

Information Session Date: _____
 Application Number: _____ Certified by: _____

Bridle Manor Co-operative Inc

Membership and Housing Application

Please print clearly. If you run out of room, use another sheet.

Who is applying?

You must list **everyone** in your household.
 Please give a complete mailing address, including postal code.

Adult A:

Family Name: First Name: Middle Name: <div style="text-align: right;">Female <input type="checkbox"/> Male <input type="checkbox"/></div>	Mailing Address:
Home Phone Number: Work Phone Number: Email Address:	Date of Birth: Social Insurance Number:

Adult B:

Family Name: First Name: Middle Name: <div style="text-align: right;">Female <input type="checkbox"/> Male <input type="checkbox"/></div>	Mailing Address:
Home Phone Number: Work Phone Number: Email Address:	Date of Birth: Social Insurance Number:

Children (17 years old or younger):

Family Name: First Name: <div style="text-align: right;">Female <input type="checkbox"/> Male <input type="checkbox"/></div> Dependant: Yes <input type="checkbox"/> No <input type="checkbox"/>	Family Name: First Name: <div style="text-align: right;">Female <input type="checkbox"/> Male <input type="checkbox"/></div> Dependant: Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Birth:	Date of Birth:

Family Name: First Name: <div style="text-align: right;">Female <input type="checkbox"/> Male <input type="checkbox"/></div> Dependant: Yes <input type="checkbox"/> No <input type="checkbox"/>	Family Name: First Name: <div style="text-align: right;">Female <input type="checkbox"/> Male <input type="checkbox"/></div> Dependant: Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Birth:	Date of Birth:

Are you currently expecting any new children in your family? Yes No

What type of unit do you need?

Please write the number "1" beside your first choice and the number "2" beside your second choice.

	One Bedroom Apartment		Two Bedroom Apartment
	Three Bedroom Townhouse		Four Bedroom Townhouse

Parking

There will be an extra charge for parking. Will you need parking? Yes No

License Plate #: _____ Make/Model/Colour: _____

Where have you lived before?

How many years or months have you lived at your present address?

Years: _____ Months: _____

Rent: Own:

If you have lived there less than two years, please tell us where you have lived before:

Previous Address:	Previous Address:
Length of Stay:	Length of Stay:
Rent: <input type="checkbox"/> Own: <input type="checkbox"/>	Rent: <input type="checkbox"/> Own: <input type="checkbox"/>

How much rent or mortgage do you pay each month? _____

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

How much notice do you need to give to move out of your current residence?

May we contact your present landlord for a reference? Yes No

Please give us the name and phone number of your landlord. If you **do not** want us to contact your landlord, please explain why when you send in this application.

Landlord's Name:
Address:
Phone Number:

Pets

Bridle Manor allows one uncontained pet in each townhouse unit. **No uncontained pets are allowed in the apartment building at all.** Please tell us if you will be bringing a pet into the Co-op and what it is: _____

General Information

How did you hear about the Co-op?

- from a friend or relative
- from the Co-op Housing Phone Line
- from the website - www.coophousing.com
- other – please specify: _____

Why do you want to live in the Co-op?

Have you ever been involved in any other Co-op? If yes, give details.

Are you now or have you ever been, a member of any other volunteer organization such as a community group, service club or trade union? If yes, give details.

Volunteer Participation

All Co-op Members are expected to volunteer some time to the running of the Co-op. Please specify the area of interest for each applicant. Please note your first “1” and second “2” preference.

Choice	Adult A	Choice	Adult B
	Member Selection		Member Selection
	Finance		Finance
	Maintenance		Maintenance
	Communications/Newsletter		Communications/Newsletter
	Social		Social
	Gardening		Gardening

About your total household income:

We need to know about everyone's income. Please give the before-tax income (gross income) per month. **All information will be kept confidential.**

Name of each person in Household over 18 years of age	Employer or Other Source of Income (for example: child support, pension)	Gross Amount per Month

You need to include the proof of income information listed for each person over 18 with your application. So please, start putting together the information.

Signatures

We understand that only members of Bridle Manor Housing Co-operative Inc. may live in the Co-op and we wish to apply for membership in the Co-op.

We understand that Bridle Manor Housing Co-operative Inc. provides housing at cost to its members.

We understand that the Co-op expects us to share in the responsibility of running the Co-op.

We understand that all members of the household over 18 must be interviewed and that we can become members only if the Co-op accepts us. Applying does not guarantee that we will be accepted and the \$20.00 application fee per adult (over 18) is used for the credit check and is non-refundable.

We understand that, if accepted for membership and offered a unit, we must pay a one-time membership fee of \$10.00 per adult (over 18).

We declare that all the information in this application is correct. We give the Co-op permission to verify any or all of the information, and to do a credit check.

Signatures of everyone over age 18 who is applying:

Name

Date

Mail your completed application to:

Bridle Manor Housing Co-op Inc.

Member Selection Committee

Unit 101, 3110 Sheppard Avenue E.

Scarborough, ON M1T 3J8