

MARKET RENT



MEMBERSHIP AND SENIORS HOUSING APPLICATION

1. HOUSEHOLD COMPOSITION AND REFERENCE INFORMATION

Applicant 1	
Full Name:	_____
Address:	_____
City:	_____
Postal Code:	_____
Phone (H):	_____ (W) _____
Date of Birth:	_____ S.I.N.(optional): _____
Employer:	_____ E-mail: _____
Status in Canada	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed immigrant <input type="checkbox"/> Refugee Claimant
	<input type="checkbox"/> Permanent Resident
Female	<input type="checkbox"/> Male <input type="checkbox"/>

Applicant 2	
Full Name:	_____
Address:	_____
City:	_____
Postal Code:	_____
Phone (H):	_____ (W) _____
Date of Birth:	_____ S.I.N.(optional): _____
Employer:	_____ E-mail: _____
Status in Canada	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed immigrant <input type="checkbox"/> Refugee Claimant
	<input type="checkbox"/> Permanent Resident
Female	<input type="checkbox"/> Male <input type="checkbox"/>

How did you hear about ALMISE? _____

Person to notify in Case of Emergency / Alternate Contact		
_____	_____	_____
Name	Telephone No.	Relationship

2. **OTHER HOUSEHOLD MEMBERS?** Please fill out information below.

Last Name	First Name	Female/Male (F / M)	Date of Birth (day/month/year)

3. **HOUSING REQUIREMENTS**

Do you require 1-Bedroom 2-Bedroom
 1-Bedroom Modified Other (Specify) _____
Unit (Suitable for Wheelchair/Scooter/Walker. You will be required to have a doctor's confirmation).

4. **HOUSING BACKGROUND**

Do you presently own or rent?

How long have you lived at your current address? _____

If you have lived there less than 2 years, please give your previous address.

How much do you pay in rent each month? _____

If you pay for utilities, how much do you pay? _____

Landlord's Name and phone number _____

5. **PARKING**

List all vehicles belonging to the household.

Make	Colour	License number

6. **PET POLICY**

The co-op has a pet policy that allows a maximum of 2- neutered cats.

Do you have any pets? if so, how many and what type? _____

7. HOUSEHOLD INCOME

Applicant 1		Applicant 2	
Gross Annual Income From:	\$	Gross Annual Income From:	\$
Employment:	\$	Employment:	\$
Social Assistance:	\$	Social Assistance:	\$
Old Age Security:	\$	Old Age Security:	\$
Guaranteed Income Supplement:	\$	Guaranteed Income Supplement:	\$
Canada Pension:	\$	Canada Pension:	\$
Private Pension:	\$	Private Pension:	\$
Interest (specify):	\$	Interest (specify):	\$
RRSP/Investments Value:	\$	RRSP/Investments: Value	\$
Annuities:	\$	Annuities:	\$
Income from other sources:	\$	Income from other sources:	\$
Other Assets Value	\$	Other Assets Value	\$
TOTAL GROSS HOUSEHOLD INCOME per month: \$ _____			

PLEASE ATTACH APPROPRIATE PROOF OF INCOME TO THIS APPLICATION.

If you are aware that credit or past rental problems that may affect your application, please provide any information that may help the Co-op to get an accurate picture of your rental history.

Are you going to apply for Rent Supplement Assistance (subsidy)? Yes No

A separate application for Rent Supplement Assistance to Toronto Housing Connections is required.

I/We understand that only members of the ALMISE Co-operative Homes Inc. may live in the Co-op and I/We apply for membership.

I/We understand that this application must be accompanied by the following:

- ❖ Proof of income in a form acceptable to the co-operative for each member of the household who receives an income. (Letter from Employer or recent Income Tax Assessment, statement of assets, copy of bank statements)

I/We understand that moving into the co-operative depends on being accepted for membership in the co-operative and that I/we must attend an Information Meeting and that I/we may be interviewed before our application is approved. We also understand that if the Co-op accepts us for membership and offers us a unit we must pay a one-time membership fee of \$5.00 per member.

I/We understand that living in a unit in the co-operative will depend on my/our signing a legal agreement with the co-operative, and that before I/we move in I/we will have to pay the first month's housing charge.

The Personal Information provided within this application is collected by ALMISE Co-operative Homes Inc. for the purpose of determining eligibility for membership and on-going occupancy at ALMISE Co-operative Homes Inc. Questions about this collection may be made to ALMISE Co-operative Homes Inc.

I/we understand that:

- ❖ This information is collected to permit ALMISE Co-operative Homes Inc. (and their respective governing body, employees, agents and/or contractors) to determine initial and on-going eligibility for membership, occupancy, rent geared to income assistance, household composition and other matters related to membership and occupancy at ALMISE Co-operative Homes Inc.
- ❖ A file containing personal information relating to my application, housing or membership and other personal information will be created and I may have access to review this file upon reasonable notice and a written request.

I/we consent to ALMISE Co-operative Homes Inc. obtaining, disclosing or exchanging my/our personal or other information (including information contained in my/our application file, membership file or other files) at any time, from, to, or with on an as-needed basis any governing or administrative body of the Co-operative, the Co-operative's auditor and legal counsel, the employees of the City of Toronto or employees of agencies designated by the City, credit reporting agencies or to any person with whom the undersigned has or proposes to have financial relations or as may be required by the Co-operative to meet its obligations in providing housing.

I/we declare that all the information in this application is complete, correct and accurate.

Date

Applicant 1

Date

Applicant 2

Date

Applicant 3