

Clarion Co-operative Homes Inc.

57 – 50 Morning Calm Drive
Cambridge, ON N1R 8G2

519-740-1892 (Phone)
519-740-9303 (Fax)
clarion@rogers.com

APPLICATION FOR MEMBERSHIP AND OCCUPANCY

Please complete this application form in full. If you have any questions, please do not hesitate to contact the Co-op office at (519) 740-1892. All personal information provided will be treated in a confidential manner and is strictly for the use of the Co-op in evaluating your request for membership. All Applications for Subsidy must be processed through the Waterloo Region Coordinated Access System. A non-refundable application fee of \$15.00 per applicant is required to process your Membership Application.

PLEASE PRINT CLEARLY. IF YOU RUN OUT OF ROOM, USE ANOTHER SHEET.

A. WHO IS APPLYING?

You must list everyone in your household. All persons in your household who are 16 years or older are considered applicants for membership. Please provide a complete mailing address, including postal code. The Co-op needs Social Insurance Numbers to do credit checks.

ADULT 1

Name: _____		
(First)	(Middle)	(Last Name)
Female <input type="checkbox"/>	Male <input type="checkbox"/>	
Date of Birth: (month/day/year)	Address:	
Home Phone #:	City/Prov.:	
Work Phone #:	Postal Code:	
Social Insurance #		
Drivers License #	- - Prov:	

ADULT 2

Name: _____		
(First)	(Middle)	(Last Name)
Female <input type="checkbox"/>	Male <input type="checkbox"/>	
Date of Birth: (mo/day/yr)	Address:	
Home Phone #:	City/Prov.:	
Work Phone #:	Postal Code:	
Social Insurance #		
Drivers License #	- - Prov:	

CHILDREN AND OTHER ADULTS:

Name: _____	
(First)	(Middle)
Female <input type="checkbox"/>	Male <input type="checkbox"/>
Date of Birth: (month/day/year) _____	
Family Relationship, if any: _____	
Social Insurance # (if applicable):	
Name: _____	
(First)	(Middle)
Female <input type="checkbox"/>	Male <input type="checkbox"/>
Date of Birth: (month/day/year) _____	
Family Relationship, if any: _____	
Social Insurance # (if applicable):	
Name: _____	
(First)	(Middle)
Female <input type="checkbox"/>	Male <input type="checkbox"/>
Date of Birth: (month/day/year) _____	
Family Relationship, if any: _____	
Social Insurance # (if applicable):	

B. WHAT KIND OF UNIT DO YOU NEED?

This Co-op has five (4) types of units. Indicate a first choice and a second choice by writing the number "1" inside the box of your first choice and the number "2" inside the box of your second choice. If you do not have a second choice, just pick a first choice. You must be willing to take your second choice if you pick one.

<input type="checkbox"/> 2 Bedroom	<input type="checkbox"/> 2 Bedroom Wheelchair Accessible
<input type="checkbox"/> 3 Bedroom	<input type="checkbox"/> 4 Bedroom Townhouse
<input type="checkbox"/> hearing impaired	<input type="checkbox"/> physical disability
<input type="checkbox"/> other disability _____	

C. WHERE HAVE YOU LIVED BEFORE?

Have you lived in a Housing Co-op before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When? _____
If yes, what was the name of your Co-op? _____			
How did you hear about Clarion Co-op? _____			
Do you know anyone that lives or lived here?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Who? _____
How long have you lived at your present address? _____			
• Do you have to give notice to move from your present location? <input type="checkbox"/> Yes <input type="checkbox"/> No			

How much notice is required? _____

Name of Present Landlord: _____ Telephone _____

- What is your present rent or if you own your own house how much is your monthly mortgage payment?
\$ _____ per month Utilities included Utilities not included
- If you pay for utilities, tell us how much you pay for utilities? \$ _____ per month
- May we contact your current landlord for a reference? Yes No

Please explain reason why your current landlord should not be contacted:

If you have lived at your present address less than four years, please tell us where you have lived before and when:

Address _____

City/Prov _____

Postal Code _____

Dates: _____

Landlord name and telephone at this location:

Address _____

City/Prov _____

Postal Code _____

Dates: _____

Landlord name and telephone at this location:

D. ABOUT YOUR HOUSEHOLD INCOME:

The office needs to know about everyone's income. Please give the gross (before tax) income per month. **All financial information submitted is confidential and will be kept in the Co-op office and not forwarded to the interviewing volunteers.**

Name	Name of Employer or Other Sources of income. (eg. EI, Ontario Works, ODSP, CPP, etc.)	Gross monthly Income	Annual Income

E. CREDIT RATING

Clarion Co-operative Homes Inc. will be doing a credit check on every adult in the household. If you know of any credit problems you feel may be of importance to this application, please send a letter to tell us about the problems. That will help us get a better picture of your credit history.

Do you owe any money to a housing provider (landlord)? Yes No

If yes, what arrangements of repayment have you made? (Please provide proof) _____

Your financial position is a personal and confidential matter. Your need for subsidy should not be discussed as part of the interview process. If you require information regarding housing charges, and subsidy calculations, please contact the Co-op office and speak to the General Manager.

