KENFINCH CO-OPERATIVE HOMES INC.

APPLICATION FOR MEMBERSHIP

Only the people named in this application form will live in the unit. If other people wish to occupy the unit they must apply separately for membership or guest status and must be accepted before move in. Any false statements made on this application may be deemed as fraud and will be a detriment to your acceptance. This application is confidential and all information will be kept strictly for the purpose of the Co-op. Kenfinch Co-op relies on its members to participate and assist in the management of the Co-operative. When accepted as a member and upon occupancy, the Co-operative expects that you will participate on one of the Committees as outlined in the Orientation Meeting and application package. PLEASE ENSURE TO SEND WITH THE APPLICATION ALL APPLICANTS FOUR CONSECUTIVE PAY STUBS AND MOST RECENT INCOME TAX RETURN AND ASSESSMENT. EFFECTIVE APRIL 1, 2018, A PROCESSING FEE OF \$25.00 IN MONEY ORDER PER ADULT APPLICANT WILL BE REQUIRED. **INCOMPLETE APPLICATION WILL NOT BE PROCESSED.**

PLEASE PRINT CLEARLY

Unit Size: ______ bedrooms

Amount of Notice Required: _____

How did you hear about this rental?:

Applicant Information			
	Applicant 1	Applicant 2	Applicant 3
First Name:			
Middle Initial:			
Last Name:			
Email Address:			
SIN #:			
Date of Birth:			
Home Tel No:			
Business Tel No:			
Cellular No:			
Driver's License No:			
Make/Model of Vehicle:			
Colour of Vehicle:			
Year of Vehicle:			
Plate No:			

Children	Date of Birth (mm/dd/yy)	Sex M/F	Relationship to Main Applicant

Employment History			
Current Employer	Applicant 1	Applicant 2	Applicant 3
Present Employer:			
Length of Employment:			
Field of Employment:			
Position/Title:			
Annual Income:			
Contact Tel No:			

	Employme	ent History	
Past Employer	Applicant 1	Applicant 2	Applicant 3
Previous Employer:			
Length of Employment:			
Field of Employment:			
Position/Title:			
Annual Income:			
Contact Tel No:			
	Rental	History	
Current Rental History	Applicant 1	Applicant 2	Applicant 3
Current Rent:			
Unit Number:			
Street Number:			
Street Name:			
City:			
Province:			
Postal Code:			
Number of Years:			
Landlord's Name:			
Landlord's Tel No:			
Past Rental History	Applicant 1	Applicant 2	Applicant 3
Unit Number:			
Street Number:			
Street Name:			
City:			
Province:			
Postal Code:			
Number of Years:			
Landlord's Name:			
Landlord's Tel No:			

References (not family members)			
	Applicant 1	Applicant 2	Applicant 3
Full Name:			
Relationship:			
Daytime Tel:			
Evening Tel:			

Do you have pets? Yes:	□ No: □		
If so, what type of pet?	How	many?	_ (please list ALL pets)
Has your pet been neutered	/spayed?Yes:	No:	

Declaration, Consent and Signature

I/we, the applicant(s) above, declare that the information given in this application is accurate and complete.

I/we irrevocably give consent and authorization on behalf of my household for Kenfinch Co-operative Homes Inc. or its agent to make any inquiries necessary, such as landlord check and credit reports to verify the information given in this application and authorize any person, corporation with knowledge of such information to release such information to Kenfinch Co-operative Homes Inc. and to disclose any information given in this application to any person or corporation in order to verify such information.

	Applicant 1	Applicant 2	Applicant 3
	Yes, I have read, understood and voluntarily consent to the above terms and conditions	Yes, I have read, understood and voluntarily consent to the above terms and conditions	Yes, I have read, understood and voluntarily consent to the above terms and conditions
Print Name:			
Signature:			
Date:			

Housing Charges are as follows:

Bedroom Type	Housing Charge
3 Bedroom	\$1,050.00
4 Bedroom	\$1,104.00

Rate increase will take effect August 1st of each year

Please return your application with **proof of income (3 consecutive pay stubs)**, **latest income tax return and assessment and processing fee** to:

Kenfinch Co-operative Homes Inc. 39 Wayside Avenue Unit #40 Scarborough, Ontario M1V 2Z4

If you have any questions, please contact the office at 416-292-3682.

LANDLORD CHECK

(Please date, indicate your name and address and have your landlord fill out the rest of the information. Your application will not be processed without this document.)

Date: _____

To whom it may concern:

I/We _____, residing at

_____ give/s permission to

_______ give/s pe Kenfinch Co-op to request a Landlord Check on our behalf. We appreciate your help.

How long has this tenant lived at the rental unit?	
How much does the Tenant pay for rent?	
Do they pay their rent on time?	
Have you ever received any complaints about the tenant?	
Have you ever received an NSF cheque? If yes – how many in the last 24 months.	
Have you ever served them with any legal notices ie. N4, N5, N6, etc?	
Did the tenants have pets?	
Do you normally conduct Annual inspections of their unit? If so, have there ever been any concerns?	
Would you rent to the person again?	
Any further comments?	

(Please note that this form will be picked up by the undersigned or it can be emailed to kenfinchcoop@bellnet.ca) or faxed at 416-292-5480.

