

FOR OFFICE USE ONLY Name:
Suite #:
Occupancy Date :
Waiting List:

## Congratulations!

You have chosen to apply for membership in a housing co-operative which is not only the choice of a new home, but also the choice of a new lifestyle. Community participation and involvement are what makes a co-op different from other housing options.

As a Member of Westboine you have Rights, Benefits, Responsibilities and Obligations

- **Purchase of Shares:** the required fee for membership.
- Monthly Charges: To pay the housing charges promptly
- **Unit Condition:** To maintain your unit in good condition
- On site Maintenance Staff
- Common Areas: To protect and maintain common areas for everyone's mutual benefit and safety. This includes things such as cutting grass, shoveling snow, etc.
- **Shared amenities:** Hall, dog park, community garden etc.

- Part of a community: To live peaceably with your neighbors and find co-operative solutions to disagreements.
- Participation: a voting member who contributes to the governance of the co-op by participating in the decision-making process and co-op activities by attending General Meetings, serving on the Board, or joining a Committee or a Working Group.
- Security: living in housing that is safe and affordable

#### THE UNITS AT WESTBOINE PARK HOUSING CO-OP ARE NON-SMOKING

How did you hear about our Housing Co-op?			
If you were referred by a resident/member of Westboine Park, please provide his/her name.	-		
Why did you choose to apply for residency in our Housing Co-op?			

**Please Note:** All housing charges are collected through a pre-authorized payment plan with your financial institution the first of the month. A late penalty fee of \$ 35.00 will be added to any account after one business late day and a \$50.00 NSF fee is added to an account for any payment returned by your financial institution for any reason. The co-op practices and enforces Fire Safety Regulations by the City of Winnipeg, which may require unscheduled access to your unit.

Applicant # 1:		Applicant # 2	
Full Name:	Full Name:		
Current Address:	Current		
City:			
Prov:Postal Code:	Prov:	Postal code:	
Tel: Cell:Wk:	Tel: Cell:	W	/k:
Other:	Other:		
Email:	Email:		
Date of Birth Month / Day / Year	Date of Birth	Month / Day /	Year
All Other Members of the Household		I	
Name		Date of Birth M / D / Y	Dependent Y / N
CURRENT HOUSING INFORMATION:			
How long have you lived at your surrent and a			
How long have you lived at your current addr How much do you pay in rent/mortgage payn			
If you pay for utilities, how much do you pay	each month?		<del>_</del>
Landlord / Mortgage Co. Name & Phone Nun	nber:		
If you have lived there for less than 2 year	rs, please give prev	ious address as	well as landlord
Name and Number#			

Telephone:How Long  Month/Year  ione:How Long  Month/Year
How Long Month/Year none: How Long
Month/Year
none:How Long
none:How Long
none:How Long
none: How Long
How Long
How Long
Month/ Year
1001
per month.
l(s)
cy. Pet Deposit \$ 250.00. g. Dogs must not exceed 85 as bird, rabbit, gerbil, guinea
(

#### DECLARATION

I understand that Westboine Park Housing Co-op Ltd. is formed for the purpose of providing housing at cost to its members and I hereby apply for membership in Westboine Park Housing Co-op Ltd.

I understand that accommodation in Westboine Park Housing Co-op Ltd. depends on being accepted for membership in the Co-op. I also understand that, if the co-op accepts me for membership and offers me a unit, I must make a one-time purchase of shares in the amount of \$ 200.00 and a purchase of a \$1200.00 damage deposit payable 1 week prior to move in date.

After viewing a unit, if you would like to secure the unit, we require a \$200.00 deposit to be paid at that time to secure the for you. **This deposit is non-refundable.** 

Once your application is approved, this \$ 200.00 deposit becomes part of your total financial obligation to the co-op outlined above.

I/we declare that the information contained herein to be true and correct and hereby authorize Westboine Park Housing Co-op Ltd., its employees and agents, to conduct such personal investigations as may be required to process this application, verify my / our continuing eligibility, and recover any indebtedness arising hereunder.

I acknowledge that Westboine Park Housing Co-op Ltd. may divulge information from my tenancy file in accordance with provisions of the Personal Investigations Act. In the event that I/we have any special requirements for confidentiality of such information, I/we will so advise Westboine Park Housing Co-op Ltd. in writing.

Signed this	day of	20	at the City of Winnipeg.
Signature 1st Applicant		Signature 2 <sup>nd</sup> Applica	ant
This application form	m must be signed by a	all household members	over 18 years of age.



