

Section 1 - Information About Applying for Subsidized Housing

General

1. There are four sections to this Application as follows: Section 1 – Information About Applying for Subsidized Housing, Section 2 – Housing Application, Section 3 – Declaration and Consent and Release, and Section 4 – Location Preference Sheet.
2. All applicants are required to provide the following for all members of the household listed on the application to assist the Central Housing Registry – Windsor Essex County (CHR-WEC) in determining eligibility for subsidized housing:
 - a. Verification of Status in Canada (example – birth certificates / immigration documents)
 - b. Copy of your Social Insurance Card (Optional)
 - c. Other verifications and/or documents based on individual circumstances upon request of the CHR-WEC for the purposes of verifying eligibility

NOTE: Special Priority RGI household member(s) are NOT required to pursue the specified document(s) if the pursuit of the document(s) will place member(s)' safety at risk. If the Central Housing Registry – Windsor Essex County is satisfied that the household or a third party is unable to provide information or a document, the CHR-WEC shall not require the household or the third party to provide that information or document.

All members of the household must report any change in the information provided in this application to the Central Housing Registry – Windsor Essex County in writing within 10 business days of the change occurring (i.e. change of address, phone number, household size, type or amount of income). Failure to report changes may result in the cancellation of your application and removal from the Waiting List and if housed, cancellation of subsidized rent.

FILLING OUT THE FORM

1. Carefully complete, sign where provided for and submit the completed application with required documentation. Ensure that a completed Location Preference Sheet accompanies this application.
2. **Print all information in ink.**
3. Complete all sections and submit to one of the addresses below.
4. Before signing the application form, please read and understand the Declaration and Consent and Release section and make sure the application is complete. The application must be signed by all household members 16 years of age or older or by their approved designate. (This does not include dependent household members.)
5. For Co-operative Housing developments, please also complete page 11.

NOTE: Incomplete Applications cannot be assessed for eligibility and will be returned for completion.

Submit the completed application and documentation to:

CENTRAL HOUSING REGISTRY – WINDSOR ESSEX COUNTY

2470 DOUGALL AVE., UNIT 6
Windsor, Ontario N8X 1T2
Ph. 519-254-6994
Fax 519-254-9166
Email: chrwec@wechc.com

or

15C TALBOT ST. NORTH
Essex, Ontario N8M 1A5
Ph. 519-776-4631 or 1-800-265-6947
Fax 519-776-5510
Email: chrwec@wechc.com

Examples of Income

Income of every member of the household means all income, benefits and gains, of every kind and from every source including, but not limited to the following:

- | | |
|---|---|
| (a) gross salaries, wages, overtime payments, commissions, bonuses, tips, gratuities; | (h) the gross amount of alimony, separation, maintenance or support payments; |
| (b) grants, scholarships or bursary payments; | (i) the gross amount of gains from investments including interest on dividends, stocks, shares and other securities, and where the actual income can not be determined, an imputed rate of return set by the Ministry of Municipal Affairs and Housing from time to time; |
| (c) the greater of the net income from the business or the total withdrawals from the business as personal salary or other benefits of anyone who is self-employed in a business; | (j) the gross interest income from savings or chequing accounts in a bank, trust company or a credit union; |
| (d) the gross amount of employment insurance benefits; | (k) the gross amount of interest earned or payable from bonds, debentures, term deposits or investments, certificates, mortgages, capital gains or lump sum payments or other assets; |
| (e) the gross amount of workers' compensation payments or other industrial accident insurance payments made because of illness or disability; | (l) an imputed income equal to the total appraised value of all assets which do not produce interest income multiplied by a rate of return set by the landlord from time to time. |
| (f) the gross amount of any old age security, federal guaranteed income supplement and spouse's allowance and financial assistance under the Ontario Guaranteed Annual Income System (GAINS); | |
| (g) the gross amount of every kind of pension, allowance, benefit and annuity whether from a federal, provincial or municipal government of Canada or any level of government of any other country or state or from any other source; | |

Gross Household Income means the total income of:

- (1) the Tenant/Member and every person residing in the leased/occupied premises;
- (2) every Tenant/Member on the Lease/Occupancy agreement temporarily residing elsewhere;

