



## EXTERNAL MEMBERSHIP APPLICATION FORM

**Tecumseh is not accepting applications at this time.**

Thank you for your interest in our Co-op.

Dear Applicant:

Please complete and return the application form with proof of income & address, two pieces of Government ID, and non-refundable application fee of \$15.00 by cheque or E-transfer at [etransfer@tecumsehcoop.net](mailto:etransfer@tecumsehcoop.net) for each applicant on this form. Please be advised that we will be required to do landlord reference check and credit check. Following that you will be invited to an interview conducted by members of the Membership Committee to determine whether to recommend your application for approval of the Board of Directors. All applicants over the age of 16 are required to attend the meeting. Please note this process can take several weeks.

Please Fax, Email or mail your application to one of the following:

Address: Attention: Administrative Co-ordinator  
Tecumseh Co-operative Homes Inc.  
1-6555 Falconer Drive  
Mississauga, ON  
L5N 3N6

Fax: (905)-821-8526

Email: [admin.tecumseh@bellnet.ca](mailto:admin.tecumseh@bellnet.ca)

Thank you for your interest in Tecumseh Co-operative Homes Inc., if you have any questions please contact the office during business hours.

Co-operatively yours,  
*On behalf of the Board of Directors*

**1. Applicant**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Female       Male

Address (including postal code)

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

**Proof of Residence:** Include a copy of, at least two, of the following with your application. Please check all that apply (must include address above).

Driver's License     Vehicle Ownership/Registration     Ontario Photo Card   
Utility Bill     Canadian Passport     Canadian Permanent Resident Card

Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_

E-mail \_\_\_\_\_

Previous Address if less than 5 years (including postal code)

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

**2. Co-Applicant**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Female       Male

Address (including postal code)

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

**2. Co-Applicant (con't)**

**Proof of Residence:** Include a copy of at least two of the following with your application. Please check all that apply (must include address above).

- Driver's License  Vehicle Ownership/Registration  Ontario Photo Card   
 Utility Bill  Canadian Passport  Canadian Permanent Resident Card

Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_

E-mail \_\_\_\_\_

Previous Address if less than 5 years **(including postal code)**

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

**3. Other Household Members**

Please list all members of the household including applicant and co-applicant:

First Name	Last Name	Female Male	Date of birth	Relationship to Member
				Applicant
				Co-Applicant

**4. Unit:** What size unit do you require?

- 2 Bedroom  3 Bedroom  4 Bedroom

**5. Housing Background**

How long have you lived at your current address? \_\_\_\_\_

How much do you pay in rent each month? \_\_\_\_\_

If you pay for utilities, how much do you pay? \_\_\_\_\_

Present Landlord name

\_\_\_\_\_

Landlord Address \_\_\_\_\_

Landlord's phone number \_\_\_\_\_

May we use your present Landlord as a reference?

Applicant

Co-applicant Yes  No  Yes

No  Signature \_\_\_\_\_

Signature \_\_\_\_\_

Please tell us how you heard about Tecumseh Co-operative Homes Inc.?

\_\_\_\_\_

**PARTICIPATION**

All Co-op Members are expected to participate in some aspect of the co-op's management. Please indicate your area (s) of interest:

**APPLICANT**

**CO-APPLICANT**

Membership Committee Yes

Senior's Committee Yes

Social Committee Yes

Social Committee Yes

Finance Committee Yes

Pet Committee Yes

- |                            |                              |                                |                              |
|----------------------------|------------------------------|--------------------------------|------------------------------|
| Capital Planning Committee | Yes <input type="checkbox"/> | Maintenance Committee          | Yes <input type="checkbox"/> |
| Newsletter Committee       | Yes <input type="checkbox"/> | Inspection Committee           | Yes <input type="checkbox"/> |
| Landscape Committee        | Yes <input type="checkbox"/> | Children's Christmas Committee | Yes <input type="checkbox"/> |
| Maintenance Committee      | Yes <input type="checkbox"/> | Board of Directors             | Yes <input type="checkbox"/> |

Do you have any skills or interests which you could contribute to the Co-op? Specify

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_____	_____
_____	_____
_____	_____
_____	_____

## 6. Parking

List all vehicles belonging to the household.

Make	Colour	Licence Number

## 7. Pet Policy

The Co-op has a pet policy that allows members to have pets in their households. Please provide information for each.

