Post 83
Co-operative Housing Association

APPLICATION INFORMATION

Please fill in the blank areas of the attached pages that pertain to you. If the blank area does not pertain to you, write **N/A**. Please print clearly on all pages.

Please be advised that smoking is permitted in suites but **not** in any of the common areas (including the underground parkade). Smoking is not permitted anywhere on the non-smoking floors (4,14,22).

Post 83 does **not** allow:

- Pets
- A single person to apply for a two bedroom suite
- More than two people in a one bedroom suite (Post 83 Co-op follows Canadian National Occupancy Standards)
- A non-member to reside at Post 83 beyond two weeks unless approved by the Board of Directors

Annual income requirements:

- For a one bedroom (1BD) you must earn an annual combined household income of $35,120 or more
- For a two bedroom (2BD) you must earn an annual combined household income of $45,120 or more

Return all of the following to our office by mail or in person (do not e-mail or Fax):

- Your completed application.
- A photocopy (NOT originals) of your most recent Notice of Assessment from Canada Revenue Agency. This page states your income and the income tax that you have paid for the past tax year. You must also include a Notice of Assessment for each co-applicant. Please delete your Social Insurance Number. If you are unable to obtain a Notice of Assessment, then Post 83 will consider alternate, verifiable proof of income such as employment letters, pay stubs and bank statements. In your application form, please indicate the reason you are unable to produce a Notice of Assessment.

Important: If you send your application without the requisite financial information for you and each co-applicant, Post 83 will not process your application.

It is Post 83's policy to remove from the waiting list all applicants who have been on it for 12 months. If you do not wish to lose your place on the waiting list, you should file another application before your current one expires.

If you are invited to Post 83 for an interview following our review of your application you and each co-applicant must bring the following:

- A cheque of $30 non-refundable for the completion of a credit check.
- Two pieces of identification for you and each co-applicant. (One piece must contain a recent photograph. A driver's license or passport is best).
- Updated financial information (if different from what you have already provided).
- Copies of pay stubs for the last 3 months for you and each co-applicant.

APPLICATION FOR MEMBERSHIP

Number of persons under 18 years to live with the applicant_____? What are their ages? _____

Number of bedrooms wanted:_____(1 or 2). Is a suite for wheelchairs wanted? ☐ Yes ☐ No

Number of parking stalls needed by the applicant and co-applicants:_____

Applicant's **full legal name** and all other names which the applicant uses. (PLEASE PRINT)

First name:_____Last name:_____

Applicant's Birth Date _____(YYYY-MM-DD)

Co-applicant's **full legal name** and all other names which the co-applicant uses.

First name:_____Last name: _____

Co-applicant's Birth Date _____(YYYY-MM-DD)

Applicant's area code and telephone number (ten digits) _____

Applicant's e-mail address _____

Applicant's address (including postal code) _____

Years of residence at the address above:_____

If this number is less than 5, please provide the applicant's previous address.:

_____

If the applicant's most recent residence was rented, the rent per month was $_____and the landlord's name and telephone number is:

_____

The names of family, acquaintances and friends of the applicant who are living at Post 83:

_____

The names of family, acquaintances and friends who are living at co-operative housing complexes other than Post 83:

_____

If no family, acquaintances or friends live in the complex, how did you hear of Post 83 Co-op?

_____

Why do you want to live here or why do you want to live in a co-op?

_____

_____

Comment on your experience and/or knowledge of co-operative or group projects (this can include such things as housing co-ops, daycare, volunteer organizations, trade unions, food co-ops, etc.)_____

_____

_____

Comment on the expected value to you of living in a co-operatively owned housing association._____

_____

_____

Mention any skills or experience that would make your membership a benefit to Post 83's committees and how you will participate in the operation of Post 83. _____

_____

_____

Estimate the number of hours you will contribute per month to Post 83 Co-op._____

THE OBLIGATIONS OF MEMBERSHIP IN POST 83 CO-OP

A member of Post 83 must:

Buy a membership-share ($1,500 for a one bedroom suite or $2,000 for a two-bedroom suite)
Pay the monthly housing charge (a monthly fee payable by post-dated cheques or by automatic debit) and other fees (i.e. parking fees)

Participate in the operation of Post 83 Co-op.

Members may participate in the operation of Post 83 Co-op by serving on the Board of Directors, by working on committees or by doing odd jobs.

COMMITTEE

As a member of Post 83 Co-op your participation is required. Participation helps keep operating costs down, including housing charges, and lends itself to a greater sense of community.

The following is a list of committees and other positions available for your participation. Please indicate #1 thru #3 with #1 being your most preferred.

__ **Finance Committee** – Responsible for reviewing monthly financial statements and assists with preparation of yearly budget and ten year plan. (monthly meetings)

__ **Membership Committee** – Responsible for reviewing incoming applications, interviewing prospective members, arranging lease signings and in-suite inspections for all residents moving in and those residents moving out. (monthly meetings)

__ **Gardening Committee** – Responsible for the upkeep of the gardens and grounds including flower beds, plants, shrubs and trees. (semi-annual meetings)

__ **Odd Jobs** – Responsible for various jobs important to the day-to-day upkeep and operation of the Co-op, including seasonal property checks, door/elevator attendant, raking leaves, shoveling snow, delivering notices, setting up for meetings, painting garden benches, cleaning laundry room window screens, etc. (no meetings, interested members will be contacted by telephone)

__ **Social Committee** – Responsible for organizing social events for members including teas, pot luck dinners, bingo nights, and other social activities. (monthly meetings)

__ **Recycling Committee** – Responsible for the upkeep of the recycling and food scraps bins, moving bins out weekly for pickup, and adhering to the rules and regulations of Burnaby Bylaws with respect to waste (no meetings, chairperson will contact interested members).

__ **Fire/Safety** – Responsible for overseeing the fire and safety plan in conjunction with Post 83's Fire Chief, attends fire safety meetings once or twice a year to ensure all procedures are in place and that each floor has a designated Fire Warden and Assistant Warden.

FINANCIAL INFORMATION

Gross Annual Income

Applicant's Name:_____ **Income: $**_____

Co-applicant's name:_____ **Income: $**_____

Other Adult(s) e.g. pension_____ **Income: $**_____

TOTAL GROSS INCOME: $_____

Are you receiving Social Assistance? Yes, _____ If so, how much? $_____/per month

VERIFICATION OF EMPLOYMENT

Applicant:

Employer's Name:_____

Address: _____

Your Position:_____Number of years:_____

Co-applicant:

Employer's Name_____

Address:_____

Your Position:_____Number of years:_____

I give the information above to obtain a membership in Post 83 Co-op. I warrant that the information is true. I give my consent to Post 83 and to its agents to secure such credit reports and other information about me as Post 83 Co-op deems necessary to evaluate this application.

Applicant's Signature:_____

Co-applicant's Signature:_____

Dated this_____day of_____, 2021

PERSONAL INFORMATION PRIVACY CONSENT

POST 83 CO-OPERATIVE HOUSING ASSOCATION (the "Co-op")
#106 - 4221 Mayberry Street Burnaby, BC V5H 4E8

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