F. HOUSING CHARGE SUBSIDY – Applications for housing charges geared to income are no longer accepted in the Co-op office. If you are applying for Subsidy, please contact the Waterloo Region Co-ordinated Access System at 150 Main Street, Cambridge tel: 575-4833

G. CLARION CO-OPERATIVE MEMBERSHIP APPLICATION FEE IS \$15.00 PER PERSON 16 YEARS AND OLDER and is NON-REFUNDABLE. Please include a cheque payable to Clarion Co-operative Homes with your Application Form.

H. PERSONAL INFORMATION PROTECTION STATEMENT

- I agree that Clarion Co-operative Homes keep the following information about me:

Family Contact Information

Household size and composition

Household income

Place of Employment

Previous housing situation

Co-op financial records on your household

Age and Gender

Medical information (required for unit suitability)

Any incidence of property damage

Complaints (filed by others concerning the Household)

Housing charge account information

Next of kin & emergency contact

Social Insurance Number

Vehicle registration and license plate

Landlord references

Household Content Insurance info

Pet information

Credit Check

- I agree that this personal information may be made available to the following people only as it relates to their positions:

Office staff

Board of Directors

Pet Committee

Member Selection Committee

Parking Committee

Subsidy and Arrears Committee

Member Involvement Committee

Auditors

Regional Municipality of Waterloo

Collection Agency

Lawyer

- I understand that Clarion Co-operative Homes will use the information to:
 - Contact me about this application
 - Determine my eligibility for housing and membership in the co-operative
 - Decide if I qualify for subsidy
 - Decide on any request for an internal move.
 - Determine my eligibility to meet the requirements of being a director.
 - Meeting the requirements of federal or provincial laws, the co-op's bylaws or occupancy agreements or any legal binding contracts.

- To comply with provincial and municipal social housing program rules.
- I understand that the co-operative will destroy person information that it no longer needs.

According to the PERSONAL INFORMATION AND PRIVATE ELECTRONIC DOCUMENTS (PIPED) Act, the co-op is required to designate a person responsible for handling questions or complaints about how we use and protect personal information. For Clarion Co-operative Homes Inc. please call the co-op office at 740-1892 and speak to the General Manager.

I. SIGNATURES

- I (We) understand that only members of the Clarion Co-operative Homes Inc. may live in the Co-op and I am (we are) applying for membership in the Co-operative.
- I (We) understand that Clarion Co-operative Homes Inc. has been formed to provide housing at cost to its members and that the Co-operative relies on the participation of members to keep costs affordable.
- I (We) understand I (we) must be interviewed and accepted for membership in the Co-operative. Applying does not guarantee acceptance or interviews.
- I (We) understand that a **\$15.00 Non-refundable Membership Application Fee** is payable by each adult applicant when applying for membership. If this membership application is approved by the Board of Directors, I (we) understand that the application fee will be converted to a Membership fee. **Application Fee(s) must be included with the Application Form to begin the application for membership process.**
- I (We) declare that all of the information in this application is complete and correct. I (We) authorize the Co-operative to verify any or all of this information.
- I / We declare that we have read and understand the Personal Information Protection Statement in section H. (above) and acknowledge this by signing below.
- I/we authorize Clarion Co-operative Homes Inc. to make any inquiries that it deems necessary to verify the information given in this form. I/we agree to provide any support material the Co-op may require. I/we authorize any person, corporation or any social agency having knowledge of any required information to release such information to Clarion Co-operative Homes Inc. and authorize Clarion Co-operative Homes to provide the information set out in this form to any social agency providing any form of assistance to me.

Signatures of every person 16 years old and older applying:	
Person 1	Date
Person 2	Date

Person 3	Date
Person 4	Date:

Emergency Contact Person: This person will only be contacted in the event the co-op is unable to reach you and it is important that you be reached.

Name: _____ Tel: _____

J. MEMBER INVOLVEMENT – How would you like to be involved?

FAMILY NAME: _____

DATE: _____

Co-ops are communities that are member run. Member participation helps to:

- make the co-op democratic
- spread the work of managing the co-op among members,
- saves money
- build a sense of community
- give members a chance to learn new skills

Members participate on the Board, and on the following Committees:

Maintenance	Landscape	Member Selection
Welcome	Social	Newsletter
Finance	Inspection	Special Events
Member Education	Youth programs	Adhoc committees

Please indicate your interest in the activities listed below by initialing who wants to do what::

