For Office Use Only Date & Time:
Application Fee:

(\$20 application fee must accompany completed form)

APPLICATION FOR MEMBERSHIP AND HOUSING

1. Household Members: "Applicant 1" will be the person to be contacted. Please **PRINT** clearly.

	Applicant	1					
Name:							
Address:							
Postal Co	ode:	Phone:	Day	Even	ing		
	Applicant 2		Applicant 3		Applicant 4		
Name:							
Phone:							
	Childre	n <i>(If <u>16</u> o</i>	r older list abo	ve as an appli	icant)		
:	surname(s)	gi	ven name(s)	son/ daugh other	ter/	birth date (m/d/y)	sex
	nave full custody blease attach a le				□ r be liv	-	
Total nu	mber of people w	ho would	live in the unit:				

2. **Housing Needs** Do you have a pet? yes no If yes, what kind(s) and how many? (Pets must be licensed, inoculated and spayed or neutered. Proof will be requested if you move in.) What size unit do you require? Number of bedrooms: □ bachelor □ one □ two □ three ☐ one (wheelchair accessible) Do you require a parking space? yes ☐ no 3. **General Information** Next of kin (in case of an emergency) Name: Are any of the applicants students? If yes, where? How did you hear about Metta Co-op? _____ Why do you wish to move into the co-op? (Attach a page if more space is needed.) 4. **Participation** All Co-op members are expected to volunteer their time to help with the running of the Co-op. Please note that attendance at General Members' Meetings is a requirement of membership. Be sure <u>each</u> applicant answers the following questions. (Attach a page if more space is needed.) In what ways do you foresee yourself contributing to the co-op community? What type of volunteer work are you capable of, or interested in?

5. Interview

Each applicant (16 years of age or older) is required to be interviewed. Please make sure to complete the Availability For Interview form.

Do you anticipate any barriers to your involvement? Please explain.

This part of the application is confidential and available only to the staff and Board.

Income and Reference Information 6.

All applications must fill in this section, even if they have no income. If there are more than 4 applicants in your household. please add their information on a separate page. Please attach to this application, appropriate proof of income as outlined previously.

Legal Name:	Applicant 1	Applicant 2
Date of Birth (M/D/Y):		
Social Insurance #:		
Occupation:		
Employer:		
* Gross Monthly Income:		
	Applicant 3	Applicant 4
Legal Name:		
Date of Birth (M/D/Y):		
Social Insurance #:		
Occupation:		
Employer:		
* Gross Monthly Income:		
Total Gross HOUSEHOLD* Gross Monthly Income m7. Housing Histo	eans income before taxes and deduction	\$ ns.
	e same for each applicant, please ac ate page, including full address and	
	factory, the landlord/lady reference be asked for proof that you have paid	
How long have you lived a	t your present address?	
Monthly cost now: Rent	or mortgage: \$ /month	Utilities: \$ /month
Number of bedrooms you l	nave now:	
Your Former Address: _	esent home for less than 3 years, gi	
Former Landlord/lady's N Address:	ame:	Phone:

8. **Declarations** (a) I understand this application must be accompanied by: proof of income for each applicant. (a) I understand that a credit check with the Credit Bureau will be done for all applicants. (b) I understand that I will be interviewed before the application is approved. The Co-op reserves the right to ask for additional interviews and/or references. (c) I understand that as a member of Metta Housing Co-op, I will be expected to volunteer my time to help with the running of the Co-op. (d) I understand that if I owe money to any of the Housing Authorities which make up the Ontario Housing Corporation, or to any other co-op or non-profit housing providers, I will be required to clear this debt before moving into Metta Housing Coop. (e) I understand that living in a unit in Metta Housing Co-op will depend on my signing a legal agreement with the Co-op, and that before I move in I will have to pay the first month's housing charge. I will also pay a housing charge deposit which will be due before I move in, but may be paid in six monthly installments. (f) I declare that all the information in this application is correct and hereby authorize Metta Housing Co-op and its agents to verify any or all of the information contained herein, and to perform a credit check at its discretion.

Date: _____

Name(s): (please print)

All applicants must sign this form.

Signature(s):

Availability For Interview

Please tell us when all members of the household who are 16 years or older will be available for the interview.

Interviews are done by a volunteer committee. Thus, the timing of the interview will depend on their availablility.

These interviews are conducted in English. If you foresee a problem with this, please contact the office.

I am/we are usually ava	ilable:					
	Mon.	Tues.	Wed.	Thurs.	<u>Fri.</u>	
morning						
afternoon						
evening						

Attention: All members of household, 16 years of age and older must attend the interview. If they do not, the interview will be cancelled.