## **AGREEMENT TO CO-SIGN**

Co-Signer for :	Unit #	
Co-Signer Name:		
S.I.N. # :	Telephone:	
	(Work)	
Present Address:		How Long:
Present Landlord:		Telephone:
Former Address:		How Long:
Former Landlord		Telephone:
Present Employer:		Telephone:
Position Held:		
Address of Employer:		
How Long Employed Here:		Income:
Former Employer:		Telephone:
I	, AGREE TO PAY ANY AN	D ALL AMOUNTS
OWING BY	FOR HOUSING CH	ARGES, FEES, AND
· · · · · · · · · · · · · · · · · · ·	THE TIME OF HIS / HER MEM	
WESTBOINE PARK HOUSING	G CO-OP LTD. I/We hereby declar	are that the foregoing
information is true and complete	e. I/We agree to provide WESTB	OINE PARK HOUSING
	k and personal information, we al	so consent to a personal
investigation into our information	on.	
Signed this day of	of20	at the City
Signature:	Witness:	
Signature.	willess.	

#### WEIGHT LIMITATION FOR DOGS

Pet Section of the Westboine Park Housing Co-operative Policies state that; the MAXIMUM weight allowed is 38.5 kg or 85 lbs. for townhomes and 9.07 kg or 20 lbs. for apartments.

Please have the following form complete Co-op office prior to move-in	ed by your veterinarian and re	turned the Westboine Park I	Housing
Pet Owner:			
Unit Number:			
Breed of Dog:			
Age of Dog:  Estimated weight of Dog:	kg. or	lbs.	
Estimated weight of Dog.		103.	
Name and Address of Veterinarian			
Signature	Date		

All pets must be pre-approved by the office and proof of license must be provided along with up to date medical i.e., shots before they can enter the Westboine Park housing co-op property

PLEASE FILL OUT THIS FORM AND GIVE IT TO THE

WESTBOINE PARK HOUSING CO-OP ADMINSTRATION OFFICE

### **Authorization to Release information**

This document authorizes Westboine Park Housing Co-op Management at 32 Shelmerdine Drive, Winnipeg, Manitoba R3R 2Y2 to release information to Westboine Park Housing Co-op Ltd. about your occupancy at:

This may include information such	as	
- rent payments		
-length of residence		
-unit condition		
-details about any complaints (par	king, noise, etc.)	
-details of lease expiration		
Date	Signature- Applicant # 1	
Print Name- Applicant # 1		
Signature – Applicant # 2		-
		-
Print Name – Applicant # 2		

PLEASE FILL OUT THIS FORM AND GIVE IT TO YOUR EMPLOYER OR TO THE PERSON WHO CAN VERIFY YOUR INCOME

## **Authorization to Release Information**

This document authorizes (emp	 loyer)
To release information to Westboine P which may include information such as	Park Housing Co-op about my employment s:
-start date of employment with the co -gross annual income -hourly wage -full time/part time/contract employm	
 Date	Print Name
Signature	

# **Participation**

Community participation and involvement are what makes a co-op different from other housing options. Please check off any interest or skills which you have that you would be willing to volunteer for the benefit of the co-op.

☐ Babysitting	☐ Phoning	☐ Fund Raising	
☐ Kid's Parties	☐ Playground Renewal	☐ Games Night	
☐ Event Planning	☐ Newsletter Committee	☐ Team Sports	
☐ Baking	☐ Pet Sitting	☐ Talent Shows	
☐ Yard Work for Others	☐ Dog Park Maintenance	☐ Exercise Group	
☐ Handy-Person	☐ Library Workgroup	☐ Green Initiatives	
☐ Arts / Crafts	☐ Gardening Workgroup	☐ Other	
For any of the interests that you che	cked above would you say:		
$\Box$ I am interested in participating i	n the activity or activities I have che	ecked	
☐ I would like to initiate the activi	ty or lead a group that has similar in	nterests	
☐ I am an expert and could teach o	others		
Have you ever served on a Committee or a Board? If yes for what organization and what capacity?			
For members interested in governance (Board of Directors or Committee Members) Westboine Park provides opportunities for the development of skills through training workshops and conferences. Is this something that interests you?			
☐ Yes. I would like to know more about the opportunity to get involved in governance			
Is there a person in your unit that is between the ages of 16 and 30 would be interested in:			
☐ Scholarship (entering post-secondary education or a full-time student currently pursuing a degree)			
☐ Leadership or governance Training			
Name:Ag	e:		
For Office Use Only			
Member Name:	Un	it # Bldg #	
Telephone#	Email:		