



Application for Membership

1. Applicant

Name: _____

Sex (circle one): Male Female **Title (circle one):** Mr. Mrs. Ms.

Date of Birth: _____

Address (including postal code):

Phone (home): _____ **Phone (work):** _____

E-mail address: _____

Citizenship (circle one):

Canadian Landed Immigrant Sponsored Immigrant Refugee Other

Marital Status (circle one):

Single Married Common law Divorced Separated Widowed

Other emergency Contact Information

Emergency Contact Person

Name: _____ **Home Phone:** _____

Relationship to you: _____

Interpreter

Name: _____ **Phone Number:** _____

2. Co-Applicant

Name: _____

Sex (circle one): Male Female **Title (circle one):** Mr. Mrs. Ms.

Date of Birth: _____

Address (if different from above):

Phone (home): _____ **Phone (work):** _____

E-mail address: _____

Citizenship (circle one):

Canadian Landed Immigrant Sponsored Immigrant Refugee Other

Marital Status (circle one):

Single Married Common law Divorced Separated Widowed

Other emergency Contact Information

Emergency Contact Person

Name: _____ **Home Phone:** _____

Relationship to you: _____

Interpreter

Name: _____ **Phone Number:** _____

3. Other Household Members

Last Name	First Name	Female/Male (f/m)	Date of Birth

4. Unit

What size of unit do you require? (1, 2 or 3 bedroom) _____

Do you require an accessible unit? _____

5. Housing Background

How long have you lived at your current address? _____

What is the amount of your current monthly rent?

Landlord's Name and Phone Number

If you have lived at this address for less than 2 years please provide name and phone number of previous landlord

6. Pet Policy

The co-op has a pet policy that allows cats only.

What pets do you have? _____

7. Household Income

Please provide the monthly before tax income (gross income) of each household member.

Name	Employer/Source of Income	Gross income each month

You will need to provide proof of this income.

8. Signatures

We understand that, if the co-op accepts us for membership and offers us a unit, we must pay a one-time membership fee of \$10 per member.

We declare that all information in this application is correct. We give the co-op permission to verify any or all of this information, and do a landlord check and a credit check.

Signatures of all household members over 16 years of age:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



Personal Information Protection Statement

I agree that Birch Glen Co-op may keep the following information about all household members over 16.

Amount of Housing Charge
Amount of Income Earned for all members 16 years and over.
Payment History
Name, Address, Date of Birth
All household history of all household residents

I agree that this personal information may be made available to the people in the following positions.

Co-op Staff
Co-op Auditor
Halton Access to Community Housing
Collection Agencies
Community Services if applicable

I understand that Birch Glen Co-op will use this information to

- Contact me about this application
- Determine eligibility for housing and membership in the co-op
- Decide if I qualify for subsidy
- Decide on any request for an internal move

I understand that the co-op will destroy personal information that it no longer needs.

I have read and received a copy of this statement.

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____

All members of the household 16 years of age or older must sign