

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:	Mailing Address:
First Name:	
Middle Name:	
Female <input type="checkbox"/> Male <input type="checkbox"/>	
Home Phone Number:	Date of Birth:
Work Phone Number:	
Email Address:	

Adult B:

Family Name:	Mailing Address:
First Name:	
Middle Name:	
Female <input type="checkbox"/> Male <input type="checkbox"/>	
Home Phone Number:	Date of Birth:
Work Phone Number:	
Email Address:	

Children (15 years old or younger):

Family Name:	Family Name:
First Name:	First Name:
Female <input type="checkbox"/> Male <input type="checkbox"/>	Female <input type="checkbox"/> Male <input type="checkbox"/>
Dependent: Yes <input type="checkbox"/> No <input type="checkbox"/>	Dependent: Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Birth:	Date of Birth:

Family Name:	Family Name:
First Name:	First Name:
Female <input type="checkbox"/> Male <input type="checkbox"/>	Female <input type="checkbox"/> Male <input type="checkbox"/>
Dependent: Yes <input type="checkbox"/> No <input type="checkbox"/>	Dependent: 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 ☐

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 Co-operative Inc. allows only 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
	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 16 years of age and older	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 16 years and older with your application.

Collection, Use and Disclosure of Information:

In consideration of **Bridle Manor Co-operative Inc.** accepting you as a member/tenant and entering into a membership/tenancy agreement with you, you expressly consent to and authorize the following:

1. Bridle Manor Co-operative Inc. may obtain information about you through a tenant check and/or credit or consumer report conducted by Rent Check Credit Bureau and as permitted or required by law. You expressly authorize Rent Check Credit Bureau to provide information regarding you to Bridle Manor Co-operative Inc.
2. Bridle Manor Co-operative Inc. may use information about you to determine your suitability as a member/tenant and as permitted or required by law.
3. Bridle Manor Co-operative Inc. may disclose information about you as permitted or required by law and to Rent Check Credit Bureau to be included within a database of tenant information, and/or within a file on you, for purposes of:
 - tenant reporting and credit reporting in accordance with the *Consumer Reporting Act* (Ontario)
 - establishing a credit history and a rental history
 - comparing with aggregate statistical data for purposes of tenancy and credit scoring; and
 - supporting the credit approval process
4. You expressly authorize Rent Check Credit Bureau to retain information regarding you indefinitely for the purposes outlined in section 3 above, subject to any applicable legal restrictions.
5. You expressly authorize Rent Check Credit Bureau to disclose information regarding you to its members and subscribers as required or permitted by law and for the purposes outlined in section 3 above.
6. You agree that you will not withdraw your authorization and consent to the collection, use and disclosure of information about you by Rent Check Credit Bureau as outlined in sections 1 to 5 above.
7. You agree that all statements on this Membership and Housing Application are true and you expressly authorize all references given to release information about you to Bridle Manor Co-operative Inc. for verification subject to sections 1 to 5.

Please provide your consent by checking the following box and signing in the appropriate space below:

☐ Yes, I have read and agree to the collection, use and disclosure of information as outlined above.

I have read, understood and voluntarily agree to the terms and conditions outlined above.

Applicant's Signature

Print Name

Date

☐ Yes, I have read and agree to the collection, use and disclosure of information as outlined above.

I have read, understood and voluntarily agree to the terms and conditions outlined above.

Co-Applicant's Signature

Print Name

Date

Signatures:

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

We understand that all members of our household, including our children, 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 \$30.00 application fee per adult (16 years and older) 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 \$25.00 per adult (16 years and older).

We understand that, if accepted for membership, we will be obligated to participate in the activities of the Co-op

- by attending each annual meeting of members, and all other meetings of members, unless prevented by illness or emergency or other reason acceptable to the Board
- by serving on the Board, or committees, or by assisting in other areas of the operation of the Co-op

We declare that all the information in this application is true and correct. We give Bridle Manor Co-operative Inc. permission to verify any or all the information we provided.

Signatures of everyone 16 years and older who is applying:

Name:

Date:

Mail your completed application to:
BRIDLE MANOR CO-OPERATIVE INC.
Unit 101, 3110 Sheppard Avenue East
Scarborough, Ontario M1T 3J8