

# MEMBERSHIP APPLICATION FORM

## ARTSPACE HOUSING COOPERATIVE LTD.

9330 – 101A Ave., Edmonton, Alberta, T5H 0C3,  
tel: (780) 426-3472, fax: (780) 421-0270, email: artspacehousing@shaw.ca

Please return the completed application form and a non-refundable application fee of \$35.00 (per applicant) to the address above.

All information contained on this application will be kept strictly confidential. Confidential information shall only be used by the Board of Directors and key Committee members who have signed an Oath of Confidentiality. If more room is needed in answering these questions, please add separate sheets to the application.

### APPLICANT:

Name:		
Address:		Postal Code:
How long have you lived at this address?		
Previous address (if less than 2 years):		
Email address		
Home Ph:	Cell Ph:	Work Ph:

### JOINT APPLICANT (SPOUSE, PARTNER, ROOM-MATE):

Name:		
Relationship to Applicant:		
Address (if different from above):		
Email address:		
Home Ph:	Cell Ph:	Work Ph:

### OTHER RESIDENTS (DEPENDENTS):

Name:	Relationship to Applicant:	Age:

## ACCOMMODATION HISTORY

If the information requested below is not the same for each applicant, please provide additional information concerning each adult on a separate sheet. Please note that a previous landlord check is required.				
Current residence	House:	Apt:	Condo:	Other:
No. Bedrooms:				Rent:
If utilities are not included; estimated monthly utility cost:				
Name of Landlord:				Tel:

## UNIT ALLOCATION INFORMATION:

Type of unit required (please circle below):							
<b>High rise:</b>	2-bedrm	3-bedrm	<b>Townhouse:</b>	2-bedrm	3-bedrm	4-bedrm	5-bedrm
Does anyone in your household require any special design requirements? (ie: wheelchair adapted)							
Yes:	No:	Other (please specify):					
Does anyone in your household require Homecare assistance?							
Yes:	No:	Other (please specify):					

## PET(S):

The keeping of pets in Artspace Co-op is not a right but a privilege voted in by the General Membership. Members are responsible for the total care of the pet(s) and all clean-up and disposal of bodily by-products both in the home and on cooperative property as a whole. A Member may own a maximum of 2 ambulatory (walking) pets (that includes dogs, cats, rabbits, turtles, rodents and/or birds ... etc.). The maximum size at maturity is 20 inches at the shoulders. All ambulatory pets must be spayed or neutered.				
Do you currently have any pets?	Yes:	No:		
If yes, how many pets to you have?				
Dogs?	Cats?	Birds?	Fish?	Other (specify)?
All dogs and cats must be licensed to comply with City of Edmonton regulations. All pet owners should request a copy of the Pet Policy to ensure that their pet complies to the pet policy prior to move-in.				

## PARKING:

How many vehicles do you own?		
Type of parking required:		
Underground:	Surface:	Both:

## VOLUNTEER EXPERIENCE & SPECIAL SKILLS:

Because the Co-op is an organization run by volunteers everyone must participate in some way. This volunteer component helps to reduce housing charges and keeps the day to day operations of the organization running smoothly. There are a wide variety of jobs to be done and we believe that everyone is capable of participating in some way.

Why do you want to live at Artspace?

Which Committees would you be interested in working with?

	Membership (Interviewing, Member Relations, Social/Recreation, Move-ins, Newsletter, Education, Marketing)
	Maintenance (Landscaping, Yard work, Parking, Move-outs, Unit Inspections, Emergency Procedures)
	Finance (Monitoring spending, Budgeting, Investing)
	Office Support (Photocopying, Delivering Notices, Admin Support)
	Other Ways ( please specify):

Special Skills - Do you have any special skills or volunteer experience that would be beneficial to the Cooperative?

How many hours per month would you be available to volunteer at the Cooperative?

Are you bondable?                      Yes / No

## FINANCIAL INFORMATION (REQUIRED FOR CREDIT CHECK:

The Co-op uses the application fee of \$35. per applicant to perform a credit check. If there are more than two adults, please list additional information on a separate sheet of paper. If you are aware of any credit problems that may affect your application, please provide any information that may help the Co-op to get an accurate picture of your credit history.

APPLICANT	JOINT-APPLICANT
Name:	Name:
Date of birth:	Date of birth:
SIN #:	SIN #:
Bank:	Bank:
Branch:	Branch:
Occupation:	Occupation:
Employer:	Employer:
Tel #:	Tel #:
Gross Monthly Income:	Gross Monthly Income:

**FINANCIAL INFORMATION (REQUIRED FOR CREDIT CHECK):**

Under the terms of our agreement with the Alberta Government and CMHC, approximately 50% of the units in this Housing Cooperative are subsidized for low income families.

