Post 83 Co-operative Housing Association

106-4221 Mayberry Street, Burnaby, B.C. • Phone: 604-434-4699 www.post83housing.ca

APPLICATION INFORMATION PAGE

NO SUBSIDY AVAILABLE NOW OR IN THE FORSEEABLE FUTURE

Please fill in the blank areas of the attached pages that pertain to you. If the blank area does not pertain to you, write N/A. Please print clearly on all pages.

Please be advised that smoking is permitted in suites but <u>not</u> in any of the common areas (including the underground parkade). Smoking is not permitted anywhere on the non-smoking floors.

Post 83 does **not** allow:

- Pets
- A single person to apply for a two bedroom suite
- More than two people in a one bedroom suite(Post 83 Co-op follows Canadian National Occupancy Standards)
- Applicants with children to occupy a suite higher than the third floor
- A non-member to reside at Post 83 beyond two weeks unless approved by the Board of Directors

Annual income requirements:

- For a one bedroom (1BD) you must earn an annual combined household income of \$28,500.00 or more
- For a two bedroom (2BD) you must earn an annual combined household income of \$33,000.00 or more

Return all of the following to our office by mail or in person (do not e-mail or Fax):

- Your completed application.
- A photocopy (NOT originals) of your most recent Notice of Assessment from Canada Revenue Agency. This page states your income and the income tax that you have paid for the past tax year. You must also include a Notice of Assessment for each co-applicant. Please delete your Social Insurance Number. If you are unable to obtain a Notice of Assessment, then Post 83 will consider alternate, verifiable proof of income such as employment letters, pay stubs and bank statements. In your application form, please indicate the reason you are unable to produce a Notice of Assessment.
- \$15 Processing Fee (Non refundable)

Important: If you send your application without the requisite financial information for you and each coapplicant or without the \$15 Processing Fee, Post 83 will not process your application.

It is Post 83's policy to remove from the waiting list all applicants who have been on it for <u>six</u> months. If you do not wish to lose your place on the waiting list, you should file another application (no extra fee) before your current one expires.

If you are invited to Post 83 for an interview following our review of your application you and each co-applicant must bring the following:

- Two pieces of identification for you and each co-applicant. (One piece must contain a recent photograph. A driver's license or passport is best).
- Updated financial information (if different from what you have already provided).
- Copies of pay stubs for the last 3 months for you and each co-applicant.

POST 83 CO-OPERATIVE HOUSING ASSOCIATION

APPLICATION FOR MEMBERSHIP

Number of persons under 18 years to	live with the applicant? What are the	eir ages'?
Number of bedrooms wanted :	(1 or 2). Is a suite for wheelchairs wanted?	Yes No
Number of parking stalls needed by the	he applicant and co-applicants:	_
Applicant's full legal name and all of	ther names which the applicant uses. (PLEASE F	PRINT)
Surname:	First:	
Applicant's Birth Date		
Co-applicant's full legal name and al	ll other names which the co-applicant uses.	
Surname:	First:	
Co-applicant's Birth Date		
Applicant's area code and telephone r	number (ten digits)	
Applicant's e-mail address		
Applicant's address (including postal	code)	
Years of residence at the address above	ve:	
If this number is less than 5, please pr	rovide the applicant's previous address.:	
If the applicant's most recent resident and telephone number is:	ce was rented, the rent per month was \$	and the landlord's name
The names of family, acquaintances a	and friends of the applicant who are living at Post	t 83:
The names of family, acquaintances a 83:	and friends who are living at co-operative housing	g complexes other than Post

If no family, acquaintances or friends live in the complex, how did you hear of Post 83 Co-op?			
Why do you want to live here or why do you want to live in a co-op?			
Comment on your experience and/or knowledge of co-operative or group projects (this can include such things as housing co-ops, daycare, volunteer organizations, trade unions, food co-ops, etc.)			
Comment on the expected value to you of living in a co-operatively owned housing association			
Mention any skills or experience that would make your membership a benefit to Post 83's committees and how you will participate in the operation of Post 83.			
Estimate the number of hours you will contribute per month to Post 83 Co-op			

The Obligations of Membership in Post 83 Co-op:

A member of Post 83 must:

- Buy a membership-share (\$1,500 for a one bedroom suite or \$2000 for a two-bedroom suite)
- Pay the monthly housing charge (a monthly fee payable by post-dated cheques or by automatic debit) and other fees (i.e. parking fees)
- Participate in the operation of Post 83 Co-op.

Members may participate in the operation of Post 83 Co-op by serving on the Board of Directors, by working on committees or by doing odd jobs.

	down, including housing charges, and lends itself to a greater sense of community.
	The following is a list of committees and other positions available for your participation. Please rank them #1 thru #3 with #1 being your most preferred.
	Finance Committee – Responsible for reviewing monthly financial statements and assists with preparation of yearly budget and ten year plan. (monthly meetings)
_	Membership Committee – Responsible for reviewing incoming applications, interviewing prospective members, arranging lease signings and in-suite inspections for all residents moving in and those residents moving out. (monthly meetings)
	Gardening Committee – Responsible for the upkeep of the gardens and grounds including flower beds, plants, shrubs and trees. (semi-annual meetings)
	Odd Jobs – Responsible for various jobs important to the day-to-day upkeep and operation of the Co-op, including seasonal property checks, door/elevator attendant, raking leaves, shovelling snow, delivering notices, setting up for meetings, painting garden benches, cleaning laundry room window screens, etc. (no meetings, interested members will be contacted by telephone)
	Social Committee – Responsible for organizing social events for members including teas, pot luck dinners, bingo nights, and other social activities. (monthly meetings)
	Recycling Committee – Responsible for the upkeep of the recycling and food scraps bins, moving bins out weekly for pickup, and adhering to the rules and regulations of Burnaby Bylaws with respect to waste (no meetings, chairperson will contact interested members).
	Fire/Safety – Responsible for overseeing the fire and safety plan in conjunction with Post 83's Fire Chief, attends fire safety meetings once or twice a year to ensure all procedures are in place and that each floor has a designated Fire Warden and Assistant Warden.

Financial Information

Gross Annual Income Applicant's Name:	Income: \$
Co-applicant's name:	Income: \$
Other Adult(s) e.g. pension	\$
TOTAL GROSS INCOME	<u>\$</u>
Are you receiving Social Assistance? Yes No If so, how much? \$/per month	
VERIFICATION OF INCOME	
Applicant:	
Employer's Name:	
Address:	
Your Position:	
Number of years employed there:	
Co-applicant:	
Employer's Name_	
Address:	
Your Position:	
Number of years employed there:	
I give the information above to obtain a membership in Post 83 G give my consent to Post 83 and to its agents to secure such credit it 83 Co-op deems necessary to evaluate this application.	
Applicant's Signature:	
First Co-Applicant's Signature:	
Second Co-applicant's Signature:	
Dated thisday of,	

PERSONAL INFORMATION PRIVACY CONSENT

POST 83 CO-OPERATIVE HOUSING ASSOCATION (the "Co-op")

#106 - 4221 Mayberry Street Burnaby, BC V5H 4E8

For every resident 19 years or more in age the Co-op is required to obtain their written consent allowing the Co-op to collect and share personal information.

I/We agree that the Co-op may collect, use, and share information about me/us for the following purposes only: determining eligibility for membership and/or residency in the Co-op; determining eligibility to receive income tested subsidy or other benefits that the Co-op administers on its own or another organization's behalf; and to ensure sound management of the Co-op. I/We understand that information provided to the Co-op will be destroyed when it is no longer needed for the purposes stated above.

I have read and received a copy of this statement.

Name	Signature	Date