

**Pine Ridge Housing Co-operative
#89, 8763 Ash Grove Crescent
Burnaby, British Columbia, V5A 4B8, Canada**

**web-too
application**

Return this application to:

The Treasurer, Pine Ridge Housing Co-op, #89, 8763 Ash Grove Cres., Burnaby, BC V5A 4B8.

DATE that you completed and signed this application

(same date as in the DECLARATION on page 4): _____

(Note that your references may be checked before you are interviewed).

Number of bedrooms you require: _____ (you are allowed one bedroom for each person in your household and no more than 2 people per bedroom).

Applicant Name _____ Birthdate _____

Current mailing address (including municipality & postal code please): _____

Day telephone _____ Evening telephone _____

E-mail address _____

Other adults who will live with you: (all adults who will live with you must be interviewed)

Name	Birthdate	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Children under 19 who will live with you: (all children must accompany you to the interview)

Name	Birthdate	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Your housing reference

Length of time at current address: _____ How much notice do you need to give? _____

Housing: [] rent [] co-op [] own [] OTHER _____

Name of current landlord: _____ telephone or e/mail: _____

Name & telephone/e-mail of previous landlord, if length of time at current address is less than two years.

Length of time at previous address: _____

How did you hear about **Pine Ridge Co-op**? Friend Newspaper Craig's List
 Drive-by CHF-BC webpage Internet
 From a Pine Ridge Member _____ Other _____

Have you lived in a co-op before? _____ Name of co-op _____
 When? From: _____ To: _____

Personal References

List one personal reference (other than family). They **will** be contacted before you are offered membership.

Name _____ Phone/e-mail _____

Employment: (Applicant)

Employer _____ Address _____

Phone/e-mail _____ length of employment _____ full or part time? _____

What is your occupation? _____

Previous employer's name, telephone/e-mail if length of employment less than two years:

(Co-Applicant)

Employer _____ Address _____

Phone/e-mail _____ length of employment _____ full or part time? _____

What is your occupation? _____

Previous employer's name, telephone/e-mail if length of employment less than two years:

Volunteering

Do you have experience in volunteering/co-operation? (school, union, church, charity, service club, sports group). Attach a separate piece of paper if necessary. _____

If yes, names of organizations & type of work _____

Your Operating Agreement will require you to commit yourself to attending General Meetings and committee work. How much time per month are you willing & able to provide to Pine Ridge? _____

Pets

List any pets that will be living with you:

Species	Breed	Weight	Spay/Neutered?	How Many?

FINANCIAL INFORMATION

Instructions

This form must be completed in full and must include supporting documentation. Incomplete applications will not be considered and will be shredded to maintain confidentiality. To be considered, this application must be accompanied by the following current supporting income evidence: (1) photocopies of your four most recent consecutive pay stubs and (2) a photocopy of your most recent income tax Notice of Assessment. To ensure confidentiality of this information, please use a sealed envelope addressed to The Treasurer.

Credit Check Authorization

	Applicant	Co-Applicant
Print Name		
SIN		
Birth Date		
Signature		

Applicant's employment

Name of Employer _____ Start Date _____
 Gross Earnings \$ _____ [] Weekly [] Biweekly [] Monthly

Spouse's Employment

Name of Employer _____ Start Date _____
 Gross Earnings \$ _____ [] Weekly [] Biweekly [] Monthly

Applicant's Monthly Pension Income \$ _____

Spouse's Monthly Pension Income \$ _____

EIC Benefits: Received by _____ Gross Weekly Rate \$ _____

Social Assistance Benefits: Monthly Shelter Allowance \$ _____

Alimony/Child Support/Foster Care Income: Monthly Amount Received \$ _____

Non Repayable Educational Grants: Received by: _____

Period Covered by Grant: From _____ to _____

Amount Received \$ _____

Total household gross monthly income: \$ _____

Any Other Income Received but Not Shown Above:

Received By	Source	Amount	Period Covered

Applicant Employer: _____ Start Date _____

Co-Applicant Employer: _____ Start Date _____

Dependant Employer: _____ Start Date _____

Dependant Employer: _____ Start Date _____

Declaration

The above information is a full disclosure of our household's income. Further, I/we the undersigned, declare that all the information in this application is correct and fully disclosed. We understand that acceptance of membership depends on the co-op obtaining satisfactory results from a credit check and other references provided.

I/We authorize Pine Ridge Housing Co-operative and its agent to obtain credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a Society Membership Account.

Applicant's signature

Date

Indicate whether you expect any significant changes in your income during the next year. Give approximate dates and reasons:

Please note: It is the responsibility of the applicant to notify the co-operative of any change in your status of income, address, household size, etc. The change could result in a fixed housing charge for the year that may be higher than 30% of your gross income.

If you are a single parent, you may be required to provide a copy of your custody agreement before membership will be offered.

**Don't forget to sign and return the PIP Consent form attached.
And thanks for applying to Pine Ridge!**

www.pineridgeco-op.bc.ca

PERSONAL INFORMATION PRIVACY CONSENT

PINE RIDGE HOUSING CO-OPERATIVE

89, 8763 Ash Grove Crescent
Burnaby, BC
V5A 4B8

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 Pine Ridge Housing Co-operative may collect, use, and share information about me/us for the following purposes only: determining eligibility for membership and/or residency in the Co-operative; determining eligibility to receive income tested subsidy or other benefits that the Co-operative administers on its own or another organization's behalf; and to ensure sound management of the Co-operative. I/We understand that information provided to the Co-operative 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