Employment

- | | | | |
|----------------------|------------------------------|--------------------------|--|
| . Full-time | . Seasonal | . Cost of Living Bonuses | . Disability Pay |
| . Part-time | . Odd Jobs | . Overtime Earnings | . Sickness Pay |
| . Irregular Payments | . Shift Bonuses | . Commissions | . Separation/Vacation Pay |
| . Casual | . Yearly or Seasonal Bonuses | . Tips and Gratuities | . Long Term Income Protection Payments |

Self-Employment

- | | | |
|------------------|---------------|------------|
| . Tutoring | . Child Care | . Taxi |
| . Music Teaching | . Babysitting | . Business |

Pensions and Allowances

- | | | |
|--|--------------------------|---|
| . Old Age Security (OAS) | . Widow's Pension | . War Veteran's Allowance (D.V.A.) |
| . Guaranteed Income Supplement (GIS) | . Company Pension | . War Veteran's Allowance (other countries) |
| . Guaranteed Annual Income Systems (GAINS) | . Private Pension | . Military or Militia or Civil Defence Allowances |
| . Canada Pension Plan (CPP) | . Public Service Pension | . Canada Manpower Retraining Allowances |
| . Quebec Pension Plan | . Civilian War Pension | . Training Allowances |
| . Social Security (other countries) | . Disability Pension | . Retraining Allowances |

Other

- | | |
|--|---|
| . Workers' Compensation Payments | . Payments from Official Guardian or Public Trustee |
| . Insurance Payments | . Payments from Children's Aid Society or Catholic Children's Aid |
| . Student Grants | . Separation Payments |
| . Provincial or Municipal Payments | . Alimony Payments |
| . Employment Insurance Commission Payments | . Support Payments (for spouse or child) |
| . Payments under Compensation for Victims of Crime Act | . Support from relatives or other sources |
| . Mortgage Income | . One-time lump-sum payments (inheritances, court and out of court settlements) |

Income Producing Assets

- . Farm Property which produces income
- . Real Estate (residential, commercial farm, cottage, mobile home) which produces rental income.
- . Savings Accounts (bank, trust company, credit union), annuities, Guaranteed Investment Certificates, stocks or shares, bonds, debentures, mortgages, loans, notes, term Deposits.
- . Licence which produces Income (e.g. Taxi Licence)
- . Business interest which produces income

Non-Income Producing Assets

- . Life Insurance (with a cash surrender value)
- . Registered Retirement Savings Plan
- . Real Estate (house, condominium, summer cottages, farmland, commercial or vacant land)
- . Collection of, or investments in, other valuable non-income producing assets
- . Business interest which does not produce income

Information About Applying for Subsidized Housing

1. Priority I – Special Priority Status – Ranks first on the CHR-WEC Wait List

Special Priority Status is granted to Victims of Domestic Violence. Applicants receiving Special Priority Status rank first on the CHR-WEC Waiting List. If you are applying for Special Priority Status please request an explanation of the information you are required to supply.

In order to qualify for the Special Priority, the applicant or authorized designate must submit a Request for Special Priority Form including the Verification Declaration Section from one of the approved sources identified on the form. Applicants must also otherwise be eligible for Rent Geared-To-Income (RGI) assistance or Special Needs Housing. The request must be in writing and must state that a member of the household has been subject to abuse from another individual; the abusing individual is or was living with the member or is sponsoring the member as an immigrant; and the abused member intends to live permanently apart from the abusing individual. If the applicant has separated from the abuser, they must apply for the Special Priority Status within six months of the date of separation. Separations longer than six months will be reviewed and assessed on an individual basis and merit.

Special Priority RGI household member(s) are NOT required to pursue the specified document(s) if the pursuit of the document(s) will place member(s)' safety at risk.