- Cat:
- Dog
- Other:  \_\_\_\_\_

## 8. Household Income

### EMPLOYMENT AND FINANCIAL INFORMATION

APPLICANT

CO- APPLICANT

Occupation:

Occupation

\_\_\_\_\_

\_\_\_\_\_

Employers Name:

Employers Name:

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Gross monthly income: \$ \_\_\_\_\_

Gross monthly income: \$ \_\_\_\_\_

Length of time with employer:

Length of time with employer:

\_\_\_\_\_

\_\_\_\_\_

**If you have been employed less than 2 years in the above position, please give previous employment:**

**APPLICANT**

**CO- APPLICANT**

Occupation:

Occupation

\_\_\_\_\_

\_\_\_\_\_

Employers Name:

Employers Name:

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Gross monthly income: \$ \_\_\_\_\_

Gross monthly income: \$ \_\_\_\_\_

Length of time with employer:

Length of time with employer:

\_\_\_\_\_

\_\_\_\_\_

May we use your employer(s) as a reference    May we use your employer(s) as a reference

Yes  No

Yes  No

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Please give us the monthly before-tax income (gross income) of another household member, that may not be the applicant or co-applicant.

Name of household member	Employer or other source of income (For example, Social Assistance, CPP, OAS)	Gross income each month

**You will need to provide proof of this income.**

Other sources of income (list source and amount). Include income of all household members:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Social Insurance Number (for credit check only)**

Name \_\_\_\_\_

S.I.N. \_\_\_\_\_

Name \_\_\_\_\_

S.I.N. \_\_\_\_\_

Name \_\_\_\_\_

S.I.N. \_\_\_\_\_

Name \_\_\_\_\_

S.I.N. \_\_\_\_\_

Name \_\_\_\_\_ S.I.N. \_\_\_\_\_

### Signatures

I/We understand that only members of Tecumseh Co-operative Homes Inc. may occupy a housing unit and I/WE hereby apply for accommodation in the Co-operative.

I/We understand that Tecumseh Co-operative Homes Inc. is formed for the purpose of providing housing at cost to its members.

I/We understand that this application must be accompanied by a cheque or E-transfer at [etransfer@tecumsehcoop.net](mailto:etransfer@tecumsehcoop.net) for \$15.00 non-refundable application fee and income verification. (Cash not accepted)

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

### Signatures of all household members over 16 years of age:

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

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

UNIT TYPE	HOUSING CHARGE as of July 1, 2023
Two Bedroom townhouse	\$1146.00
Three Bedroom townhouse	\$1257.00
Four Bedroom townhouse	\$1311.00
Utilities are not included except for water, which is paid for by the co-op. A paint grant is given every three years to paint the unit.	



## **ACCEPTABLE FORMS OF PROOF OF INCOME**

1. If you are a regularly employed, submit one of the following:
  - confirmation letter from your employer on company letterhead, annual gross salary, or your current Notice of Assessment OR
  - 8-weeks of pay stubs
2. If you are self-employed submit either:
  - a letter or financial statement from a chartered accountant indicating:
    - a) the Gross income from your business OR a statutory declaration, sworn before a notary public, of your earnings in the past twelve months and projected earnings for the next twelve months. This declaration **MUST** be accompanied by a copy of your current Notice of Assessment and 2-months of bank statements
  - If you are irregularly or seasonally employed:
  - submit your current Notice of Assessment as well as a confirmation letter (on company head) from your current employer or proof of Employment Insurance if receiving
3. If you receive a pension.
  - Submit a confirmation letter showing the gross amount monthly or yearly and 2 months of current bank statements

**PERSONAL INFORMATION PROTECTION STATEMENT**

I agree that Tecumseh Co-operative Homes Inc. may keep the following information about me and I agree that this personal information **may be** made available to people in the following positions:

Information:

Who we will share it with:

❖ Member Application	❖ Staff
❖ Occupancy Agreement	❖ Co-op's Auditors
❖ Consent letters	❖ CMHC
❖ Letters to members	❖ Arrears Committee
❖ Housing Charge Increase	❖ Board of Directors
❖ Subsidy Information	❖ Collection Agency
❖ Arrears Information	
❖ Member information up-date	

I understand that Tecumseh Co-operative Homes Inc. will use the information to:

- a) Contact me about this application
- b) Determine my eligibility for housing and membership in the Co-op
- c) Decide on any request for an internal move

I understand that the Co-op will destroy personal information that it no longer needs.

I have read and received a copy of this statement.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

Signed \_\_\_\_\_ Dated \_\_\_\_\_

Signed \_\_\_\_\_ Dated \_\_\_\_\_

Signed \_\_\_\_\_ Dated \_\_\_\_\_

Signed \_\_\_\_\_ Dated \_\_\_\_\_