Signature Tenant:

Name and Signature of Landlord:

Additional Information to be provided to the Membership Committee

This form will be provided to the Membership Committee with your basic contact information in order to arrange an Interview. They will also be provided with your completed Commitment to Active Participation. The Application (first 3 pages) is considered private and will not be shared with the Committee.

<u>Applicant #1</u>		
Name:	 	
Current Address:	 	
Home Phone #:	 Cell Phone #:	
Applicant #2		
Name:	 	
Current Address:	 	
Home Phone #:	 Cell Phone #:	

Information regarding other family members (children of household)

First Name	Last Name	Date of Birth

If there are more applicants that need to be listed, please provide information on a separate sheet.

Pets

Do you have any pets:	Yes:	No:	
If yes – how many:			
What type of Pet(s)			
Unit Size & Requested Date o	<u>f Occupancy</u>		
3 Bedroom	4 Bedroom:		4 Bed Handicap:

Current Housing

Do you: Own: Rent: Rent:
If you own your home, is it up for sale or will it be in the near future?
If you are renting, what is your current monthly rental charge:
Do you pay your own utilities? (gas, hydro, water, telephone, etc.) Yes: No:
How much notice do you need to provide:
How did you hear about Kenfinch Co-op?
In your own words, please explain why you want to live at Kenfinch Co-op:

I wish to discuss this information in more detail.

QUESTIONS:

40 – 39 Wayside Avenue Scarborough, ON M1V 2Z4

Please read this information sheet very carefully. Every applicant should sign and return this form with your completed application package. If there are any items you would like further explained before signing, please make a note of them on this sheet and return the form unsigned. The Membership Committee will address your questions at your interview.

Commitment to Active Participation

After we receive your completed application form, the Co-op will review the information provided and conduct a credit and any previous rental checks. We are diligent in verifying income information submitted with your application. Following this, we will contact you to set a date and time for an interview. Two members of the Co-op's Membership Committee will conduct your interview. The purpose of this interview is to get an impression of you as a potential member and for you to understand Co-op living.

The interviewers will consider your willingness to participate and your potential as a good neighbour. However, if one or both interviewers have any doubts about your understanding of what a housing cooperative is; your willingness to be an active member; or your consideration for other members, they may make a recommendation to decline your application or recommend a second interview.

Living in a residential housing co-operative can be fun, interesting, and rewarding. There is certainly a sense of security not felt in a rental unit and there is the added advantage of feeling part of a community. However, this does require a commitment of some of your time and energy. This may not be an ideal situation for everyone. This would be a good time for you to give serious thought to the commitment you are in the process of making. While most people have the right to live in a Co-op, it is equally important to know that with that right you will also have responsibilities. You should note that housing cooperatives do not fall under the *Residential Tenancies Act*; but is governed by the *Co-operative Corporations Act*.

Please consider the following carefully before signing the following statement. You should be aware that this is not a legal document but rather a declaration of your understanding, commitment and intent.

Committee	Purpose of Committee
Budget and Finance	Review financials and assist in the preparation of annual budgets
Maintenance Committee	Unit maintenance for anyone with any type of skill set such as plumbing, electrical, wood work, etc.
Membership Committee	Arrange dates for orientation & interview interested applicants

Below is a chart of different committees that you can join. Please feel free to check all committees that you are able to participate on.

Committee	Purpose of Committee
Cleaning Committee	Clean Rec Centre
Newsletter Committee	Publish newsletter and bring important information to Members
Participation Committee	Manage Members participation time/interests/skills
Recreation/Youth	Organize events for adults, children and teens
Committee	
Gardening Committee	Organize clean ups, plant flowers, shrubs, etc.
Welcoming Committee	Welcome new members to the Co-op and help with orientation
Neighbourhood Watch	General security of members, bring tips/advice to Members.
Board of Directors	This is an elected position. Board members make decision
	related to the day-to-day business of the Co-op

In order of preference, which Committees would you participate on:

1.

2.

3.

4.

Which respect to the first 2 selections, why did you choose these Committees?

What skills (trade, gardening, etc.) do you have that may be useful to any of the Committees?

Do you work shift work that could prevent you from participating?

Do you object to participating on weekends?

How many hours per month do you see yourself participating?

General Members Meetings are mandatory and are normally held during the week with a start time of 7:30 p.m. Do you foresee any reason why you will not be able to attend?

- 1. I understand the need for every Co-op member to be a fully participating member in both the running of the Co-op and the building of community spirit.
- 2. I am aware that attendance at all General Member Meetings is mandatory. If I may be unable to attend, I will advise the office prior and in writing of the particular occasion.
- 3. I am aware that attending General Members Meetings is not sufficient to keep the Coop functioning effectively. Participation in committee work and/or work parties will be necessary. Also, that to become involved in these areas I may:
 - contact the staff for advice and suggestions
 - respond to notices posted on notice board
 - be contacted by other members
 - initiate my own participation
- 4. I understand that failure to follow the Co-op by-laws or policies will result in my becoming a **Member Not in Good Standing**. This may result in loss of member privileges, for example: loss of the right to relocate to another unit, loss of the right to apply for subsidy, loss of membership and the right to reside in the Coop.

SIGNED	DATE
SIGNED	DATE

All applicants must sign this form before approval for membership can take place.