



KRISINELEOS

HOUSING CO-OPERATIVE

ATTENTION: MEMBERSHIP COMMITTEE

#35-4270 Ponderosa Crescent, Victoria, B.C. V8Z 7H3

Membership Application Form

1. Applicant

Last Name

First Name

Date of Birth (D/M/Y)

Street Address

City, Prov

Postal

Home Phone

Work Phone

Cell Phone

2. Co- Applicant

Last Name

First Name

Date of Birth (D/M/Y)

Street Address.

City, Prov

Postal

Home Phone

Work Phone

Cell Phone

[Relationship to applicant: _____]

3. Other Household Members

Last Name	First Name	Female/Male	Date of Birth (D/M/Y)
		<input type="checkbox"/> F <input type="checkbox"/> M	
		<input type="checkbox"/> F <input type="checkbox"/> M	
		<input type="checkbox"/> F <input type="checkbox"/> M	
		<input type="checkbox"/> F <input type="checkbox"/> M	
		<input type="checkbox"/> F <input type="checkbox"/> M	

4. Unit

What size of unit do you require? _____

Do you require a wheelchair accessible unit? Y N

5. Housing Background

How long have you lived at your current address? _____

How much do you pay in rent each month? _____

If you pay for utilities, how much do you pay? _____

Landlord's name and phone and phone number: _____

If you have lived there less than 2 years, please provide your previous address as well as the previous Landlord's name and phone number.

6. Parking (RV's, trailers and boats are not permitted in the parking lot)

How many parking spaces do you need? _____

7. Pet Policy

The co-op has a pet policy that allows one cat or dog. What pets do you have?

8. What do you know about co-op living?

9. What do you know about our co-op?

10. What skills and abilities do you possess that you feel would benefit our co-op?

11. How long do you plan on living at our co-op? Are you looking for short term accommodations or are you looking for something long term?

Signatures

WE understand that only the members of Krisineleos Housing Cooperative may live in the co-op and we apply for membership, as set out below.

We understand that, if the co-op accepts us for membership and offers us a unit, we must buy a share purchase of \$4,500.00.

If accepted into membership, we agree to be bound by and to comply with the Rules, occupancy agreement and policies of the co-op in force and as amended from time to time.

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 to do a landlord check. WE understand that acceptance of membership depends on the co-op obtaining satisfactory results from a credit check and landlord check.

Signatures of all household members:

Applicant

Date

Co-Applicant

Date

Household Income

Applicants First and Last Name _____

Please provide us with monthly before-tax income (gross income) information for each household member.

Name of Household Members	Employer or source of income (e.g. Social Assistance, CPP, OAS)	Gross Income Each Month

All financial information of applicants is kept strictly confidential.

Financial information will be assessable only to those directly involved in the member selection process to help in their assessment of your suitability as a future member of the co-op. If you would like clarification about the meaning or reason of any questions do you hesitate to bring it up at an interview.

Application forms of applicants not chosen for an interview or not successful in the interview process are shredded.

Submit a copy of proof of income for each household member in a sealed envelope along with THIS page of the application. Attach the sealed envelope to this application.

In addition, if you are a single parent and you have custody of your children for 40% or more each month please submit a copy of your legal document stating this.

This page will be kept separately to limit access to your financial information.