2. Priority II – Ranks second on the CHR-WEC Wait List

Households must otherwise be eligible for Rent Geared-To-Income (RGI) or Special Needs Housing in order to qualify for "Priority II". Applicants with Priority II Status rank second on the CHR-WEC Wait List. Applicants requesting Priority II are required to provide a completed Request for Priority II Form including the Verification Declaration Section. Applicants applying for Priority II must also meet one or more of the following conditions:

- a) Homelessness:
 - Agency assisted person(s) without housing or person(s) without housing living in or that have lived in a temporary emergency shelter (i.e. Salvation Army, 1101 McDougall, Well - Come Centre, Agency sponsored placements) in the last 6 months and has not secured permanent affordable and / or adequate housing
 - Person(s) whose permanent residence has been destroyed and are not entitled to funds to rectify the circumstance, including funds for permanent affordable and / or adequate housing and have no place to live
 - Person(s) living in substandard housing which has been condemned by the municipality
- b) Households with child (ren) separated from each other by a child protection agency due to lack of housing and housing is the sole reason where the child (ren) will be returned to the household by a child protection agency when the household secures adequate housing.
- c) Households with child (ren) where a child protection agency confirms the child (ren) will be removed from the household if the household does not secure adequate housing and inadequate housing is the sole reason for such removal.
- d) Person(s) or groups designated as having Priority II Status by the Service Manager in the establishment of local priority rules from time to time. (This would include programs funded by the Service Manager, such as Transitional Housing, HARSP, Hostels to Homes etc.)

3. Chronological by Date of Application – Ranks third on the CHR-WEC Wait List

Applicants that are not eligible for Priority I or II are ranked in order of the date of their application. An application with an older date ranks higher than applications that are received later.

4. Special Needs:

- a) Modified and lives independently
- b) Supportive Housing
 - In order to qualify for supportive housing, you must require the support services connected with the housing, in order to live independently. Services will vary from provider to provider. In order to determine if you qualify for a given provider, you must complete a supplementary application for each supportive housing provider.

5. Co-op Housing:

Co-operative Housing is managed by its' residents who are referred to as members. Co-op members are expected to participate in their community by becoming a member of the Board of Directors, committees or participating in the maintenance of the property. **See page 11.**

Section 2 - HOUSING APPLICATION

Y	M	D
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1. Applicant

Last Name <i>(Please Print)</i>		First Name		Birth Date <i>(MM/DD/YY)</i>	
				Social Insurance Number <i>(Optional)</i>	
Street Number	Street Name	Apartment No.	How long at this address?	Current Rent \$	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Town/Municipality	Postal Code	Home Telephone No.	E-mail		
Present Landlord's Name		Landlord Address		Landlord Phone No.	
Status in Canada <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Indian Status <input type="checkbox"/> Refugee <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Other <i>(Please Specify)</i> _____					
Is there a person we may contact in your absence or to act as an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name: _____ Telephone No. _____					

2. Co-Applicant

Last Name <i>(Please Print)</i>		First Name		Birth Date <i>(MM/DD/YY)</i>	
				Social Insurance Number <i>(Optional)</i>	
Street Number	Street Name	Apartment No.	How long at this address?	Current Rent \$	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Town/Municipality	Postal Code	Home Telephone No.	E-mail		
Relationship to Applicant	Present Landlord's Name	Landlord Address		Landlord Phone No.	
Status in Canada <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Indian Status <input type="checkbox"/> Refugee <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Other <i>(Please Specify)</i> _____					

3. Other Household Members to Reside in Accommodation

For Status in Canada use appropriate number in column below: 1 – Canadian Citizen, 2 – Landed Immigrant, 3 – Indian Status, 4 – Refugee, 5 – Refugee Claimant, 6 – Other

Household Name(s): <i>(Please Print)</i> <i>(Last Name, First Name)</i>	Sex M or F	Birth date: <i>(MM/DD/YY)</i>	Status in Canada	Relationship to Applicant	Social Insurance # <i>(Optional)</i>
Is Baby Expected? <input type="checkbox"/> Yes <input type="checkbox"/> No Date expected? ____/____/____ <i>(MM/DD/YY)</i>					
Do all household members reside in present accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" give address and reason for separation.					