Does your household require a rental subsidy? Yes No

If the answer is yes, you must fill in a "Subsidy Application Form" (available from the Co-op office) to determine your eligibility. If your application is accepted and you require a housing subsidy, all adults residing in your unit will be required to provide the Co-op with income verification prior to being allocated a unit.

**DECLARATION & CONSENT:**

I / We hereby apply for Membership in Artspace Housing Co-operative Ltd.

I / We declare that all the information in this application is correct and hereby authorize the Cooperative to verify any or all of the information contained herein, and to perform a credit, bank, landlord and income check at the discretion of the Cooperative.

I / We hereby give consent for Artspace Housing Cooperative Ltd. to collect the information contained on this form:

- To determine my eligibility for membership in Artspace Housing Cooperative Ltd. \*
- To allocate the appropriate unit to suit my needs.
- To allocate appropriate parking, if required.
- To identify my ability to contribute based on the Participation Policy.
- To ensure that any pets that I own will comply with the Pet Policy.
- To determine whether or not I require any home care services which would be provided by SAIL.
- To be retained in my Member File after acceptance for membership.
- To be used for the purposes of basic contact information (eg. internal phone list, newsletter), and ensuring compliance with the Artspace Cooperative Bylaws and Associated Schedules & Policies, and
- To fulfill the retention requirements of our operating agreement with CMHC.

**SIGNATURES:**

Applicant:	Date:
Joint Applicant(s):	Date:

# SUBSIDY APPLICATION FORM

## ARTSPACE HOUSING COOPERATIVE LTD.

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**ALL INFORMATION ON THIS FORM IS CONFIDENTIAL  
PLEASE READ CAREFULLY ALL  
INSTRUCTIONS FOR COMPLETING APPLICATION**

Complete ALL questions supplying ALL of the requested information. If a question does not apply to your situation, mark N/A in the section. Space is provided for any other information you would like us to be aware of.

You will be required to provide the following:

- A signed letter from the employer of EACH working member in your family stating the rate of pay, number of hours worked per week, total earnings, and commencement date of current employment.
- If you or any member of your family is receiving Unemployment Insurance, Workers' compensation or Social Assistance, a letter from the appropriate official must be attached verifying the amount of the benefit.
- Documentation to verify all other sources of income ( other than Family Allowance ) ie: child support, oil royalties, etc.
- A copy of your most recent pay cheque, benefit cheque, pension cheque etc., or a stub from these for each member of your family receiving income from any source.
- If you are a student, a letter from the registrar of your school verifying your registration as a full-time or part-time student. This is required for household head, spouse and all dependents over the age of eighteen years.
- A copy of your valid Alberta Health Care Card.

Your completed application must be signed in the presence of a Commissioner for Oaths in and for the Province of Alberta. This service is provided at our office without charge.

In order for you to obtain the information we require, your application will be held for two (2) weeks. After two weeks, if the required information is not received, your application will be canceled. However, it can be reactivated at any time in the following 12 months. It is not necessary to complete another application form.

If a translator was required to complete this application, please provide their name and telephone number

Translators Name:

Phone No.:

**1. APPLICANT'S NAME:**

Name:
Phone Number:
Alberta Health Care Number:

**2. JOINT APPLICANT'S NAME:**

Name:
Phone Number:
Alberta Health Care Number:

**3. MARITAL STATUS:**

<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Common-Law
If common-law or separated, state how long:					

**4. HOUSEHOLD COMPOSITION:**

Last name	First name	Relationship	Birth date	Occupation/Education
Is a baby expected?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Give estimated due date: _____	
Are all household members Canadian citizens?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, provide copies of immigration papers for members who are not Canadian citizens.				

**5. CURRENT RESIDENCE:**

Address:	
Do you own or rent at this address?:	<input type="checkbox"/> Own <input type="checkbox"/> Rent
Present rent or house payment is:	\$ _____ per month
Cost for heat:	\$ _____ per month
Cost for power:	\$ _____ per month
Cost for water & sewer	\$ _____ per month
If renting at the address above, please provide name, address & phone number of present landlord:	

