

**SAORSIE CO-OPERATIVE HOUSING INC.
APPLICATION FOR MEMBERSHIP**

An "applicant" is any person 16 years or older, residing in the household or who will be 16 at the initial time of occupancy. Please provide information on all applicants. If you require more space, please attach a separate sheet of paper.

PLEASE PRINT

1) Applicants:

Name: _____ Birth Date: _____

Address: _____

City: _____ Prov.: _____

Postal Code: _____ S.I.N.: _____

Phone: (home) _____ (Work) _____

Name: _____ Birth Date: _____

Address: _____

City: _____ Prov.: _____

Postal Code: _____ S.I.N.: _____

Phone: (home) _____ (Work) _____

2) Please list all members of the household under 16:

Surname	Given Name	Year of Birth	Gender M/F
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3) Activities/Participation:

The business and social affairs of Saorsie Housing Co-op are managed by the members with help of the co-ordinator. Please list any volunteer participation or other activity of yours that might help prepare you to make a contribution to the co-op.

4) When would you like to move?

5) Size of unit Required

(Check one)

2 Bedroom _____

3 Bedroom _____

6) Pets

Pets and their control are subject to the Co-op policy which may be amended from time to time. Please list all Pets>

7) Vehicles

If you have two vehicles, permission is required for the second vehicle parking. If you have more than two vehicles, or have an oversized vehicle, you may be required to arrange off-site parking.

Year	Make	Model	Color	Plate No.

8) Summary

Why do you want to live at Saorsie Housing Co-op?

————— Saorsie Co-operative Housing Inc. —————

For assistance in completing this section contact staff at (519) 754-0167

**ALL INFORMATION IN THIS SECTION WILL REMAIN CONFIDENTIAL. IT WILL ONLY
BE AVILABLE TO THE STAFF AND THE CO-OP'S TREASURER.**

9) Financial Information, Application 1:

Name: _____ Birth Date: _____

Address: _____

City: _____ Prov.: _____

Postal Code: _____ S.I.N. _____

Phone: (home) _____ (work) _____

Driver's License No.: _____

Employer:

Name: _____

Address: _____ City: _____

Phone No.: _____

Landlord:

Present: _____

Address: _____ Phone: _____

Length of stay at present address: _____

Previous Address: _____

Length of stay at previous address: _____

Present rent (per month) _____

Does this include all utilities? Yes/No

If no what are these costs? _____

Can we contact your present landlord? Yes/No

If no specify _____

Annual gross income: _____

Annual net income: _____

10) Financial information, Application 2:

Name: _____ Birth Date: _____

Address: _____

City: _____ Prov.: _____

Postal Code: _____ S.I.N. _____

Phone: (home) _____ (work) _____

Driver's License No.: _____

Employer:

Name: _____

Address: _____ City: _____

Phone No.: _____

Landlord:

Present: _____

Address: _____ Phone: _____

Length of stay at present address: _____

Previous Address: _____

Length of stay at previous address: _____

Present rent (per month) _____

Does this include all utilities? Yes/No

If no what are these costs? _____

Can we contact your present landlord? Yes/No

If no specify _____

Annual gross income: _____

Annual net income: _____

11) Declaration:

I/we the undersigned, do hereby apply for membership and residence in Saorsie Housing co-operative inc.. I/we understand that a 15 dollar (\$15.00) non -refundable application fee is required per application.

If membership is confirmed by the Board of Directors, the 15 dollar (\$15.00) application fee per member will be transferred to cover the once in a lifetime membership fee. The membership fee guarantees full rights of membership in the Co-operative upon occupancy.

The undersigned consents to the obtaining of credit information as may be required at any time in connection with the application form and acceptance into membership at Saorsie Housing Co-operative Inc. and to the disclosure of any credit information concerning the undersigned to any credit reporting agency or to any person with whom the undersigned has or proposes to have financial relations.

APPLICANT #1

Signature _____ Date: _____

APPLICANT #2

Signature _____ Date: _____