

**Office Use Only**

**Date Received:** \_\_\_\_\_

**Application Fee Paid: Cheque**

**Silverwood Estates Housing Co-operative Ltd.**

**#25 – 14 Nettle Place Moose Jaw, Sask. S6J 1H8**

**Phone: (306) 692-2667 Fax: (306) 692-3537**

**E-mail: silverwoodestates@sasktel.net**

**Application for Membership**

**Please complete this application in full and return it to Silverwood Estates at the above address. A \$25.00 non-refundable fee is required with each application.**

**Part I: Household Composition**

**Personal Data (Please Print)**

All occupants of your household 18 years of age and over must apply for Membership and be interviewed.

**Applicant 1**

**Applicant 2**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone:(Home) \_\_\_\_\_

Telephone:(Home) \_\_\_\_\_

(Work) \_\_\_\_\_

(Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

(Cell) \_\_\_\_\_

E-Mail: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Others Occupants of Household**

<b>Surname</b>	<b>Given Name(s)</b>	<b>Relationship to Applicant</b>	<b>DOB MM/DD/YYYY</b>

**Housing Required: Please check Unit preference:**

1-bedroom apartment

2-bedroom apartment

3-bedroom townhouse

1-bedroom apartment,  
accessible

2-bedroom apartment,  
accessible

3-bedroom townhouse,  
accessible

2-bedroom rowhouse,  
accessible

3-bedroom rowhouse,  
accessible

Do you require special needs (wheelchair access; modifications for the visually or hearing impaired)? \_\_\_\_\_

Check number of parking spaces required:

0,  1,  2

**Silverwood Estates Housing Co-operative Units are pet and smoke free as of May, 2018. The only exceptions are those Members that have been grandfathered.**

Approximate date of move-in requested: \_\_\_\_\_

**Part II: References and Financial Information**

**Present Employment**

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Length of time with present employer: \_\_\_\_\_ Length of time with present employer: \_\_\_\_\_

Estimated Gross Monthly Income:\$ \_\_\_\_\_ Estimated Gross Monthly Income:\$ \_\_\_\_\_

May we use your Employer as a reference? \_\_\_ Yes \_\_\_ No If no, please explain \_\_\_\_\_

**Accommodation History**

Do you own or rent? \_\_\_\_\_

If you rent, please complete for present and past landlord:

Present Landlord	Past Landlord
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____

May we use your present/past landlord as a reference? \_\_\_ Yes \_\_\_ No If no, please explain \_\_\_\_\_

Estimated monthly cost of your current dwelling including rent or mortgage plus all utilities (power, heat, water, sewer and taxes) \_\_\_\_\_

Bank or Credit Union address; \_\_\_\_\_

**Part III: General Information**

How did you hear about Silverwood Estates Housing Co-operative? \_\_\_\_\_

Why do you want to move into Silverwood Estates Housing? \_\_\_\_\_

How do you think Co-op housing differs from other types of housing? \_\_\_\_\_

The success of any housing Co-operative depends on the active participation and contribution of its Members in building a strong community. All Members are expected to participate in some aspect of the Co-operative management. Please indicate the Committee(s) on which you would like to actively commit to serving.

**Applicant 1**

- Membership
- Move In/Move Out
- Planning/2021
- Maintenance
- Environment
- Social/Newsletter
- Board of Directors
- Finance

**Applicant 2**

- Membership
- Move In/Move Out
- Planning /2021
- Maintenance
- Environment
- Social/Newsletter
- Board of Directors
- Finance

List any skills, talents, and gifts you have that you would be willing to contribute as an active Member(s) in building a strong housing community. \_\_\_\_\_

**Part IV: Application Agreement**

(Please initial to the left after you have read and understand the statement. Thank-you)

\_\_\_ I/We understand that only Members of the Co-operative may occupy a housing unit and I/we hereby apply for Membership in the Co-operative.