4. Housing Preferences

I/We wish to apply for the following: <input type="checkbox"/> Subsidized Rent <input type="checkbox"/> Subsidized or Market Rent			
Accommodation size: <input type="checkbox"/> Bachelor <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedrooms <input type="checkbox"/> 3 Bedrooms <input type="checkbox"/> 4 Bedrooms <input type="checkbox"/> 5 Bedrooms			
1.	Do you or any household members have any physical limitations that would require a partial or fully modified unit? If "Yes" please specify the type of unit needed.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Do you require support services to live independently? If "Yes" please specify. <i>(Documentation may be required)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

5. Eligibility Criteria

The Applicant(s) and undersigned declare the following responses to be true and accurate:

1.	Are you or any member of your household currently in an abusive situation? If "Yes" see page 3 for additional information.	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
2.	Are you or any member of your household currently in a Priority II situation? If "Yes" see page 3 for additional information.	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
3.	Is at least one member of the household 16 years old or older and able to live independently?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
4.	Is the applicant(s) and undersigned and each person named in this application one of the following: a Canadian Citizen, Landed Immigrant, Indian Status (per Indian Act), Refugee or have Refugee Claimant Status, with no outstanding deportation, departure or exclusion order in effect? Note: Proof of Residency Status for every member of the household must accompany this application.	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
5.	Has any member of the household named in this application been convicted of misrepresentation of income or found by the Ontario Rental Housing Tribunal to have misrepresented their income for the purpose of receiving rent geared-to-income housing within the last 2 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
6.	Do you or any member of the household own an interest (a freehold or leasehold) in residential property as described as follows? Each member of the household who has an ownership interest in residential property located in or outside Ontario that is suitable for year-round occupancy agrees to sell their ownership of the property within 6 months of receiving rent geared-to-income assistance. If "Yes" identify location below.	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
	Street Number	Street Name	Apt. No.	Town / Municipality	Province	Country	
		Applicant	Co-Applicant	Other Household Members			
	A) House(s)	\$	\$	\$	\$		
	B) Other Real Estate						
	Amount of Mortgage Outstanding						
7.	Have you transferred or sold any assets (Property and/or Business) in the last 3 years? If "YES" identify asset below.					Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Date of Transfer			Transferred To			
	Street Number	Street Name	Apt. No.	Town / Municipality	Province	Country	

6. Income

Please list all monthly income from all sources.

Income from all sources for every member of the household must be declared.

For other examples of income see page 2.	Gross Monthly Income (Before Deductions)			
	Applicant	Co-Applicant	Other Household Members	
Old Age Security (OAS)	\$	\$	\$	\$
Federal Guaranteed Income Supplement (GIS)				
Provincial Guaranteed Annual Income System (GAINS)				
Canada Pension Plan (CPP) – Retirement				
Canada Pension Plan - Disability (CPP-D)				
Workplace Safety Insurance Board (WSIB)				
Department of Veteran's Affairs Allowance				
War Pension - Other Countries				
Private Pensions (Specify)				
Ontario Disability Support Program (ODSP)				
Employment Income - Full or Part-Time				
Ontario Works (OW)				
Old Age Pension - Other Countries				
Alimony/Support				
Employment Insurance				
OSAP				
Other (Specify)				

7. Assets

Please list all assets from every member of the household – For more examples of assets see page 2.

Bank name				
List all accounts and amounts below	Applicant	Co-Applicant	Other Household Members	
Savings acct. #	\$	\$	\$	\$
Chequing acct #				
Trust Companies, Credit Unions				
Bonds/Savings Certificates				
Annuities, Shares, Securities, Stocks, Debentures				
Registered Retirement Savings Plans				
Property and/or Buildings				
Rent Revenue				
Business Assets (Partnership, etc.)				
Monies Owed to you (Amounts over \$500.00)				
Paid-up Life Insurance				
Other (Specify e.g. Mortgage)				

8. Contact Information

Is there a person to be notified in case of emergency? (Next of Kin, Sponsor, Doctor) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Next of Kin - Sponsor Name 1.	Address	Telephone No.	Relationship
2.			
Family Doctor – Name	Address	Telephone No.	Patient

9A. Social Housing Residential History

Have you or any of your household members ever lived in rent geared-to-income subsidized housing? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please list all the addresses of all non-profit, co-op or public housing where you have resided in Ontario:

Appl	Co- Appl	Address	Housing Provider Name	Period of Occupancy		Arrears, if any owing (\$)
				From	To	
						\$
						\$
						\$
						\$
						\$

If there are any arrears a COPY OF THE REPAYMENT AGREEMENT SCHEDULE IS REQUIRED.

9B. Previous Addresses (Last five (5) Years)

Please list the most recent address first.

Appl	Co- Appl	Address	City	Date From	Date To	Landlord's Name	Landlord's Phone No.

