SALAL HOUSING CO-OPERATIVE

MEMBERSHIP & HOUSING APPLICATION

Co-op Office Address: #31 – 600 Falcon Dr., Port Moody, BC V3H 4E1

Email: salalcooperativeoffice@gmail.com
(Completed applications accepted by email)

A. INFORMATION SHEET (FOR REFERENCE ONLY)

Share Purchase Price: $2,500

Housing charges in effect from November 1, 2025 to October 31, 2026

Unit Type	Sq. Ft.	Maximum Housing Charge	*Minimum Qualifying Household Annual Income*
1 Bedroom Apartment	650	$1,143.00	*$45,720.00*
2 Bedroom Centre Apartment	900	$1,358.00	*$54,320.00*
2 Bedroom End Unit Apt	900	$1,400.00	*$56,000.00*
2 Bedroom Townhouse w/ Basement	900*	$1,487.00	*$59,480.00*
3 Bedroom Townhouse w/ Basement	1100*	$1,669.00	*$66,760.00*

* Square footage does not include basement space in 2- and 3-bedroom townhouses.

Housing charges include heat and water.

There are no subsidies available at this time.

B. APPLICANT DECLARATION

"I hereby apply for membership in the Salal Housing Co-operative. I understand that, if accepted, I will be required to purchase shares in the Co-operative as set by the Board of Directors. I agree to observe and be bound by the Rules and Occupancy Agreement."

☐Yes, I agree

C. HOUSING CHARGES

Total housing charges must not exceed 30% of your total gross household income:

- Based on the unit size/cost I am applying for I agree that our total gross household income meets with the 30% guideline and will provide specific income documentation to the Co-op when being considered for a unit.

☐Yes, I agree

D. Privacy and Income Verification

1. Additional documentation will be requested for the purpose of income verification, including consent for a credit check. Completing this application indicates that I am willing to provide necessary income verification documents and give the Co-op $30 cheque or cash to cover the cost of the credit check when requested.

2. We take your personal information seriously. Your financial documents will be requested when called for an interview. We will employ all reasonable safeguards to ensure your information is kept confidential. Applications and financial information will only be reviewed by authorized management company staff and appropriate committee volunteers. The office will destroy any unsuccessful applicant's application forms and financial information.

E. Updating your File

Please update your records with us every 12 months by email at salalcooperativeoffice@gmail.com to let us know you are still interested and wish to remain on the waitlist. You do not need to send a whole new application. If you do not renew your interest, you will be removed from our waiting list (and your application destroyed as indicated above.)

1. HOUSEHOLD INFORMATION

1.1 Primary Applicant

Preferred Pronouns		First (Legal) Name	Last (Family) Name	
Email Address				
Home Address				
City			Province	
Phone	Home		Postal Code	
	Cell			
	Work		Extension	

1.2 Co-Applicant (If applicable)

Preferred Pronouns		First (Legal) Name	Last (Family) Name	
Email Address				
Home Address				
City			Province	
Phone	Home		Postal Code	
	Cell			
	Work		Extension	

HOUSEHOLD COMPOSITION

1.3 All members in Household (start with the primary applicant)

First Name	Last Name	Relationship to Applicant	Birth Date (dd/mm/yyyy)
		Primary Applicant	

2.2 Unit Size Required

Please choose ONE unit size only. Salal Housing Co-operative has minimum occupancy requirements for each unit size.

☐ 1 Bedroom

☐ 2 Bedroom

☐ 2 Bedroom w/ Basement

☐ 3 Bedroom w/ Basement

2.3 Accessibility, Special Needs & Parking

Do you require accessible features in your unit? ☐ Yes ☐ No

If yes, describe: _____

Do you require parking? ☐ Yes ☐ No — Number of vehicles: _____

Vehicle information:

Vehicle Make/Model	**License Plate:**

Please note all vehicles must be operative and insured to be able to park on the co-op premises.

3. PETS

Salal Housing Co-operative allows for a maximum of three uncaged pets (i.e. cat/dog/rabbit…) per unit. Members must comply with Port Moody Animal Control and other relevant bylaws on animals and pets.

https://www.portmoody.ca/city-government/bylaws-and-policies/bylaws/

Pet's Name	Kind/Breed	Weight/Size	Health Status
			☐ neutered/spayed ☐ vaccinated
			☐ neutered/spayed ☐ vaccinated
			☐ neutered/spayed ☐ vaccinated

4. RESIDENCY HISTORY (PAST 3 YEARS)

Dates (From–To)	Landlord / Housing Provider	Address	Phone Number

Are you a homeowner or living in another co-op? ☐ Yes ☐ No

If yes, please describe: _____

5. EMPLOYMENT & INCOME (PAST 3 YEARS)

5.1 Applicant

Employer / Income Source	Position	Dates (From–To)	FT/PT/Other

5.2 Co-Applicant / Other Adults

Name	Employer / Income Source	Position	Dates

6. VOLUNTEER EXPERIENCE & CO-OP PARTICIPATION

Volunteer & Community Experience:
Skills & Interests:
How can you contribute to Salal Housing Co-op?

All members are required to volunteer and contribute to the Co-op community; this includes attending meetings and voting at the Annual General Meeting. Volunteering helps keep the co-op running smoothly, builds a strong community, and supports financial savings for all members. By applying, applicants acknowledge and agree to participate in required volunteer duties.

Are you willing to participate in co-op life?	☐ Yes ☐ No	
If yes, how? (Select Committees that you may be interested in)	☐ Landscaping ☐Newsletter ☐Pets ☐Pests ☐Membership/Move in-out	☐Social Engagement ☐Parking & Garbage ☐Participation ☐Rules and Policies ☐Maintenance

7. EMERGENCY CONTACT

Name: _____

Relationship: _____

Phone Number(s): _____

Alternate Contact: _____

8. REFERENCES

Name	Relationship	Phone / Email	How long known

9. PRIVACY, CONSENT & AUTHORIZATION

By signing below, you authorize the co-op to verify information, contact landlords and employers, and obtain a credit check ($30 fee due at interview).

Primary Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Other Adult Signature: _____ Date: _____

OFFICE USE ONLY

Application received: _____

Application complete: ☐ Yes ☐ No _____

Approved unit size: _____

Wait-list category: _____

Interview date: _____

Decision: ☐ Accepted ☐ Declined ☐ Deferred _____

Last annual update recorded (Appendix 1): _____

Notes: _____

APPENDIX 1

APPLICATION UPDATE LOG

(Management / Office Use Only)

Date	Method	Summary / No Changes	Waitlist Status	Initials

Staff Notes:

_____

_____

_____

_____

_____

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