\_\_\_ I/We understand that I/we must purchase \$500.00 in Co-operative shares and provide a \$500.00 damage deposit. This shows my/our commitment to the Co-operative and as a Member(s) gives me/us a vote. At the time a Unit is offered to me/us the Share Capital purchase plus the Damage Deposit is required. I/We am/are not paid interest on the Share Capital.

\_\_\_ I/We understand in the event that I/we move-out my/our Share Capital is refunded to me/us less any amount owing for cleaning and damages, etc. over the \$500.00 damage deposit.

\_\_\_ I/We understand the Co-operative is formed for the purpose of providing housing at cost to its Members and that Membership includes the responsibility to participate in the management and maintenance of the Co-operative. This includes actively serving on Committee(s) and completing routine maintenance of my/our housing Unit. If I/we are unable to complete routine maintenance I/we understand that it is my/our responsibility to make arrangements to have it done.

**\_\_\_ I/We understand that Silverwood Estates Co-operative is not responsible for my/our content insurance. The Co-operative strongly encourages Members to purchase content insurance.**

**\_\_\_ I/We agree to be a good neighbour who will live co-operatively with and respect the right of others.**

**\_\_\_ I/We understand that I/we must abide by the Bylaws and Policies of the Co-operative.**

**\_\_\_ I/We declare that all the information in this application is correct and hereby authorize the Co-operative to verify any or all of the information contained herein and conduct a landlord check and other reasonable checks at the discretion of the Co-operative.**

**\_\_\_ I/We understand that accommodation in the Co-operative depends upon being accepted for Membership and that I/we will be interviewed at a later date.**

**\_\_\_ I/We understand that if my/our application for Membership is rejected, the decision is final and the reasons are not divulged to anyone**

**\_\_\_ I/We understand this application will be kept on file for 2 years from the date it has been received in the Silverwood Estates Housing Co-operative Office. I/We may then reapply.**

**\_\_\_ I/We understand that it is my/our responsibility to provide the Co-operative with changes to my/our address and phone number(s). If the Co-operative is unable to contact me/us because my/our information has changed and the Co-operative has not been notified of the changes, I/we will be removed from the waiting list.**

**\_\_\_ I/We understand that all my/our information in this Application is kept confidential**

**\_\_\_ I/We understand that the attached Personal Information Protection Statement must be signed by me/us and returned with this Application.**

**Applicant 1**

**Applicant 2**

**Signature: \_\_\_\_\_**

**Signature: \_\_\_\_\_**

**Date: \_\_\_\_\_**

**Date: \_\_\_\_\_**

Revised November, 2018

**Silverwood Estates Housing Co-operative Ltd.**  
**#25 – 14 Nettle Place Moose Jaw, Sask. S6J1H8**  
**Phone: (306) 692-2667 Fax: (306) 693-3537**

**Personal Information Protection Statement (For Applicant(s) To Sign)**

In April, 2000, the Federal Government passed a law to protect the privacy of personal information – *the Personal Information Protection and Electronic Documents Act (PIPED Act)*.

The Act requires us to tell you what personal information we have, how we use it and how we share it. It applies to information that we have collected in the past as well as information that we will collect in the future.

When you provide your personal information to us, you have and are giving us your consent to collect, use and disclose your personal information. If at anytime you wish to limit the use and disclosure of your personal information please notify the Silverwood Estates' Office in writing.

I agree that Silverwood Estates Housing Co-operative may keep the following information about me/us:

- Application and Interview Form
- Household size and composition
- Personal Correspondence to/from Silverwood Estates
- Previous housing situation(s)
- Reference Checks
- Any incidence of property damage/complaints
- Personal Information Protection Statement

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

- Board of Directors of Silverwood Estates Housing Co-operative
- Membership Committee
- Office Co-ordinator

I understand that Silverwood Estates Housing Co-operative will use the information to:

- ✓ Contact me about this application
- ✓ Determine my eligibility for housing and Membership in the Co-op
- ✓ Comply with our Operating Agreement; Occupancy Agreement; Bylaws and Policies

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 \_\_\_\_\_

**Witness** \_\_\_\_\_ **Date** \_\_\_\_\_