons not living with you full time.

Name	Days per week	Reason
1)		
2)		
3)		
4)		

4) Housing Needs

Please indicate the amount of bedrooms you would like to apply for. You may check more than one option.

1 Bedroom	
2 Bedrooms	
3 Bedrooms	
Locker	
Parking Space	

Use the following standards to determine the appropriate sized unit for your household. Please note that you will not be considered for a unit with more bedrooms than your household is entitled to.

- All bedrooms must be occupied by a member of your household
- Spouses and couples are entitled to one bedroom only
- Dependants are entitled to one bedroom each
- You are entitled to an extra bedroom if you require a live-in caregiver

Does your household include pets? **If Yes**, please specify: _____ How many? _____

Amicae has multiple units designed with accessibility in mind. Please specify if you require accessibility features, such as wheelchair access, adapted kitchen/bathroom, live in attendant, etc: _____

If an accessible unit is not available, would you like to be considered for a standard unit? Yes: _____ No: _____

5) Residence History

Please provide information on where you have lived for the past 5 years.

1) Address: _____ Dates: _____
Landlord: _____ Phone: _____

2) Address: _____ Dates: _____
Landlord: _____ Phone: _____

3) Address: _____ Dates: _____
Landlord: _____ Phone: _____

4) Address: _____ Dates: _____
Landlord: _____ Phone: _____

Inquiries to previous landlords will not be made without your consent. Consent: Yes: _____ No: _____

6) Employment Information

Applicant's Employment (last five years).

1) Job Title: _____ Dates: _____
Employer: _____ Phone: _____

2) Job Title: _____ Dates: _____
Employer: _____ Phone: _____

Other Adult's Employment (last five years).

1) Job Title: _____ Dates: _____
Employer: _____ Phone: _____

2) Job Title: _____ Dates: _____
Employer: _____ Phone: _____

8) Questionnaire

Why do you want to live in a Housing Co-Op?

What do you believe are some advantages and disadvantages of living in a Co-op?

Do you have any special skills or interests which might be helpful in the running of a Housing Co-op? If yes, please explain:

Tell us about some volunteer activities that you and your family have participated in. Give details of where, when and what you did:

Which committees would you be prepared to serve on?

	Board of Directors	Elected positions which provide overall coordination of Co-op
	Finance	Budget, and other financial aspects of the Co-op
	Landscape	General upkeep of garden areas
	Membership	Interviewing prospective members, maintaining member participation, etc
	Social	Planning social events for members, such as potluck, movie nights, etc
	Maintenance	Coordinating maintenance, plus general upkeep and repairs of Co-op

Please list any other information about yourself which you may like to provide:

Do you know anyone currently residing at Amicae who has agreed to provide a reference? Yes: _____ No: _____

If Yes, please provide unit number and name: _____

Dear Applicant,

Thank you for applying to Amicae Housing Co-operative.

Please read and initial each of the following statements. By initialling you indicate that you have read, understand and agree to each one.

- **A new application form must be submitted every 12 months**, or when there are changes to household size, income, or unit preference. We do **NOT** accept emails or letters indicating continued interest. _____
- Receipt of your application form only places you in our active applicant pool. It does not guarantee that you will be selected or interviewed for membership. We do not provide status updates on applications. If in doubt, simply resend your application. _____
- If called for an interview, all members of household must be present, including children. _____
- If selected for an interview, you will be required to provide:
NOTE: DO NOT SEND THESE ITEMS UNLESS CONTACTED FOR AN INTERVIEW.
 - Copies of last year's Notice of Assessment from the CRA
 - The three most recent consecutive pay slips
 - Two personal references, and two professional references
 - Proof of Citizenship/ Permanent Residency
 - A cheque or money-order for a \$20 non-refundable processing fee. (This fee will **ONLY** be used to complete a Credit Check for the successful applicant) _____
- Amicae will contact and check landlord, personal and employment references, along with credit histories prior to offer of membership. _____

A housing cooperative is a group of people working together to enjoy long term affordable housing. Each member has a responsibility to participate in the ongoing care and maintenance of the housing complex. Therefore, please do not look upon Amicae Housing Cooperative as inexpensive housing without commitment. The responsibility of membership is not for everyone.

Sincerely,
AMICAE HOUSING CO-OPERATIVE

I UNDERSTAND THAT MEMBERSHIP IN AMICAE CO-OPERATIVE WILL REQUIRE ACTIVE PARTICIPATION AND ATTENDANCE AT ALL GENERAL MEETINGS. I AM AWARE THAT IF MY APPLICATION IS ACCEPTED, I MUST ABIDE BY ALL POLICIES APPROVED BY GENERAL MEMBERSHIP, AND THAT FAILURE TO DO SO MAY RESULT IN MY EXPULSION.

I HEREBY ACKNOWLEDGE THAT MY SIGNATURE ON THIS APPLICATION WILL BE CONSIDERED AS AUTHORIZATION TO MAKE NECESSARY INQUIRIES TO PREVIOUS LANDLORDS.

Applicant's Signature: _____ Date: _____

Other Adult's Signature: _____ Date: _____



File No _____

APPLICATION FORM
AMICAE HOUSING CO-OPERATIVE
#800 – 1047 Barclay Street
Vancouver, BC, V6E 4H2

CONFIDENTIAL INCOME INFORMATION
Please print this page separately and do not staple to the rest of the application.

Name	Gross Fixed Income (per year)	Other Income (per year)
Applicant:	\$	\$
1)	\$	\$
2)	\$	\$
3)	\$	\$
4)	\$	\$
5)	\$	\$
6)	\$	\$
7)	\$	\$
	Total gross income for household	\$

You must provide financial info for all members contributing to household income.

Definitions of income include but are not limited to the following:

- Gross Salary, Wages and Overtime
- Bonuses, Tips, Commissions
- Foreign Income from any source
- Pension, Old Age Security
- War Disability, Vets Allowance
- Blind Person's Allowance
- Net Business Income
- Gross Rental Income
- Support Payments/ Alimony
- GAIN/Welfare Payments
- Annual Income/ Dividends
- Guaranteed Income Supplement
- Interest/ Profit Sharing
- Research Grants
- EI Benefits

I HEREBY ACKNOWLEDGE THAT MY SIGNATURE ON THIS APPLICATION WILL BE CONSIDERED AS AUTHORIZATION TO MAKE NECESSARY FINANCIAL INQUIRIES.

Applicant's Signature: _____ Date: _____

Other Adult's Signature: _____ Date: _____