



THE CO-OP IS NOT ACCEPTING NEW APPLICATIONS AT THIS TIME

Dear Applicant:

Please return the completed application form to the office with (a) proof of income and (b) a non-refundable application fee of \$15.00 for each the applicant and co-applicant. Please be advised that the staff will conduct credit and landlord checks. Following that two members of the membership committee will contact you for an interview to determine whether or not to recommend your application for approval to the Board of Directors. All adult members of the household as well as those 16 years of age and older must attend the interview. *Please note that the process can take several weeks.*

Currently we don't have any units available, but your name will be placed on the waiting list according to the acceptance date of your application for the size of unit you've requested.

You can mail, fax or email your application to:

Mail to: Attention:
 Sharon Young: admin@tecumsehcoop.net
 Nicole Dinovici: pm.tecumseh@bellnet.ca

Tecumseh Cooperative Homes Inc.
1 – 6555 Falconer Drive
Mississauga, ON L5N 3N6

Fax to: 905-821-8526

Thank you for your interest in the co-op and if you have any questions please contact the office and speak to either Sharon Young or Nicole Dinovici at 905-821-8525.

Sincerely,

Sharon Young.
Administrative Coordinator
Tecumseh Cooperative Homes Inc.

TECUMSEH CO-OPERATIVE HOMES INC.
External Membership Application Form

1. Applicant

First Name _____

Last Name _____

Female Male

Address (including postal code)

Phone (home) _____ Phone (work) _____

E-mail _____

2. Co-Applicant

First Name _____

Last Name _____

Female Male

Address (including postal code)

Phone (home) _____ Phone (work) _____

E-mail _____

3. Other household members

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

First Name	Last Name	Gender M/F	Date of birth (D/M/YR)	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? _____

If you have lived there less than 2 years, please give your previous 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
 Social Committee Yes
 Finance Committee Yes
 Capital Planning Committee Yes
 Maintenance Committee Yes
 Newsletter Committee Yes
 Inspection Committee Yes
 Landscape Committee Yes
 Board of Directors Yes

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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.

What pets do you have?

8. Household Income

EMPLOYMENT AND FINANCIAL INFORMATION

APPLICANT

Occupation:

Employers Name:

Address: _____

Gross monthly income: \$ _____

Length of time with employer:

CO- APPLICANT

Occupation

Employers Name:

Address: _____

Gross monthly income: \$ _____

Length of time with employer:

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

APPLICANT

Occupation:

Employers Name:

Address: _____

Gross monthly income: \$ _____

Length of time with employer:

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

Yes No

Signature _____

CO- APPLICANT

Occupation

Employers Name:

Address: _____

Gross monthly income: \$ _____

Length of time with employer:

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

Yes No

Signature _____

Please give us the monthly before-tax income (gross income) of other 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 other 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 and that membership includes the responsibility to participate in the management and maintenance of the Co-operative.
 I/We understand that this application must be accompanied by a \$15.00 non-refundable application fee and income verification.

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

Signatures of all household members over 16 years of age:

Date: _____, 20_____

UNIT TYPE	HOUSING CHARGE <i>As of July 1, 2016</i>
Two Bedroom townhouse	\$976.00
Three Bedroom townhouse	\$1071.00
Four Bedroom townhouse	\$1117.00

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, stating gross wages and hours, or this year's annual salary and overtime pay with a copy of your last income tax assessment

OR

 - last three consecutive pay stubs

T4 slips or income tax returns are not acceptable documentation by themselves
2. If you are self-employed submit either:
 - a letter or financial statement from a chartered accountant indicating:
 - a) the net income from your business AND
 - b) total withdrawals from your business as personal salary in the last year 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,. A copy of your last income tax assessment and bank statements MUST accompany this declaration
3. If you are irregularly or seasonally employed:
 - submit your last income tax return and T-4 slips as well as a confirmation letter (on company head) from your current employer (or copies of your unemployment insurance warrant cards) and an estimate of your earnings for the next twelve months.
4. If you receive a pension ;
 - Submit a confirmation letter OR
 - Copies of your monthly pension cheques or the slips, which were sent to you along with the cheques.

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 if I qualify for subsidy
- d) 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 _____