

Application for Membership

Shalom Community Co-operative (Kit) Inc.

200 Elm Ridge Drive

Kitchener, Ontario

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Membership Application Form

Procedure

1. Complete the Application Form in full. (incomplete applications **will not** be processed).
2. Attach a \$15.00 application fee (non-refundable) for each applicant 16 years of age and older. Payment can be by cheque, money order or debit.
3. Attach Proof of Income from Employer(s). (last 3 months pay stubs)
4. The Co-ordinator will do a credit check and get a landlord reference.
5. If both the credit check and the landlord reference are good, the application will be passed on to the membership selection committee, and they will contact the applicant and schedule an interview within a week.
6. Based on the outcome of the interview, the membership selection committee will recommend the applicant for acceptance or non-acceptance to the Board of Directors.
7. The Board of Directors will consider the recommendation and either approve or decline the application.
8. The Co-ordinator will contact the applicant with the final decision. If the application is accepted, the applicant will be assigned a unit if available, or they will be placed on a waiting list for the next available unit.
9. *If your application is denied you have the right to appeal the decision. An appeal notice should be submitted in writing by the applicant to the Board of Directors of Shalom Community Co-operative (Kit) Inc. by 4:00 p.m. on the 7th day after the notice of refusal is received.*

PLEASE NOTE: The Application will not be processed unless **all** documentation is attached, application fee has been paid **in full**, and all requested information has been provided.

Household Information

Applicant		Co-Applicant	
Name		Name	
Present Address		Present Address	
Home Phone		Home Phone	
Work Phone		Work Phone	
Cell Phone		Cell Phone	
Email		Email	
Date of Birth	(M M / D D / Y Y Y Y)	Date of Birth	(M M / D D / Y Y Y Y)

Please list all other household members who will be living with you:

Surname	Given Name	Date of Birth	Relationship

Occupancy of a Unit is limited to only those individuals listed on the Application Form. Occupancy by any other(s) must be approved by the Board of Directors prior to occupancy.

Do you have pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe: Is your pet spayed/neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No (Copy of Certificate Required)
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	Pet Policy is * Ownership of a household pet is a privilege not a right.
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When would you like to move in?	
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Vehicle Information

Due to parking restrictions at Shalom, we can only guarantee parking for one vehicle. There is a limited amount of reserved parking for a second vehicle at a cost of \$20.00 per month. Your primary parking space will be directly in front of your unit. If you have other vehicles or trailers you must find alternate parking off site. Please note that large commercial vehicles (e.g. cube vans, tractor trailers) are not permitted to park on Shalom's grounds. Absolutely no parking is permitted on the roadway in front of any unit at any time.

#1	Make (ex. Toyota, Honda):		Year:		Colour:	
	Model (ex. Camry, Accord):		License Plate #:			

If you have a second vehicle, describe it below:

#2	Make (ex. Toyota, Honda):		Year:		Colour:	
	Model (ex. Camry, Accord):		License Plate #:			

Landlord/Accommodation Information

Applicant				Co-Applicant			
Current Landlord				Current Landlord			
Landlord Address	----- -----			Landlord Address	----- -----		
Landlord Phone #				Landlord Phone #			
Monthly Rent		Utilities Incl.	Y / N	Monthly Rent		Utilities Incl.	Y / N
Length of Stay				Length of Stay			

If you have been living at the above address for less than two years please complete the following:

Previous Address	----- -----	Previous Address	----- -----
Previous Landlord Name & Address	----- -----	Previous Landlord Name & Address	----- -----
Previous Landlord Phone #		Previous Landlord Phone #	
Length of Stay		Length of Stay	

May we use the above landlord(s) as a reference? If not please state why:

In case of emergency, please provide contact information for next of kin:

Name:	----- -----
Address:	----- ----- -----
Phone #:	-----
Email:	-----
Relationship:	-----

Financial/Employment Information

The following information is required by the Co-op. The confidentiality of your responses will be protected by the Co-operative. This page will be removed from the application and only viewed by the Co-ordinator. If you are aware of any credit problems that may affect your credit report, please include any information that may help provide an accurate picture of your current credit history.

Applicant		Co-Applicant	
Name		Name	
S.I.N. #		S.I.N. #	
Occupation		Occupation	
Employer		Employer	
Employer's Address	----- ----- -----	Employer's Address	----- ----- -----
Employer's Phone #		Employer's Phone #	
Gross Monthly Income		Gross Monthly Income	
Supervisor's Name		Supervisor's Name	
Length of Service		Length of Service	

If you have worked less than two years at your present employment, please complete the following:

Occupation		Occupation	
Previous Employer		Employer	
Previous Employer's Phone #		Previous Employer's Phone #	
Gross Monthly Income		Gross Monthly Income	
Supervisor's Name		Supervisor's Name	
Length of Service		Length of Service	

Please state other sources of income such as family allowance/pension/interest income, etc. below:

1.
2.
3.
4.

Co-operative Living and You

How did you hear about Shalom Co-op?

.....
.....

What is your understanding of Co-operative Living?

.....
.....

Why would you like to live at Shalom?

.....
.....

Do you have any volunteer experience with an organization and/or community activities that you have been involved in?

.....
.....

According to the Co-op By-laws every member is expected to attend at least two (2) general membership meetings each year and be engaged in the democratic functioning of the Co-op. You are also required to live peaceably with other members; to be financially responsible and to contribute to the health and development of Shalom Community Co-operative. Do you understand that this is a requirement of Membership in Shalom Community Co-op and agree to fulfill this obligation? Yes No

All Co-op Members are required to volunteer a minimum of four (4) hours per month to help with the operation of the Co-op. Please specify your area of interest and note first and second preferences. If there is more than one applicant, please initial your choices.

- Board of Directors
- Maintenance /Landscape Committee
- Member Selection Committee
- Finance Committee
- Newsletter Committee
- Social Committee

Please list below any special skills you may have, with respect to unit maintenance (e.g. carpentry, electrical, plumbing, etc):

1.
2.
3.

Shalom Community Co-operative (Kitchener) Inc.

I/We understand that to be eligible to occupy a housing unit, I/We must be accepted as a member(s) of Shalom Community Co-operative, and sign the required occupancy agreement. I/We must also support the co-operative principles, and the by-laws and policies of Shalom Community Co-operative.

I/We understand that this application must be accompanied by the following:

- A \$15.00 non refundable application fee to be paid by each applicant 16 years and older.
- Income verification in the form requested by the Co-operative for each member of the household who receives an income.

I/We understand that Shalom Community Co-operative (Kitchener) Inc., is formed for the purpose of providing housing for its members, and that membership includes the responsibility to participate in the management and overall governance of the Co-operative.

I/We understand that accommodation at Shalom Community Co-operative (Kit.) Inc. depends on each member living up to their responsibilities by paying their housing charges on time, abide by the co-op's bylaws and policies, keep our units and general property in good condition and help to build a safe and healthy community.

I/We hereby will devote the minimum participation requirement in accordance with the Co-operative's by-laws, rules, regulations, and occupancy agreement. I/We understand that this Co-operative is governed by the *Co-operative Corporations Act*, the *Residential Tenancies Act* and the *Human Rights Code of Ontario*.

I/We declare that all information in this application is correct. I/We authorize the co-operative to verify any or all of the information in my/our application, and give consent to the co-operative, its employees or agents, to receive credit information from any credit agency or other person(s) having such information, using whatever means the co-operative deems necessary and appropriate. We understand that the application must be completed and signed by all persons over the age of sixteen who will be living in the unit, and that the application will not be processed until all requirements are met.

Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____

Other Signature: _____

Date: _____