

# CEDARBROOK PARK CO-OPERATIVE HOMES INCORPORATED

36-435 Markham Road, Scarborough, Ontario, M1J 3C8  
Phone #: 416-431-3870 Email: cedarbrookparkcoop@gmail.com

## INTERNAL APPLICATION FOR MEMEBERSHIP AND ACCOMODATION

We realise 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.

**The current member/s must also complete and sign the application confirming their acceptance that the applicant become a member in their unit.**

### ALL INFORMATION SHALL BE KEPT CONFIDENTIAL

#### Current Member/s

Name/s: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Business: \_\_\_\_\_

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

Birth date: \_\_\_\_\_

#### Applicant

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

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

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

Telephone: \_\_\_\_\_

Business: \_\_\_\_\_

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

Birth date: \_\_\_\_\_

#### FOR CO-OP USE ONLY

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

Application Number: \_\_\_\_\_

Fee Paid:  \_\_\_\_\_

Proof of Income:  \_\_\_\_\_

**HOUSEHOLD INFORMATION:**

**Complete for all occupants of the household (including member/s and applicant/s)**

**Surname:            Given Name:            Birth date:            Relationship to Applicant:**

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**Current Landlord's name  
And telephone number:**

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**If less than 2 years give previous  
Landlord's name and number**

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**Present Rent: \_\_\_\_\_ Include Utilities? \_\_\_\_\_**

**May we use your landlord as a reference? \_\_\_\_\_**

**How much notice must you give your landlord that you are moving? \_\_\_\_\_**

**If not, please give a reason \_\_\_\_\_**

**Size of unit requested: Three Bedroom \_\_\_\_\_ Four Bedroom \_\_\_\_\_**

**EMPLOYMENT INFORMATION:**

**All applicants are requested to submit income verification with the application (excluding Current Unit Members)**

**Current Member/s:**

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**Length of time with this employer:**  
\_\_\_\_\_

**If less than 2 years:  
Previous Employer:**

\_\_\_\_\_

\_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Other sources of income: List source if not presently employed.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BANK ACCOUNTS:** Bank, Branch, and Account Number(s)

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\_\_\_\_\_

\_\_\_\_\_

**Why would you like to live in this co-op?**

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**How did you hear about our co-op?**

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**Do you have any experience or interest in co-ops or other community organizations for example, Food Co-ops, Credit Unions, or any such associations?**

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**Do you have any hobbies or extracurricular activities?**

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**PETS: What Kind \_\_\_\_\_ How Many \_\_\_\_\_**

**VEHICLES: Number of licensed drivers in your household \_\_\_\_\_**

**Number of vehicles \_\_\_\_\_**

**Do you have any questions or concerns pertaining to co-op living?**

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**CEDARBROOK PARK CO-OPERATIVE INC.**

**ACCEPTABLE FORMS OF INCOME:**

**IF YOU HAVE A FULL-TIME OR PART-TIME JOB:**

Four most recent pay stubs that show your gross earnings and hours.

**IF YOU ONLY WORK PART OF THE YEAR:**

A certified copy of your last income tax assessment (call Revenue Canada), and T4 slips, as well as a letter from your current employer, giving an estimate of your earnings for the next twelve months.

**IF YOU ARE RECEIVING SOCIAL ASSISTANCE:**

(WELFARE, FAMILY BENEFITS)

Your most recent cheque stub and a copy of your most recent drug benefits card

**IF YOU RECEIVE A PENSION:**

Copies of your pension cheques OR the slips sent with your cheques OR If your pensions are automatically deposited into your bank account, please provide copies of your bank records or ask for a pension verification form.

**IF YOU ARE SELF EMPLOYED:**

A letter of financial statement from a chartered accountant showing: The net income and total withdrawals from your business as personal salary for the last year.

**OR**

A statutory declaration, sworn before either a notary public or a commissioner of oaths, of your earnings in the past year and projected earnings for the past twelve months.

**PLEASE READ CAREFULLY:**

I/WE Understand that to be eligible to occupy a housing unit I/WE must become a member of Cedarbrook Park Co-operative and sign the Occupancy Agreement. I support the Co-operative principles and am interested in becoming a member.

I have enclosed with this application, **\$20.00 (Cheque, Money Order or Interac Debit E-transfer payment)** for each applicant eighteen years and over as **an application fee** to cover administrative costs for processing the application.

I understand that once I occupy the housing unit, I will also be responsible to pay to the co-operative a monthly sum called the “housing charge” to cover the expenses for that unit. (Housing charges include mortgage, principal and interest, taxes, and other common expenses). **The housing charge does NOT include utilities.**

I further understand that if the application is approved by the Board of Directors, I am required to pay a **“one-time” membership fee of \$15.00 (Cheque, Money Order or Interac Debit E-transfer within four days of approval notification.**

I declare this information to be correct and authorize the co-operative to verify all or any of the information herein and to perform a credit check.

I understand that failure to submit accurate information will result in immediate rejection of this application for membership.

**CURRENT MEMBER/S**

**APPLICANT**

\_\_\_\_\_  
**Signature/s**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

**PLEASE MAKE YOUR CHEQUE OR MONEY ORDER PAYABLE TO:  
Cedarbrook Park Co-operative Homes Incorporated**

**THE CO-OP DOES NOT ACCEPT CASH PAYMENTS.**