



Barsa Kelly / Cari-Can co-operative homes inc.

FOR OFFICE USE ONLY			
Date Application Received		Application No.	
Fee Received	<input type="checkbox"/>	Form	Income Verification Done <input type="checkbox"/> Credit Check Done
Total Household Income \$		Category	
Membership Committee Recommendation		yes <input type="checkbox"/> no <input type="checkbox"/> Date	Unit Type Allocated
Board Decision		yes <input type="checkbox"/> no <input type="checkbox"/> Date	

Application for Membership

Instructions:

Please carefully read the attached *Guide to Completing The Application Form*.

1. Please print clearly and complete all sections of the Application. Indicate income for ALL adults in the household. (16 years of age and older)
2. Include Application fee of \$20 per household (cheque or money order payable to Barsa Kelly/Cari-Can Co-operative Homes Inc.) - fee waived
3. Include the necessary Income Verification outlined in the *Guide to Completing The Application Form*.
4. Ensure that the Application form is signed by ALL adults in the household.
5. Fold, tape and return self-mailing Application with Fee and Income Verification enclosed.

Please note: Income Verification and full application fee must be received before your application will be processed.

Membership Information

Barsa Kelly/Cari-Can Co-operative Homes Inc. was formed to provide co-operative non-profit housing for its members. Membership involves contributing to the management and operation of the co-operative. A membership fee of \$5.00 per adult family member (16 years of age and older) will be required if approved for membership by the Co-op.		Please check areas of committee interest	
Have you ever lived in a co-op? yes <input type="checkbox"/> no <input type="checkbox"/>		Member Selection <input type="checkbox"/>	Education <input type="checkbox"/>
Length of stay		Maintenance <input type="checkbox"/>	Landscaping <input type="checkbox"/>
Name of Co-op		Newsletter <input type="checkbox"/>	Social <input type="checkbox"/>
Why do you want to live in a co-op?		Finance <input type="checkbox"/>	Other <input type="checkbox"/>
		List any special skills or expertise	
		Number of hours you are able to dedicate to Co-op work per month	

Household Information

Do you have any special needs that affect your housing?	The Co-op Pet Policy restricts the number and type of pets that are allowed. List all pets
Desired occupancy date	What community activities are you/have you been involved in?
Unit desired (circle one) 1 2 3 Bedroom Apartment 1 Bedroom Accessible Apartment Second Choice	In case of emergency 1. Name Phone 2. Name Phone
Reason for wanting to move	

FULL NAME _____ male ☐

ADDRESS _____ female ☐

unit no. _____ no. & name of street _____

city _____ postal code _____ birth date _____
(mo/day/yr)

Business Phone _____ Home Phone _____ S.I.N. _____

FULL NAME _____ male ☐

ADDRESS _____ female ☐

unit no. _____ no. & name of street _____

city _____ postal code _____ birth date _____
(mo/day/yr)

Business Phone _____ Home Phone _____ S.I.N. _____

Current Tenure

Own ☐ Co-op ☐ Rent ☐ Share ☐

If you rent, indicate Landlord or Superintendant's name and phone _____

_____ Length of stay at current address _____

Current rent \$ _____ Utilities \$ _____

Previous address _____ Length of stay _____

Previous Landlord or Supt. name _____

Own ☐ Co-op ☐ Rent ☐ Share ☐

If you rent, indicate Landlord or Superintendant's name and phone _____

_____ Length of stay at current address _____

Current rent \$ _____ Utilities \$ _____

Previous address _____ Length of stay _____

Previous Landlord or Supt. name _____

Financial Information

Current Employment & Other Sources of Income

Employer's Name _____

Address _____

Applicant's position _____ Yrs. service _____

Contact person _____

Position _____ Phone _____

Gross monthly income \$ _____

Net monthly income \$ _____

Other income \$ _____

Previous employer if employed with above less than 3 yrs.

Name _____

Address _____

Bank and Financial Information

Bank _____

Address _____ Phone _____

Account number: Chequing _____ Savings _____

Current Employment & Other Sources of Income

Employer's Name _____

Address _____

Applicant's position _____ Yrs. service _____

Contact person _____

Position _____ Phone _____

Gross monthly income \$ _____

Net monthly income \$ _____

Other income \$ _____

Previous employer if employed with above less than 3 yrs.

Name _____

Address _____

Bank and Financial Information

Bank _____

Address _____ Phone _____

Account number: Chequing _____ Savings _____

List all OTHER members of Household (Adults & Children). Only the people named on this form may occupy the unit.
Others wishing to occupy, but who are not listed here must apply and be accepted as members before they move in.

Surname	Given Name	Relation to Applicant	Birth Date	Monthly Income

All information on this form will be kept strictly confidential
I declare the above information is correct.

I agree that the information may be used for a credit check

Signature _____ Date _____

All information on this form will be kept strictly confidential
I declare the above information is correct.

I agree that the information may be used for a credit check

Signature _____ Date _____

BARSA KELLY/CARI-CAN CO-OPERATIVE HOMES INC.

GUIDE TO COMPLETE APPLICATION FORM

Please sign and return the completed application form to the Co-op as soon as possible. Include your written proof of income.

Applications will be processed on a first-come, first-served basis, based on the date on which all of these items were received.

