

Salal Housing Application for Membership

Section A ~ Household Information

Please print clearly and include all names of adults and children who intend to live in the unit.

Primary Applicant		Secondary Applicant	
Name:		Name:	
Current Address:		Current Address:	
Home Phone:		Home Phone:	
Mobile:		Mobile:	
Email:		Email:	
Other Members of Household			
Name	Birthdate	Age	Relationship to Primary Applicant

Section B ~ Housing Requirements

Number of bedrooms required:	1	2	3
Do you require a parking space?	Yes/No	How many?	

Do you have any pets?	Yes / No	How many?
Type of animal(s)	Spay/Neuter Certificate	Yes/No
Has this animal(s) been deemed 'Dangerous'?	Yes/No	

Section C – Participation

Members are required to participate in various tasks to aide in the operation of the Co-op. Please specify your area of interest:

Board of Directors		Membership Committee		Grounds/Landscape Committee	
Parking & Garbage Committee		Social Committee		Policy & Procedures Committee	
Pets Committee		Pests Committee		Participation Committee	
Other: Please Elaborate					

Please tell us about your current and previous volunteer service and how you would contribute to our Co-op.

Section D – General Information

Have you ever lived in a housing co-operative? Yes/No

If yes, indicate the name of the Co-op and when you lived there:

Do you have any friends or relatives living in Salal Housing Co op? Yes/No

Please provide their names, unit number and relationship to you:

Please list two personal references (who are not related to you)

Name:

Telephone:

Name:

Telephone:

Section E – Residential Information - Primary Applicant

How long have you lived at your current address?

Do you rent or own (circle one)? *Note you are required to use the homeowners grant for the Co op*

Current monthly payments:

Landlord's name:

Phone number:

May we contact your Landlord? Yes/No

Previous address(es) within the past 3 years:

How long at your previous address?

Reason for leaving:

Section F - Other Information

Will there be significant changes in household income during the next 12 months? If yes, please give details.

Will there be changes in the future to the number of occupants in the household? If yes, please explain.

Part Two: Employment Information

Primary Applicant	Secondary Applicant
Position:	Position:
Employer:	Employer:
Address:	Address:
Reference Name:	Reference Name:
Phone Number:	Phone Number:
Years with this Employer:	Years with this Employer:
Current yearly gross income:	Current yearly gross income:

Declaration

I/We understand that only the members of Salal Housing co-operative may live in the co-op and I/we apply for Membership, as set out below.

I/We understand that, if the Co-op accepts me/us for membership and offers us a unit, I/we must buy a share purchase as listed at the front of this application form within two weeks of accepting the unit.

If accepted into membership, I/we agree to be bound by and to comply with the Rules, Occupancy Agreement and Policies of the Co-op in force and as amended from time to time.

I/We declare that all the information in this application is correct. I/We give the Co-op permission to verify any or all of this information, and do a landlord and credit check. I/We understand that acceptance of membership depends on the Co-op obtaining satisfactory results from a credit check.

Primary Applicant: Signature: Date:	Secondary Applicant: Signature: Date:
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