Peggy and Andrew
Brewin
HOUSING CO-OP
77 Charles Street East, Toronto M4Y 2Z7
Phone: 416-975-9332 Fax: 416-975-9264

MEMBERSHIP AND HOUSING APPLICATION:
Please print clearly. If you run out of room, use another sheet.

A. WHO IS APPLYING?

You must list <u>everyone</u> who will live in your household if you move in. Don't forget your **postal code**.

ADULT A:

Name: Mailing Address:

Home Phone # Date of Birth:
Work Phone # Social Insurance Number:

Phone number for messages , if we cannot reach you:

ADULT B:

Name: Mailing Address:

Home Phone # Date of Births:
Work Phone # Social Insurance Number:

CHILDREN AND OTHERS:

Name: Name:
Male __ Female __ Male __ Female __

How is this person related to you? **How is this person related to you?**

Date of Birth: Date of Birth:

Name: Name:
Male __ Female __ Male ___ Female ___

Date of Birth: Date of Birth:

How is the person related to the adult above? How is the person related to the adult above?

Are you expecting any new children? Yes: _____ No: _____

B. WHAT KIND OF UNIT DO YOU NEED?

The Co-op has the following units available. You can pick a first and second choice. Please write the number "1" beside your first choice and the number "2" beside your second choice.

_____ Bachelor Apartment
_____ 1- Bedroom Apartment
_____ 2-Bedroom Apartment
_____ 3-Bedroom Apartment

_____1-Bedroom Wheelchair-Accessible Apartment
_____ 2-Bedroom Wheelchair-Accessible Apartment

Do you need a unit specially designed for people who are deaf of blind?
Y:__ N:__

Do you need parking? (There is an extra charge.) Yes:__ No: ___

C. WHERE HAVE YOU LIVED BEFORE?
How many years or months have you lived at your present address? _____

If you have lived there less than two years, please tell us where you have lived before:

_____

Previous Address: Previous Address:

_____

How much rent do you pay each month?

_____

If you pay extra for utilities, tell us how much you pay for utilities:

_____

How much notice do you have to give to move out of your apartment? _____

May we contact your current landlord ? Yes___ No: __. If you do not want us to contact your landlord **write a letter** explaining the reason and **send it with this application.**

_____

Current Landlord's Name, Address, and Phone #

_____

D PETS

Please tell us what kind of pets you will bring if you move into the co-op:

_____

(Pit Bulls or any bred of Pit Bulls are not allowed)

E. ABOUT YOUR TOTAL HOUSEHOLD INCOME

We need to know about everyone's income. Please give the gross (before tax) income **per month.** **All information will be kept confidential.**

Name of each Person in Household	**Name of Employer, or Other Source of Income ie., (ONT Wks. ODSP)**	**Gross Amount each month**

If you are interviewed, you will need to bring proof of income information listed on the check list at the end of this form.

F. GENERAL

How did you hear about the Co-op?

____ From a friend or relative
____ From a sign at the co-op
____ Other - Specify _____
____ From Co-op Housing Phone Line
____ Advertising - specify

Why do you want to live in a Co-op? _____

_____

_____

_____

Person to Contact, incase of an emergency:

_____

Address: _____

_____

Phone:_____

SIGNATURE(S):

. We understand that only members of BREWIN HOUSING CO-OPERATIVE INC. may live in the Co-op and we apply for membership in the co-op.

. We understand that BREWIN HOUSING CO-OPERATIVE INC has been formed to provide housing at cost to its members and that the Co-op relies on the participation of members.

. We understand we must be interviewed and accepted for membership in the Co-op. Applying does not guarantee acceptance.

We understand that if accepted for membership and offered a unit, we must pay a onetime, non refundable, membership fee of $10.00 per adult. (DO NOT send this money now.)

We understand that only Canadian Citizens, Landed Immigrants, or Refugees under the immigration Act of Canada may apply for membership.

We declare that all the information in this application is correct. We authorize the Co-op to verify any or all of this information and to do a credit check.

We give our consent for the Co-op to collect personal information for the purpose of verifying our information.

Signatures of everyone over the age of 16 who is applying:

Name : _____ Date:_____

Name: _____Date: _____

Name: _____ Date:_____