Applications should be mailed or delivered to:

Barsa Kelly/Cari-Can Co-operative Homes Inc.
1 Coin Street, Etobicoke, Ontario M8V 3Y9
Telephone: 416-252-7080
Fax: 416-252-7740

After all of the required documents (above) are received, you will be invited to an Orientation. Your application cannot be processed further until this is done.

After you attend the Orientation, a credit check will be done. If it is satisfactory, you will be contacted for an Interview. Two volunteers from the Co-op will interview your household. All members of the household aged 16 years or older must be present at the interview.

After the interview, a decision will be made and you will be notified in writing as to whether you have been accepted or not.

After you are accepted for membership you will be invited to select a unit.

HOUSEHOLD COMPOSITION

Each person, 16 years of age or older, who will be part of your household is an applicant (for example, you, your spouse and children over 16 who are no longer attending school on a full-time basis). The reason for listing all applicants in your household is that **all household members aged 16 and over must be interviewed as a condition for membership.**

HOUSEHOLD INCOME AND REFERENCE INFORMATION

Complete this section for each member of your household who earns an income. Attach an additional sheet if there are more than two income earners. Note that you should indicate your gross income before taxes and other deductions. Taxable income if you are self-employed means your gross annual income minus allowable business expenses. Also, if you have more than one job, please list all the information for each job. Attach an additional sheet, if necessary. Total the earnings for each household member and specify the combined household income.

Acceptable Proof of income must accompany each completed application. See the information provided in this package for a description of what is considered acceptable proof of income.

The information requested concerning your Social Insurance number(s) and bank account number(s) is necessary to allow the Co-op to carry out a credit check.. If questions arise concerning your credit history, you will be given an opportunity to discuss the problem prior to the interview. If your credit rating is not satisfactory, your application may be rejected on that basis and no interview will be done.

PROOF OF INCOME

The following is considered acceptable Proof of Income as required by the MOH guidelines:

1. EARNED INCOME

- a) Regular Employment -
 - a letter from the employer (must state company's name, address, telephone number, employee's name, pay period and total gross salary, number of hours per week)
 - OR eight (8) consecutive pay stubs.
- b) Irregular Employment -
 - a letter from employer (must state company's name, address, telephone number, employee's name, pay amount or the past twelve (12) months
 - OR certified copy of the most recent income tax return
- c) Overtime/Bonuses/
Tips/Commissions
 - certified copy of the most recent income tax return
 - OR Revenue Canada Form #T2124 for the previous year.
- c) Self-Employed
 - audited financial statement (must indicate amount of withdrawals for personal salary and retained earnings or net income of business and must be prepared by a professional accountant and must include a statement by the accountant declaring that the financial statement is accurate
 - OR certified copy of the most recent income tax return
 - OR Revenue Canada Form #T2032 for the previous year

2. UNEARNED INCOME

- a) UIC Benefits - cheque stubs of the most recent two months
- b) Training Allowance - itemized documentation from the granting organization
- c) Workers Compensation - cheque stubs from the most recent one month period
- d) Social Assistance - cheque stubs from the most recent one month period and a copy of the drug card
- e) Support Payments
 - court order
 - OR copies of cheques
 - OR letter from the lawyer
 - OR signed statutory declaration
- f) Student Income (OSAP, scholarship, and bursaries) - letter or information slip announcing the award
- g) Pension Income
 - copy of the cheque stubs for most recent three months
 - OR a letter from the bank stating the amount of the deposit
- h) Annuities
 - cheque stubs for the most recent three months
 - OR a letter from the bank stating the amount of the deposit

3. INCOME PRODUCING ASSETS

- a) Interest Income
 - a letter from the financial institute or company (must state name and interest earned over the past 12 months.)
 - OR a copy of the pages from the passbook which shows the interest and then signed by the person
 - OR cheques stubs
 - OR T5 from income tax return
- b) Dividend Income
 - cheque stubs
 - OR copies of cheques
 - OR letter from broker verifying the dividends
- c) Mortgage or Loan Income - amortization or loan repayment schedule which shows the principle and interest portion or each payment

4. NON INCOME PRODUCING ASSETS

- | | |
|----------------------------------|--|
| a) Financial Holdings | copy of a bank passbook
OR document of the non-income producing holdings
OR, letter from the financial institute |
| b) Real Estate | written evaluation of property prepared by a real estate appraiser or broker. |
| c) Precious Metals, Gems and Art | written evaluation of the property by an appraiser. |
| d) Transferred Assets | proof that the assets was transferred
OR receipts of the decrease in assets |

GENERAL INFORMATION FOR APPLICANTS

The Co-op comprises 133 apartment units in the following sizes:

76 x 1 bedroom (9 of which are wheelchair accessible)
44 x 2 bedroom
13 x 3 bedroom

The current market price plus the other charges for the units at present are:

Unit size	Monthly Housing Charge	TV Fee	Sector Support	Parking	Total Monthly HC
1	\$823.00	\$38.00	\$11.00	\$35.00	\$907.00
2	\$1013.00	\$38.00	\$11.00	\$35.00	\$1097.00
3	\$1152.00	\$38.00	\$11.00	\$35.00	\$1236.00

SUBSIDY IS NOT AVAILABLE

REMEMBER:

- Fill out the application completely, including information for all adult applicants and other members of your household, where appropriate.
- Include the necessary income verification.
- Ensure that the application form is signed by all applicants
- You will be contacted to attend an Orientation Meeting.