10. Pets

Do you have any pet(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specify Type of Pet(s) _____

11. Additional Information / Comments

Further information attached? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 3 – Declaration

I declare that:

1. Everything I have written in this document is true and that no information that is required to be given has been withheld or omitted.
2. I understand that all of my personal information I give to the Central Housing Registry – Windsor Essex County hereto after referred to as CHR-WEC / the Windsor Essex Community Housing Corporation hereto after referred to as CHC and any relevant Housing Provider, or any organization that will assist with this application and / or offer subsidized housing to me / us, will belong to them.
3. I understand that the CHR-WEC / the CHC and any relevant Housing Provider, will use my personal information that I give them to determine if I am eligible or continue to be eligible for Rent Geared-to-Income hereto after referred to as RGI assistance; the size and type of unit I may be eligible to receive; my placement on waiting lists; and the amount of RGI rent payable by me.
4. I declare that I am in Canada legally.
5. I understand that I must pay back or arrange to pay any money I may owe to any subsidized housing project.
6. I understand that it is an offence, under the Act for an individual to knowingly obtain or assist a household member to obtain RGI assistance for which they are not entitled. Such an offence carries a fine and / or imprisonment as well as prohibition from re-applying for assistance for a minimum period of two years. If something on this document is missing, incorrect or false, that the CHR-WEC / the CHC and any relevant Housing Provider, may request additional information, or may cancel my eligibility for RGI assistance and request my household to reimburse them for the amount of RGI assistance paid on behalf of my household.
7. I understand that if the CHR-WEC / the CHC and any relevant Housing Provider, request a reimbursement from a household, the members of the household who are parties to the lease or the occupancy agreement for the unit are jointly and severally liable to pay the amount owing.
8. I understand that only the people I have listed on this document may live with me in subsidized housing.
9. Any occupancy granted as a result of this Application is subject to the present tenant vacating the premises, if and when offered. I / we agree to waive any claim for damages against the CHR-WEC, any Housing Provider, or any organization that will process this application and/or offer subsidized housing to me/us, Landlord or Agents for any and all losses that accrue to me/us resulting from the present tenant not vacating the premises offered to me/us at the time previously indicated by the present tenant.
10. In the event the undersigned completes and submits a Request for Special Priority and / or Request for Priority II form, then the undersigned understands and agrees that the provisions of this Declaration apply to these forms and information contained in the form.

Personal information contained in this form or in any attachment to it is collected by CHR-WEC, CHC and / or the Housing Provider, pursuant to the *Freedom of Information & Protection of Privacy Act* or the *Municipal Freedom of Information and Privacy Act* and will be used only as set out in this form and in accordance with the Social Housing Reform Act, 2000.

SIGNATURES:

(All household members 16 years of age or older or their approved designate must sign the application form. This does not include dependent household members)

	Print Name	Signature	Relationship To Applicant	Date (MM/DD/YY)
Applicant				
Co-Applicant				
Other Household Member				
Other Household Member				
Other Household Member				
Other Household Member				
Guardian / Trustee				

Consent and Release

1. The undersigned applicant (and co-applicant if applicable) each consents to the collection, use and disclosure of such information as is required for the purpose of processing the Central Housing Registry – Windsor Essex County hereto after referred to as CHR-WEC Application Form. Uses may include but are not limited to: determining the eligibility of the household for rent geared-to-income assistance; determining the size and type of unit in respect of which the household is eligible to receive rent geared-to-income assistance; determining the placement of the household on waiting lists and determining the amount of geared-to-income rent payable by the household. Disclosure may include but is not limited to: the Service Manager; the Windsor Essex Community Housing Corporation hereto after referred to as CHC; other housing providers; and any relevant support service or community agency or institution assisting the applicant (and co-applicant if applicable) with their housing application.
2. Without restricting the generality of the consent in section 1, each of the undersigned specifically consents to the disclosure of information relating to any asset held in any financial institution by or on the behalf of him or her, and any dependents included in our household.
3. Each of the undersigned further consents to an authorized representative of the CHR-WEC or any of its agents under contract disclosing to any party personal information about him or her, and any dependents included in our household for the purpose of determining initial or continuing eligibility for RGI assistance and/or special needs housing including my / our placement on any applicable waiting lists.
4. Each of the undersigned further consents to the exchange of information with any social housing provider associated with the CHR-WEC, The Service Manager, Ontario Works delivery agents, credit bureaus, the government of any other province or territory, the Government of Ontario, or any agency, Ministry or department of any of the foregoing, Social Housing Services Corporations and associate housing registries for the purposes of the Provincial Former Tenant Arrears database, other Access Sites or any party in order to verify information for the purposes of determining or verifying initial or continued eligibility and / or administration of my / our housing allowance.
5. Each of the undersigned releases the CHR-WEC, CHC, the Corporation of the City of Windsor and the Corporation of the County of Essex of and from any liability or claim of any nature or kind to any of you in connection with the collection, use and disclosure of information provided for the purpose of processing the CHR-WEC Application Form, provided that such bodies comply with the provisions of the *Municipal Freedom of Information and Protection of Privacy Act*, (R.S.O. 1990, c. M.56) and the *Social Housing Reform Act, 2000* (S.O. 2000, c.27).

