

FAETHORNE PLACE HOUSING CO-OPERATIVE INC.

Application Deadline: _____

APPLICATION PROCEDURE

The applicant will:

1. Complete the application form and return it to the office of Faethorne Place Housing Co-operative Inc.
2. Provide proof of income as per guidelines attached to the application form.

The Membership Committee of Faethorne Place Housing Co-operative will:

1. Conduct a credit and reference check (access to confidential information will be firmly restricted by the Co-op).
2. Conduct an interview of the applicant(s).
3. Recommend acceptance or rejection of applicant(s) to the Board of Directors.

Appeal Process:

If the applicant chooses to appeal the decision made by the Board of Directors, an appeal notice should be submitted by the applicant to the Board of Directors of Faethorne Place Housing Co-operative Inc. by 5:00 p.m. on the seventh day after the letter of rejection is received. The Membership Committee will then grant a second interview to be conducted by two other Committee members. The second interview will take place within ten days of the receipt of the appeal notice, barring any unforeseen circumstances.

Faethorne Place Housing Co-operative Inc.
#111 - 1240 Afton Drive
Sarnia, Ontario N7S 6J8
519-344-5926
Fax # 519-344-6448
email: faethorne@xcelco.on.ca

APPLICATION FOR MEMBERSHIP AND ACCOMMODATION

We realize that this application asks for a great deal of information. There is a reason for asking each question. Please note that all personal information given here is strictly for the use of the Co-op in evaluating your request for membership. Each member of the household 18 years or older is considered an applicant. Person/s who have withdrawn from parental control and are 16 years of age may make an application for membership.

1. **APPLICANT**

Name: _____
 Address: _____
 Postal Code _____
 Telephone: (home) _____
 (work) _____

2. **CO-APPLICANT**

Name: _____
 Address: _____
 Postal Code _____
 Telephone: (home) _____
 (work) _____

Are you a Canadian citizen? [] or a landed immigrant? [] or refugee claimant []
 If more than two applicants, provide information on reverse side.

2. **HOUSEHOLD INFORMATION**

Complete for ALL members of the household, including **APPLICANT AND CO-APPLICANT**

Surname (include female maiden name, if applicable)	Given names (include full middle name)	Birthdate			Relationship to Applicant
		D	M	Y	

No. of bedrooms required: One ____ Two ____ Three ____ Accessible ____

Are you applying for : Apartment [] Townhouse []

When is unit required? _____

Do you own a car? Yes [] No [] How many? []

License Plate No.(s) _____

Any other vehicles, please list _____

CONFIDENTIAL INFORMATION (ACCESS TO THIS INFORMATION WILL BE FIRMLY RESTRICTED)

FINANCIAL AND EMPLOYMENT INFORMATION

The following financial information is required by the Co-operative. To maintain confidentiality, this page and the accompanying documentation will be placed in a confidential file after review. All applicants are required to submit adequate income verification with this application (see attached schedule for definition of income and appropriate verification).

1. **APPLICANT**

Current Employment

Occupation: _____
Employer: _____
Address: _____
Phone No.: _____
Gross Monthly Income: _____
Length of time with this employer: _____
From: _____ To: _____
S.I.N. _____
(For credit check purposes only)

Previous Employment

Occupation: _____
Employer: _____
Address: _____
Phone No.: _____
Gross Monthly Income: _____
Length of time with this employer: _____
From: _____ To: _____

Other Sources of Income

(List source and amount OR indicate source of income if not presently employed):

1. **APPLICANT**

2. **APPLICANT**

Current Employment

Occupation: _____
Employer: _____
Address: _____
Phone No.: _____
Gross Monthly Income: _____
Length of time with this employer: _____
From: _____ To: _____
S.I.N. _____
(For credit check purposes only)

Previous Employment

Occupation: _____
Employer: _____
Address: _____
Phone No.: _____
Gross Monthly Income: _____
Length of time with this employer: _____
From: _____ To: _____

2. **CO-APPLICANT**

CONFIDENTIAL INFORMATION (ACCESS TO THIS INFORMATION WILL BE FIRMLY RESTRICTED).