<p><u>Maintenance:</u></p> <p><input type="checkbox"/> carpet removal</p> <p><input type="checkbox"/> painting units</p> <p><input type="checkbox"/> drywall repair</p> <p><input type="checkbox"/> plumbing work</p> <p><input type="checkbox"/> EMERGENCY ON-CALL</p> <p><input type="checkbox"/> woodwork repairs</p> <p><input type="checkbox"/> cleaning units</p> <p><input type="checkbox"/> small engine repairs</p> <p><input type="checkbox"/> cleaning comm. centre</p> <p><input type="checkbox"/> annual planning</p> <p><input type="checkbox"/> annual budgeting</p> <p><input type="checkbox"/> purchasing</p> <p><input type="checkbox"/> getting Quotes</p> <p><input type="checkbox"/> developing tenders</p> <p><input type="checkbox"/> inventory recording</p> <p><input type="checkbox"/> unit inspection team</p> <p><input type="checkbox"/> telephoning members</p> <p><input type="checkbox"/> furnace filter demo</p> <p><input type="checkbox"/> review requests for unit improvements</p> <p><input type="checkbox"/> exterior building inspector</p>	<p><u>Landscape / Grounds:</u></p> <p><input type="checkbox"/> mowing</p> <p><input type="checkbox"/> planting</p> <p><input type="checkbox"/> maintain flower beds</p> <p><input type="checkbox"/> weed trimming</p> <p><input type="checkbox"/> equipment repair</p> <p><input type="checkbox"/> task scheduling</p> <p><input type="checkbox"/> winter sidewalk clearing</p> <p><input type="checkbox"/> shed key holder</p> <p><input type="checkbox"/> repair sod / seeding</p> <p><input type="checkbox"/> small engine repair</p> <p><input type="checkbox"/> Clean up day organizer</p> <p><input type="checkbox"/> tree/bush trimming</p> <p><input type="checkbox"/> annual planning</p> <p><input type="checkbox"/> getting quotes</p> <p><input type="checkbox"/> developing tender docs.</p> <p><input type="checkbox"/> inventory recording</p> <p><input type="checkbox"/> green areas cleaning</p> <p><input type="checkbox"/> install/remove speed bump</p> <p><input type="checkbox"/> maintain roadway signs</p> <p><input type="checkbox"/> monitor parking in Co-op</p> <p><input type="checkbox"/> review requests for yard improvements</p> <p><input type="checkbox"/> fence and deck repairs</p>	<p><u>Member Selection:</u></p> <p><input type="checkbox"/> interviewing</p> <p><input type="checkbox"/> maintain records</p> <p><input type="checkbox"/> schedule interviews</p> <p><input type="checkbox"/> prepare reports to Board</p> <p><input type="checkbox"/> promotion/marketing</p> <p><input type="checkbox"/> distributing flyers</p> <p><input type="checkbox"/> annual planning</p> <p><input type="checkbox"/> telephone applicants</p> <p><u>Welcome / Member Education:</u></p> <p><input type="checkbox"/> maintain handbooks</p> <p><input type="checkbox"/> record keeping</p> <p><input type="checkbox"/> welcome members</p> <p><input type="checkbox"/> plan education events</p> <p><input type="checkbox"/> presentations</p> <p><input type="checkbox"/> develop documents</p> <p><input type="checkbox"/> telephone new members</p> <p><input type="checkbox"/> orient new members to co-op</p> <p><input type="checkbox"/> promote COCHF workshops</p> <p><u>Board of Directors</u></p> <p><input type="checkbox"/> Director</p>
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<p><u>Social:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> annual planning <input type="checkbox"/> special events <input type="checkbox"/> adult activities <input type="checkbox"/> children activities <input type="checkbox"/> activities for youth <input type="checkbox"/> 50/50 draws <input type="checkbox"/> community BBQ <input type="checkbox"/> community library <input type="checkbox"/> clothing exchange <input type="checkbox"/> co-op food cupboard <input type="checkbox"/> annual garage sale <p><u>Other important tasks:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> attend COCHF meetings <input type="checkbox"/> develop long-term strategic plans for co-op <input type="checkbox"/> plan community activities <input type="checkbox"/> liaison with the Board 	<p><u>Newsletter:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> attend monthly meetings <input type="checkbox"/> write articles <input type="checkbox"/> editor <input type="checkbox"/> layout and design <input type="checkbox"/> graphics <input type="checkbox"/> photocopying <input type="checkbox"/> collating <input type="checkbox"/> distribution <input type="checkbox"/> annual planning <input type="checkbox"/> liaison with committees <p><u>OFFICE ASSISTANCE:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> telephone members <input type="checkbox"/> deliver flyers/notices <input type="checkbox"/> design flyers/notices/signs <input type="checkbox"/> photocopying <input type="checkbox"/> collating <input type="checkbox"/> telephone reception 	<p><u>Finance:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> attend meetings <input type="checkbox"/> investment planning <input type="checkbox"/> annual planning <input type="checkbox"/> budgeting <input type="checkbox"/> committees liaison <input type="checkbox"/> reserve planning <p><u>ANNUAL INSPECTIONS:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> organize annual inspection <input type="checkbox"/> schedule unit inspection <input type="checkbox"/> telephone member to <input type="checkbox"/> write up inspection reports <input type="checkbox"/> liason with Contract Maintenance Person <input type="checkbox"/> sign off for move out chargebacks
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