



<b>FOR OFFICE USE ONLY</b>
<b>Name:</b>
<b>Suite #:</b>
<b>Occupancy Date:</b>
<b>Waiting List:</b>

## 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 many bedrooms? \_\_\_\_\_ When would you like to move? \_\_\_\_\_

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.

# APPLICATION FORM

## Applicant #1

Full Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Other: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

## Applicant #2

Full Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Other: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

### All Other Members of the Household

Name	Date of Birth (Month/Day/Year)	Dependent (Yes or No)

### CURRENT HOUSING INFORMATION:

How long have you lived at your current address? \_\_\_\_\_

How much do you pay in rent/mortgage payment each month? \_\_\_\_\_

If you pay for utilities, how much do you pay each month? \_\_\_\_\_

Landlord / Mortgage Co. Name & Phone Number: \_\_\_\_\_

**If you have lived there for less than 2 years, please give previous address as well as landlord Name and Phone Number.**

**Previous Landlord Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

# APPLICATION FORM

## EMPLOYMENT INFORMATION:

### APPLICANT # 1:

Current Employer Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Position Held: \_\_\_\_\_ How Long \_\_\_\_\_

Salary: \_\_\_\_\_/Week \_\_\_\_\_/Bi-weekly/ \_\_\_\_\_/Month/ \_\_\_\_\_ Year \_\_\_\_\_

1<sup>st</sup> Previous Employer: \_\_\_\_\_

Position Held: \_\_\_\_\_

### APPLICANT #2

Current Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Position Held: \_\_\_\_\_ How Long \_\_\_\_\_

Salary: \_\_\_\_\_/Week \_\_\_\_\_/Bi-weekly/ \_\_\_\_\_/Month/ \_\_\_\_\_ Year \_\_\_\_\_

1<sup>st</sup> Previous Employer Name: \_\_\_\_\_

Position Held: \_\_\_\_\_

## PARKING:

**One parking stall is supplied with the unit at the cost of \$30.00 per month.**

Additional parking stall (if available) at the cost of \$ 40.00

Do you require more than one Parking Stall? Yes \_\_\_ No \_\_\_

**Members are responsible to clean their designated parking stall(s)**

### PETS

Pets are allowed in co-op, subject to strict adherence to the Pet Policy. Pet Deposit \$ 250.00.

A maximum of 2 cats or dogs *i.e. 2 cats or 2 dogs or 1 cat and 1 dog*. Dogs must not exceed 85 lbs in townhomes: 20 lbs. in apartment. Only 2 caged animals such as bird, rabbit, gerbil, guinea pig, etc. no reptiles allowed.

**DOG(S):** How many: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Weight: \_\_\_\_\_ Breed: \_\_\_\_\_ Colour: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Weight: \_\_\_\_\_ Breed: \_\_\_\_\_ Colour: \_\_\_\_\_

**CAT(S):** How many: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Weight: \_\_\_\_\_ Breed: \_\_\_\_\_ Colour: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Weight: \_\_\_\_\_ Breed: \_\_\_\_\_ Colour: \_\_\_\_\_

**OTHER(S):** \_\_\_\_\_

# APPLICATION FORM

## 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 1<sup>st</sup> Applicant

\_\_\_\_\_  
Signature 2<sup>nd</sup> Applicant

**This application form must be signed by all household members over 18 years of age.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# APPLICATION FORM



## AGREEMENT TO CO-SIGN

Co-Signer for: \_\_\_\_\_ Unit #: \_\_\_\_\_ Building #: \_\_\_\_\_

Co-Signer Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Current Address: \_\_\_\_\_ How long? \_\_\_\_\_

Name of Current Landlord: \_\_\_\_\_ Current Landlord Phone #: \_\_\_\_\_

Previous Address: \_\_\_\_\_ How long? \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Previous Landlord Phone #: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Current Employer Phone #: \_\_\_\_\_

Position Held: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Current Work Address: \_\_\_\_\_ Gross Annual Income: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Previous Employer Phone #: \_\_\_\_\_

**I \_\_\_\_\_, AGREE TO PAY ANY AND ALL AMOUNTS OWING BY \_\_\_\_\_ FOR HOUSING CHARGES, FEES, AND DAMAGE CAUSED DURING THE TIME OF HIS/HER MEMBERSHIP IN WESTBOINE PARK HOUSING CO-OP LTD.**

**I/We hereby declare that the foregoing information is true and complete.**

**I/We agree to provide WESTBOINE PARK HOUSING CO-OP LTD. with a credit check and personal information, we also consent to a personal investigation into our information.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_ at the City of Winnipeg.

Signature: \_\_\_\_\_ Witness: \_\_\_\_\_

# APPLICATION FORM



## 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 completed by your veterinarian and returned the Westboine Park Housing Co-op office prior to move-in.

Registered Pet Owner: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Dog Number 1

Breed Type: \_\_\_\_\_ Estimated Weight: \_\_\_\_\_ KG or \_\_\_\_\_ LBS Age: \_\_\_\_\_

Dog Number 2

Breed Type: \_\_\_\_\_ Estimated Weight: \_\_\_\_\_ KG or \_\_\_\_\_ LBS Age: \_\_\_\_\_

Name and Address of Veterinarian: \_\_\_\_\_

\_\_\_\_\_  
Applicant 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.**

# APPLICATION FORM

**PLEASE FILL OUT THIS FORM AND GIVE IT TO THE  
WESTBOINE PARK HOUSING CO-OP ADMINISTRATION 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 (parking, noise, etc.)
- details of lease expiration

\_\_\_\_\_  
Signature- Applicant #1

\_\_\_\_\_  
Signature- Applicant #2

\_\_\_\_\_  
Print Name – Applicant #1

\_\_\_\_\_  
Print Name – Applicant #2

\_\_\_\_\_  
Date:

# APPLICATION FORM

**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 \_\_\_\_\_  
(Employer)

To release information to Westboine Park Housing Co-op about my employment which may include information such as:

- start date of employment with the company
- gross annual income
- hourly wage
- full time/part time/contract employment

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature



# APPLICATION FORM

## 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.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Babysitting          | <input type="checkbox"/> Phoning              | <input type="checkbox"/> Fund Raising      |
| <input type="checkbox"/> Kid's Parties        | <input type="checkbox"/> Playground Renewal   | <input type="checkbox"/> Games Night       |
| <input type="checkbox"/> Event Planning       | <input type="checkbox"/> Newsletter Committee | <input type="checkbox"/> Team Sports       |
| <input type="checkbox"/> Baking               | <input type="checkbox"/> Pet Sitting          | <input type="checkbox"/> Talent Shows      |
| <input type="checkbox"/> Yard Work for Others | <input type="checkbox"/> Dog Park Maintenance | <input type="checkbox"/> Exercise Group    |
| <input type="checkbox"/> Handy-Person         | <input type="checkbox"/> Library Workgroup    | <input type="checkbox"/> Green Initiatives |
| <input type="checkbox"/> Arts / Crafts        | <input type="checkbox"/> Gardening Workgroup  | <input type="checkbox"/> Other _____       |

For any of the interests that you checked above would you say:

- I am interested in participating in the activity or activities I have checked
- I would like to initiate the activity or lead a group that has similar interests
- I am an expert and could teach 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: \_\_\_\_\_ Age: \_\_\_\_\_

For Office Use Only

Member Name: \_\_\_\_\_ Unit # \_\_\_\_\_ Bldg. # \_\_\_\_\_

Telephone# \_\_\_\_\_ Email: \_\_\_\_\_