LANDLORD REFERENCE

1. **APPLICANT**

Current Landlord or Mortgage Co.

Name: _____

Phone No: _____

Mortgage No. (if applicable): _____

Present Rent/Mortgage Payment: _____

Includes Utilities? _____

How long at this address? _____

Previous Landlord

Name: _____

Phone No: _____

2. **CO-APPLICANT**

Current Landlord or Mortgage Co.

Name: _____

Phone No.: _____

Mortgage No. (if applicable): _____

Present Rent/Mortgage Payment: _____

Includes Utilities? _____

How long at this address? _____

Previous Landlord

Name: _____

Phone No: _____

RENT GEARED TO INCOME

MEMBERS MAY QUALIFY FOR ASSISTANCE IF THE HOUSING CHARGE EXCEEDS 30% OF THEIR GROSS INCOME (BEFORE DEDUCTIONS).

Only if you wish your rent to be considered on a geared-to-income basis, should it be available, are you required to answer the following questions.

	<u>1. Applicant</u>		<u>2. Co-Applicant</u>	
	YES	NO	<u>YES</u>	<u>NO</u>
1. Are you currently living in accommodation subsidized by the County of Lambton Housing Services?	[]	[]	[]	[]
2. Are you currently on a waiting list for the County of Lambton Housing Services accommodation?	[]	[]	[]	[]
3. Have you ever lived in an Ontario Ministry of Housing rent-geared-to-income housing unit?	[]	[]	[]	[]

I/We, _____, hereby authorize Faethorne Place Housing Co-operative Inc. to release information contained in the application to the County of Lambton Housing Services Department.

GENERAL INFORMATION

Why would you like to live in this Co-operative? _____

How did you hear about our Co-operative? _____

All members are expected to participate in some aspect of the Co-op's operation and management. How do you see yourself contributing to the Co-op? Please list Applicant 1's interests and Applicant 2's interests separately.

Membership Committee _____	Social Committee _____
Landscape/Maintenance committee _____	Newsletter Committee _____
Finance Committee _____	Member Relations _____
Board of Directors _____	
Other Contributions? _____	

Have you any experience or interest in co-ops or other community organizations, for example: food co-ops, church groups, credit unions, PTA, tenants' associations?

Do you have any hobbies or extracurricular activities? _____

Do you have any concerns or questions about the Co-op? _____

I/We understand that to be eligible to occupy a housing unit I must become a member of Faethorne Place Housing Co-operative Inc. and sign the Occupancy Agreement. I/we support the co-operative principles and am/are interested in becoming a member(s).

I/We understand that this application must be accompanied by all income verification in the form requested by the Co-operative for each member of the household who receives an income.

I/We understand that Faethorne Place Housing Co-operative Inc. is formed for the purpose of providing housing at cost to its members and that membership includes the responsibility to participate in the management and maintenance of the Co-operative.

I/We understand that accommodation in Faethorne Place Housing Co-operative Inc. depends on being accepted for membership into the Co-operative and that I/We will be interviewed for membership at a later date.

I/We declare that all the information in this application is correct and hereby authorize the Co-operative to verify and or all of the information contained herein, and to perform a credit check.

I/We understand that providing false or misleading information could result in termination of membership and occupancy rights.

1. **APPLICANT:**

Signature: _____

Date: _____

2. **Co-APPLICANT**

Signature: _____

Date: _____

FAETHORNE PLACE HOUSING CO-OPERATIVE INC.

Please return your completed application to:

Faethorne Place Housing Co-operative Inc.
Sarnia, Ontario N7S 6J8 519-344-5926
Fax # 519-344-6448
Email: faethorne@xcelco.on.ca

#111 - 1240 Afton Drive

SCHEDULE A

Definition of Income

"Income" means all income, benefits and gains, of every kind and from every source including, but not limited to the following:

- (a) gross salaries, wages, overtime payments, commissions, bonuses, tips, gratuities;
- (b) grants, scholarships or bursary payments;
- (c) the greater of the net income from the business or the total withdrawals from the business as personal salary or other benefits of any member of the family or of the applicant who is self-employed in a business;
- (d) the gross amount of employment insurance benefits;
- (e) the gross amount of worker's compensation payments or other industrial accident insurance payments or payments made because of illness or disability;
- (f) the gross amount of any old age security, federal guaranteed income supplement and spouse's allowance and the Ontario Guaranteed Annual Income (GAINS);
- (g) the gross amount of every kind of pension allowance, benefit and annuity whether from a federal, provincial or municipal government of Canada or any level of government of any other country or state from any other source;
- (h) the gross amount of alimony, separation, maintenance or support payments made to the applicant;
- (i) the gross amount of gains from investments including interest on dividends, stocks, shares and other securities, and where the actual income cannot be determined, an imputed rate of return set by Ministry of Municipal Affairs and Housing from time to time;
- (j) the gross interest income from savings or chequing accounts in a bank, trust company or a credit union;
- (k) the gross amount of interest earned or payable from bonds, debentures, term deposits or investments, certificates, mortgages, capital gains or lump sum payments or other assets;
- (l) an imputed income amount equal to the total appraised value of all assets which do not produce interest income multiplied by a rate of return set by Ministry of Municipal Affairs and Housing from time to time.

HOW TO VERIFY YOUR INCOME

EVERY ADULT MEMBER OF YOUR HOUSEHOLD AND EVERY CHILD MUST DECLARE HIS/HER INCOME.

SOURCE OF INCOME

VERIFICATION REQUIRED

Regularly employed	A letter from your employer stating your salary before deductions and the number of hours per week you work and a copy of your last income tax return. If you cannot get a letter and you earn a constant amount each pay cheque, 3 consecutive pay stubs may be submitted.
Irregularly employed	A copy of your last income tax return including supporting information (T-4's etc.) as well as an affidavit estimating your income for the coming year.
Unemployed, receiving U.I. payments	A copy of three consecutive warrant cards or a statement from a E.I. counselor verifying the amount of benefit and a copy of your last income tax return.
Social Assistance	A letter from the agency from which you receive benefits (Ontario Works, D.V.A., Welfare, Worker's Compensation) setting out those benefits and a copy of your last income tax return.
Manpower Retraining	A statement from Employment Insurance setting out your allowance, as well as an indication of the dates you start and finish the course and a copy of your last income tax return.
Pension	A photocopy of each of your pension cheques (O.A.S., C.P.P., G.A.I.N.S., private pension, etc.) or a letter from your financial institution and a copy of your last income tax return. If you are submitting photocopies of cheques, please mark them "specimen" for your protection.
Self-employed	A statement from a chartered accountant setting out your net business income or total withdrawals from the business as salary in the last 52 weeks. OR an affidavit with supporting documents such as income tax forms declaring your total annual income, sources, and amount.
Support payments received	Alimony, separation, or support payment amounts must be verified with legal documents from the Family court or a lawyer, or, if not available, an affidavit with supporting documents and a copy of your last income tax return.
Student awards	A photocopy of the relevant government form must be submitted. The grant portion only is to be declared; repayable loans are not included. Summer earnings must also be included and a copy of your last income tax return.

SOURCE OF INCOME**VERIFICATION REQUIRED**

Rental income

Copies of cheques or written agreements made if you have rented property that you own, such as a summer cottage and a copy of your last income tax return.

Income-Yielding Assets or Investments

Account statements from your financial institution, or tax forms relating to dividends or interest paid on stock/investment papers, savings accounts, bonds, debentures, deposits or notes, trust accounts, credit unions, mortgages or loans, etc and a copy of your last income tax return.

Non-Income Yielding Assets

Legal documents attesting to possession of real estate. Account statements from your financial institution for chequing accounts and for investment papers yielding deferred interest/dividends. An affidavit and supporting documentation for recent acquisitions of valuables non-income producing assets that appreciate in value and a copy of your last income tax return.

ALSO: Income from the following MUST be disclosed: part-time earnings, bonuses and incentive pay, commissions, overtime pay, tips and gratuities, strike pay, earnings from home child care, housework, etc.

NOT INCLUDED: Child Tax Benefits, Universal Child Care Benefits, GST, capital gains, supplementary tax assistance for the elderly.