Cameron Avenue Housing Co-op Ltd.

Membership Application Form

(*if you receive an electronic copy, please print this form and send a paper copy to the address listed*)

Cameron Ave Co-Op Housing is a smaller community of 14 units. We feature 3 one bedrooms and 11 two bedrooms. Being a smaller Co-Op, minimizing our costs is a task we take seriously. Planning for the future is part of that process which means decisions are made with that in mind. Becoming a member of our Co-Op means that you understand that we rely on everyone's contribution to be successful as a community. We are a consensus decision based community as well, meaning we strive to have all members come to a decision together. As part of our unit offering, all our units come with a refrigerator and a stove. Each unit also comes with storage. Our monthly housing charges include water, heat, internet and parking. In addition to our units, Cameron Ave Co-Op Housing does also have a common room available to be used by members to host larger gatherings, at no additional charge.

Anyone wishing to live at Cameron Avenue Housing Co-op must first apply to become a member. Submitting this form is the first step in the membership application process. Fill out the form completely and email it to:

cameronavemembership@gmail.com

Our application form was designed to be printer friendly. If you are a solo applicant, you can print pages 2 through 7. If there are 2 people applying for membership, please print pages 2 through 12. This first page does not need to be printed.

Your information is being gathered by the Cameron Avenue Housing Co-operative Ltd. for the purposes of determining your suitability as a potential co-op member, in compliance with the Personal Information Protection Act (PIPA). Only members of the Membership Committee and Board of Directors will have access to this confidential information for the sole purpose of considering candidacy for the external waiting list. Should you have any questions about how your information will be utilized, please contact the Board at cameronavenuecoopboard@gmail.com. By filling out and submitting this application you consent to the Cameron Avenue Housing Co-operative Ltd. to collect your information (including credit, reference and landlord information).

Household Information

Date of Birth:		
Email:		
Mailing Address:		

Other Persons Residing with Applicants (dependents)		
Name	Relationship	Date of Birth
Do you have any pets?		

If yes, please detail the number, type and size:		
Please check which size of unit you would like to be on the waiting list for. You may choose more than one		
☐ 1 bedroom		
☐ 2 bedroom		
Employment and Income		
Adult Applicant 1		
Occupation:	Employer:	
Gross Annual Income:	Employer Phone #:	
Length of time at current job:		
Do you have any other sources of income besides employment?		
If yes, what is the source?		

If there are more than two sources of income for the household, please attach the additional information on a separate sheet. If you have credit problems which may affect your application, please provide any details which may help the co-op get a more accurate picture of your credit situation.

Housing Reference

Adult Applicant 1		
Current Lodging: ☐ Own ☐ Rent ☐ Co-Op ☐ Othe	er:	
Reference Contact - Please provide a reference contact. This can be a landlord, neighbor or a roommate.		
Name/relationship:	Phone #:	
Co-op Questionnaire		

Adult Applicant 1
Have you previously applied or lived in Cam Ave Co-Op? If so, when?
That's year providesly applied or intea in Gain, the Go op'r in ee, thierin
How did you hear about our Co-Op and what made you want to apply for it?

Understanding that the Cameron Ave Housing Co-Op is a smaller community, how do you feel you can contribute to our Co-Op?
Describe how you spend your time:
Have you ever lived in a housing cooperative before?
If yes, which one(s)?
What committee(s) did you serve on?

Why did you leave?	
May we contact your previous housing co-operative?	
If yes, name of contact:	Phone #:

By submitting this application to Cameron Avenue Housing Co-operative Ltd., I understand these co-operative principles:

- > Voluntary and open membership
- > Democratic control through responsible and consensus based decision making
- Co-operation amongst members

I recognize that my application will be considered, but not limited to, the following criteria:

- ➤ Willing participation in furthering the operation of the co-op (minimum *X* hours per month per adult living in the household)
- > Financial responsibility
- > Income and appropriate lodging for family size

I would like to be contacted regar	ding my application via:	☐ Phone	□ Email
If you are added to the Cameron Avenue be contacted by the method indicated at waiting list, it is the applicant's' responsit Ltd. of any changes to the information or three (3) units, your application will be coand re-interview.	pove. In order to maintain pility to advise Cameron on this form. If you are offe	your position of your position of the Avenue Housing and subse	on our external g Co-operative quently refuse
I declare that I have read, understand ar declare that all information provided by r Avenue Housing Co-operative Ltd. to tes contained herein. As well, I authorize Ca discretion to perform any, but not limited check, personal reference check or income	me is truthful and accurat of the validity and reliabili omeron Avenue Housing to, of the following: credi	e. I hereby aut ty of any or all l Co-operative L	horize Cameron information td. at their sole
Name			
Signature Data Submitted			
Date Submitted			

Only to be filled out if a second adult is applying for membership

Adult Applicant 2		
Name:	Date of Birth:	
Phone:	Email:	
Mailing Address (if different from applicant 1):		
Adult Applicant 2		
Occupation:	Employer:	
Gross Annual Income:	Employer Phone #:	
Length of time at current job:		
Do you have any other sources of income besides employment?		

If yes, what is the source?			
Adult Applicant 2 (if different from A	dult Applicant 1)		
Current Lodging: ☐ Own ☐ Rent ☐ Co-Op ☐ Oth	er:		
Reference Contact - Please provide a reference contact. This can be a landlord, neighbor or a roommate.			
Name/relationship	Phone #:		
Co-op Questionnaire			
Adult Applicant 2			
Have you previously applied or lived in Cam Ave Co-Op? If so, when?			
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I declare that I have read, understand ar declare that all information provided by r Avenue Housing Co-operative Ltd. to tes contained herein. As well, I authorize Ca discretion to perform any, but not limited check, personal reference check or income	me is truthful and accurat st the validity and reliabili nmeron Avenue Housing to, of the following: credi	e. I hereby aut ty of any or all Co-operative L	horize Cameron information td. at their sole
Name			
Signature			
Date Submitted			