Name of Applicant (Please Print)	Signature	Date (mm/dd/yy)

Name of Co-applicant (Please Print)	Signature	Date (mm/dd/yy)

Name of Guardian / Trustee (if applicable) (Please Print)	Signature	Date (mm/dd/yy)

Notice with Respect to the Collection of Personal Information *and the Municipal Freedom of Information and Protection of Privacy Act*

This information is collected under the legal authority of the *Social Housing Reform Act, 2000* for the purpose of administering the social housing programs prescribed in this Act and its associated Regulations. Questions about this collection should be forwarded to the Chief Executive Officer of the CHC at 945 McDougall Ave, P.O. Box 1330, Windsor, ON, N9A 6R3 or (519) 254-1681.

Can-Am Urban Native Homes Provides

Rent Geared – to – Income Housing for Native Families.

Would you like your application forwarded to Can-Am Urban Native Homes?

Yes
 No

If you choose YES, proof of Aboriginal Ancestry will be required to verify eligibility for RGI housing.

This may include one of the following:

- photocopy of Indian Status card
- photocopy of Metis Membership card
- photocopy of N Number Card for Inuit Ancestry
- letter from the affiliated Band Office stating aboriginal ancestry
- statement declaring Native Ancestry and, signed by a Notary Public

A Can-Am Urban Native Homes brochure providing further details about this unique housing program can be obtained at the Central Housing Registry office.

SIGNATURES:

(All household members 16 years of age or older or their approved designate must sign the application form. This does not include dependent household members)

	Print Name	Signature	Relationship To Applicant	Date (MM/DD/YY)
Applicant				
Co-Applicant				
Other Household Member				
Other Household Member				
Other Household Member				
Other Household Member				
Guardian / Trustee				

Co-operative Housing

Read and if you agree sign below:

As Co-operative housing developments are run by the members who live in the Co-op community, there are additional notifications applicants should be aware of when applying for a home in a housing Co-op.

Therefore, in addition to the Notifications listed on page 3, we have read and understand the following which specifically apply to Housing Co-operatives:

We understand that only members of a Co-operative may live in a Co-op and we apply for membership and occupancy rights in a Co-op.

We understand that Co-operative housing developments provide housing at cost to its members.

We understand that Co-ops expect members to share responsibility in running the co-op community and we agree to take part in this responsibility.

We understand we must attend an Information Exchange Meeting with the Co-op's New Member committee and can become members only if the Co-op accepts us. Applying does not guarantee that we will be accepted.

We understand that Co-ops are governed by the Co-operative Corporations Act of Ontario and their specific By-Laws and not the Tenant Protection Act.

We understand that each Co-op sets its own pet policy which we agree to follow.

I/We understand that all members of the household who are 16 years or older must sign the application and consent, or have it signed on their behalf by an approved designate – parent, guardian, person with power of attorney or authorization to complete an application and provide consent on behalf of an applicant. (Proof of age must accompany the application).

SIGNATURES:

(All household members 16 years of age or older or their approved designate must sign the application form. This does not include dependent household members.)

	Print Name	Signature	Relationship To Applicant	Date (MM/DD/YY)
Applicant				
Co-Applicant				
Other Household Member				
Other Household Member				
Other Household Member				
Other Household Member				
Guardian / Trustee				