

**Alex Laidlaw Housing Co-operative Inc.
Membership and Housing Application**

Please print clearly. If you run out of room, use another sheet.

A. Who is applying?

You must list everyone in your household.
Please give a complete mailing address, including postal code.

Adult A:

Family Name: _____ Mailing Address: _____

First Name: _____

Middle Name: _____

Female Male

Home Phone Number: _____ Work Phone Number: _____

Adult B:

Family Name: _____ Mailing Address: _____

First Name: _____

Middle Name: _____

Female Male

Home Phone Number: _____ Work Phone Number: _____

Children and others:

1. Family Name: _____ First Name: _____

Female Male Dependent? Yes No Date of Birth: _____

2. Family Name: _____ First Name: _____

Female Male Dependent? Yes No Date of Birth: _____

3. Family Name: _____ First Name: _____

Female Male Dependent? Yes No Date of Birth: _____

4. Family Name: _____ First Name: _____

Female Male Dependent? Yes No Date of Birth: _____

Are you expecting any additional people to join your family within the six month period following your anticipated move-in date?

Yes No If yes, when is this likely to occur? _____

B. What kind of unit do you need?

Our Co-op has the following types of units. You can pick a first and second choice. Please write the number "1" beside your first choice and the number "2" beside your second choice.

_____ **1 Bedroom Apartments**

_____ **2 Bedroom Apartments**

_____ **2 Bedroom Townhouse**

_____ **3 Bedroom Townhouses**

_____ **4 Bedroom Townhouses**

C. Parking

Do you need parking?

Yes

No

D. Where have you lived before:

- How many years or months have you lived at your present address?

- If you have lived there less than two years, please tell us where you have lived before:

Previous Address:

Previous Address:

- How much rent do you pay each month? _____

- If you pay extra for utilities, how much do you pay? _____

- How much notice do you need to give to move out of your apartment?

- May we contact your present landlord for a reference? Yes No

- Please give us the name and phone number of your landlord. If you do not want us to contact your landlord, explain the reason when you send this application.

Landlord's name: _____

Address: _____

Phone number: _____

E. Pets

- Please tell us what pets you will bring if you move into the Co-op:

F. Housing charge (rent) subsidy

You may be eligible for a housing charge (rent) subsidy. This depends on you total household income. Do you wish to apply? Yes No

G. About your total household income

We need to know about **everyone's** income. Please give the before-tax income (gross income) **per month**. *All information will be kept confidential.*

Name of Each Person in Household	Employer or Other Source of Income (for example: family benefits, welfare)	Gross Amount Each <u>Month</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

You may need to bring the proof-of-income information listed on the checklist at the end of this form to an interview. We will let you know. Meanwhile, start putting together the information.

H. General information

• How did you hear about the Co-op?

- from a friend or relative from the Co-op Housing Phone Line
- from a sign at the Co-op advertising - specify: _____
- other - specify: _____

• Why do you want to live in the Co-op?

I. Please list the skills or experience which you can contribute to the operations of the Co-op?

1. _____

2. _____

3. _____

J. On which of the Alex Laidlaw Co-op's standing or permanent committees are you willing to serve?

- Finance Maintenance Membership Legal
Communications and Internet

K. Signatures

- We understand that only members of the Alex Laidlaw Housing Co-operative Inc. may live in the Co-op and we apply for membership in the Co-op.
- We understand that the Alex Laidlaw Housing Co-operative Inc. provides housing at cost to its members.
- We understand that we must be interviewed and can become members only if the Co-op accepts us. Applying does not guarantee that we will be accepted.
- We understand that, if accepted for membership and offered a unit, we must pay a one-time membership fee of \$_____ per adult.
- 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 credit check.

Signatures of everyone over age 16 who is applying:

_____	_____
_____	_____
_____	_____

Date: _____

Mail your completed application to:

**Alex Laidlaw Housing Co-op Inc.
Box 45
797 Somerset Street West
Ottawa, ON K1R 6R3**