

HIGHLAND HOUSING CO-OPERATIVE LTD.
Membership Committee
25-86 St. Ninian Street, Antigonish, NS B2G 1Y8
902-863-0677

APPLICATION FORM (Please read and complete all 5 pages)
Please Print

Please Note: Highland Housing Co-Operative Ltd has a NON-SMOKING/NO PET POLICY. Failure to comply with these rules will result in notice to quit the Co-Op.

1. Applicant

Last Name _____

First Name _____

Female ___ Male ___ SIN _____ Date of Birth _____

Address (including postal code)

Phone (home) _____ Phone (work) _____ Phone (cell) _____

E-mail _____

Marital Status _____

2. Co-Applicant

Last Name _____

First Name _____

Female ___ Male ___ SIN _____ Date of Birth _____

Address (including postal code)

Phone (home) _____ Phone (work) _____ Phone (cell) _____

E-mail _____

Marital Status _____

3. Do you or any member of your household have any health problems that may affect your housing needs?

4. Other household members

Last Name	First Name	Female/Male (F / M)	Date of Birth (day/month/year)

5. Unit

How many bedrooms do you require? One_____ Two_____

What location would you prefer? Arbor Dr ___ St. Ninian ___

6. Housing Background

Have you ever applied to or lived at Highland Housing Co-op before?

Yes ___ No ___

How long have you lived at your current address? _____

If you have lived there less than two years, please give your previous address.

How much do you pay in rent each month? _____

Landlord's name _____

Landlord's phone number (if we may call) _____

7. Household Income (You must attach proof of income)

Please give us the monthly before-tax income (**gross income**) of each household member. (Please attach proof of this income) *If not, application may be held up.

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

8. References (Not family members):

1. Name _____ Phone _____ Relationship _____

2. Name _____ Phone _____ Relationship _____

We understand that only members of Highland Housing Co-operative Ltd. may live in the co-op and we apply for membership.

We understand that, if the co-op accepts us for membership and offers us a unit, we must pay a one-time membership of \$5 a member.

We declare that all the information in this application is correct. We give the co-op permission to verify any or all of this information, and to do a landlord check and a credit check.

9. Participation

All co-op members are expected to participate in some aspect of the co-op’s management. Please circle what you would prefer to participate in.

Board Executive	Board Chair	Member of a Committee
President	Communications / Recreation	Communications / Recreation
Vice-President	Finance	Finance
Finance	Membership	Membership
Secretary	Maintenance / Recycle	Maintenance / Recycling

10. No Smoking Policy

In light of the contemporary standards of health and safety for all, and to maintain the quality of our units, effective February 12, 2012, HHC's buildings are designated as *No-Smoking*.

Applicants for membership will be required to acknowledge their understanding of HHC's *No Smoking* policy, and to accept the fact that any violation of this policy, by them or their guests is grounds for the termination of their lease with an immediate *Notice to Quit*.

Signatures of applicant / co-applicant:

Date: _____

For Office Use Only

Interviewed by: _____

Date: _____

Appendix A

Personal Information Protection Statement

I agree that Highland Housing Co-operative may keep the following information about me:

Contact Information Household size and composition Household Income Place of employment Previous housing situation Housing charge payment record Criminal Check Social Insurance Number(s)	Age and gender Medical Information Any incidence of property damage Complaints filed by others concerning the household Next of kin and emergency contact Rent Check Corp: housing and credit check
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Prior to acceptance to Highland Housing Co-op a criminal record check must be completed and attached to the application. Criminal record checks can be obtained at your local RCMP office. Also request a *Vulnerable Sector Check*.

I agree that this personal information may be made available to people in the following positions:

President	Auditor	Chair, Membership
Treasurer	Book-keeper	Chair, Maintenance
Secretary		Membership Committee

I understand that Highland Housing Co-operative will use the information to

- ◆ Contact me about this application
- ◆ Determine my eligibility for housing and membership in the Co-op
- ◆ 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 this statement. You will receive a copy when you are interviewed.

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____