Type of present accommodation:			
House	Townhouse	Apartment	Other (specify)
Kitchen	Livingroom	Diningroom	Other (specify)
No. Bedrooms:		No. Bathrooms:	
Do you share any part of the accommodation with person(s) other than those listed in question 4?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how many other persons?		Adults	Children
What part of the accommodation is shared?			
Do they pay a portion of the rent?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If they do not pay rent, do they contribute in other ways? Please specify			
Is any member of your family physically disabled? If yes please specify:			
Do you require an adapted unit?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you require homecare/support services?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how many hours per weeks?			
Do you have any pets?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify			

## 6 VEHICLES:

<b>Applicant's Drivers License #:</b>
Car - Year / Make / Model :
<b>Joint Applicant's Drivers License #:</b>
Car - Year / Make / Model :
<b>Other vehicles :</b>

## 7 STATEMENT OF EARNED INCOME:

All information regarding your family's income must be complete and accurate. Provide details of current employment held in the last twelve (12) months. (Begin with the most recent Employer ).			
<b>Applicant's Name:</b>		<b>SIN:</b>	
<b>Employer</b>	<b>Address:</b>	<b>Wage / hour</b>	<b>Hours /week</b>

<b>Joint Applicant's Name:</b>		<b>SIN:</b>	
<b>Employer</b>	<b>Address:</b>	<b>Wage / hour</b>	<b>Hours /week</b>
<b>Joint Applicant's Name:</b>		<b>SIN:</b>	
<b>Employer</b>	<b>Address:</b>	<b>Wage / hour</b>	<b>Hours /week</b>

If you require extra room or if there are any more Income earning adults in your household please attach separate sheet of paper.

**8 OTHER INCOME:**

Have you received any other sources of income in the past twelve (12) months ? Please indicate if not applicable - N/A			
<b>Source of Income</b>	<b>Name of Member</b>	<b>Date From / To</b>	<b>Gross Monthly Income</b>
<b>A.) Student Grant Allowance</b>			



<b>B.) Unemployment Insurance</b>			
<b>C.) Worker's Compensation</b>			
<b>D.) Social Assistance (Does not include Family Allowance)</b>			
<b>E.) Child Support / Alimony (Voluntary or Court Awarded)</b>			
<b>F.) Other Income, (Tips, Interest, Royalties, etc.)</b>			
<b>G.) Pensions – Dept.</b>			
<b>Dept of Veteran Affairs</b>			
<b>Old Age Security</b>			
<b>Canada Pension (Retirement, Widow &amp; Orphan benefits)</b>			
<b>Guaranteed Income Supplement</b>			
<b>Alberta Income Supplement</b>			
<b>Company or Group Pension</b>			
<b>Assured Income for Severely Handicapped</b>			
<b>H.) Income from Self-Employment</b>			
<b>I.) Other (please specify)</b>			



# 11 AGREEMENT:

<input type="checkbox"/>	I understand that this application does not constitute an agreement on the part of Artspace Housing Cooperative, or its agents, to provide me with rental accommodation.
<input type="checkbox"/>	I further acknowledge the right of Artspace Housing Co-operative, or its agents, at any time prior to the execution and delivery to me of a lease hereby applied for, to withdraw, revoke, or cancel, without penalty or liability for damages or otherwise, any acceptance or approval of this application previously made or given.
<input type="checkbox"/>	I hereby authorize Artspace Housing Co-operative, or its agents, to investigate any or all of the statements made herein, being fully aware that discovery of any false statement shall cancel any further consideration of my application.
<input type="checkbox"/>	I further agree that I am obligated to advise Artspace Housing Co-operative, or its agents, in writing, of any changes in family composition, gross family income, assets, employment or change of address, should they occur.
<input type="checkbox"/>	I also agree that the information provided by me pertains to all persons named within this application.

Witness:	Applicant:
Witness:	Joint Applicant:
<b>DOMINION OF CANADA PROVINCE OF ALBERTA To Wit:</b>	<b>IN THE MATTER OF THIS APPLICATION FOR DWELLING ACCOMMODATION IN ARTSPACE HOUSING COOPERATIVE LTD.</b>

I/We, of the City of Edmonton, in the province of Alberta, do solemnly declare as follows:

1. That I/we am/are the applicant(s) named in the said application;
2. That the statements made by me/us in the said application are to the best of my/our knowledge, information and belief, full and true in all respects;
3. That I/we have resided in the province of Alberta \_\_\_\_\_ years of my/our life/lives and in the district for years:

And I/we make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the "Canada Evidence Act."

Declared before me _____ at the city of Edmonton, in the province of Alberta, this _____ day of _____, 20____	
A Commissioner for Oaths in the Province of Alberta	Signature of Applicant
Printed name of Commissioner for Oaths My Appointment : expires on     /     / 20	Signature of Joint Applicant