

# ROBSON PARK HOUSING CO-OPERATIVE

#40 – 234 East 15<sup>th</sup> Avenue  
Vancouver, BC V5T 2P9

<b>CO-OP USE ONLY</b>
Date: _____
Size: _____

Application for Residence (PLEASE PRINT)

**Applicant**

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

Phone (home): \_\_\_\_\_

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

Phone (work): \_\_\_\_\_

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

Age: \_\_\_\_\_

**Co-Applicant** (if applicable)

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

Phone (home): \_\_\_\_\_

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

Phone (work): \_\_\_\_\_

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

Age: \_\_\_\_\_

**Other person(s) who would be residing in unit**

Adults		Children	
Name	Age	Name	Age

**Number of bedrooms required (please circle):**    1    2    3

General guideline: not less than 1 and no more than 2 persons per bedroom.

Do you expect to require a larger/smaller unit later (please circle)? Y / N

If so, when? \_\_\_\_\_

Please explain briefly. \_\_\_\_\_

Do(es) any of your household member(s) have any health needs that affect your housing requirements?

If so, please specify. \_\_\_\_\_

Do you have pets (please circle)? Y / N

If so, what kind and how many? \_\_\_\_\_

**Current housing** (please check)

Own     Rent     Co-op     Other    Monthly rent \$ \_\_\_\_\_

Why are you interested in living in Robson Park Co-op? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The structure of co-operative living requires that all adults contribute to the successful running of the co-operative by:

- (a) attending general meetings;
- (b) joining at least one committee, attending its meetings, and participating in the work of the committee; and
- (c) assisting in the general maintenance of the co-operative and participating in co-op "work parties" from time to time.

**Hobbies/Interests**

Please list: \_\_\_\_\_

**Skills** (please check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Accounting        | <input type="checkbox"/> Electrical     | <input type="checkbox"/> Minute Taking |
| <input type="checkbox"/> Art work          | <input type="checkbox"/> Event planning | <input type="checkbox"/> Painting      |
| <input type="checkbox"/> Bookkeeping       | <input type="checkbox"/> Filing         | <input type="checkbox"/> Plumbing      |
| <input type="checkbox"/> Budgeting         | <input type="checkbox"/> Gardening      | <input type="checkbox"/> Teaching      |
| <input type="checkbox"/> Carpentry         | <input type="checkbox"/> Interviewing   | <input type="checkbox"/> Typing        |
| <input type="checkbox"/> Chairing meetings | <input type="checkbox"/> Legal          | <input type="checkbox"/> Writing       |
| <input type="checkbox"/> Dry wall          | <input type="checkbox"/> Letter Writing | <input type="checkbox"/> Yard work     |
| <input type="checkbox"/> Editing           | <input type="checkbox"/> Mechanical     | <input type="checkbox"/> Other         |

I am interested in learning how to: \_\_\_\_\_

**Committees** (please check the committees that are of interest to you and all adults who will reside in the unit)

- Board.** Sets general policies; is the committee to which all other committees are accountable to; is legally responsible for the operations and decisions of the co-operative.
- Finance.** Sets and oversees the budget, finance policies, and housing charges
- Maintenance.** Sets maintenance related policy; oversees the physical care and maintenance of the building, the grounds, and the units
- Membership.** Sets and oversees membership policies; interviews new members; makes new member selections; orients new members

- Social/Education.** Publishes a newsletter; organizes some social events

Have you ever participated in a volunteer organization? (i.e. co-op, union, collective, committee) Please describe.

\_\_\_\_\_  
 May we contact a previous landlord/employer as a reference? (We would not do this until after an interview.)

Name of Landlord \_\_\_\_\_ Address \_\_\_\_\_

Phone number \_\_\_\_\_ Residency Date \_\_\_\_\_

### Income Information

We require the following information (kept confidential) in order to maintain the economic viability of the co-operative. Accuracy is essential. If you move into the co-operative and require subsidy, you will be required to provide verification of your income at least annually.

1. In all categories of income use the present gross annual figures.
2. List all sources of income excluding family allowance.

	APPLICANT	CO-APPLICANT	OTHER HOUSEHOLD INCOME
Salary and/or Commission			
Self-employed Income			
UIC			
Pensions			
Gain (Shelter Allowance)			
Interest or Investment			
Child Support or Alimony			
Other (i.e. Student Loan/Foster Child)			
<b>TOTAL</b>			

Please indicate if you expect any significant changes in your income during the next 12 months, giving dates, reason(s) and approximate increase or decrease if known (i.e. Retirement, having a baby, promotion, attending graduating from school, etc.)

**Applicant's Employment**

Name and Address of Employer: \_\_\_\_\_

Phone \_\_\_\_\_ Occupation \_\_\_\_\_ No. of yrs employed \_\_\_\_\_

Previous employer (if employed less than 1 year in current situation)

\_\_\_\_\_ Phone \_\_\_\_\_

**Co-Applicant's Employment**

Name and Address of Employer: \_\_\_\_\_

Phone \_\_\_\_\_ Occupation \_\_\_\_\_ No. of yrs employed \_\_\_\_\_

Previous employer (if employed less than 1 year in current situation)

\_\_\_\_\_ Phone \_\_\_\_\_

I/we hereby give the co-operative the authority to verify or seek corroboration, in whatever form they deem appropriate, of the reported income, and I/we do hereby confirm that the information set forth is true and that the correct income has been declared by all the members of our household.

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

\_\_\_\_\_  
Co-Applicant Date: \_\_\_\_\_

Signatures in full of any other household members declaring income:

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

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

Is there any additional information you think Robson Park Housing Co-operative should be aware of in order to evaluate your application? Please describe.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return this application form to:  
**Robson Park Housing Co-operative**  
**c/o the Membership Committee**  
**#40 – 234 East 15<sup>th</sup> Avenue,**  
**Vancouver, BC V5T 2P9**