

# Granville Gardens Housing Co-operative

1 – 6800 Lynas Lane  
Richmond BC V7C5E2  
Phone/Fax: (604) 272-5158  
RFF@gmail.com

## PLEASE KEEP THIS PAGE

Enclosed is an application for Granville Gardens Housing Co-operative. Please complete and return the form to us. Once received, your name will be entered on our Applicants List and the application will be reviewed by our Membership Committee. There is a waiting list for all units; however, when an appropriate unit becomes available, you will be contacted for an interview.

If the information contained in your application changes (*i.e. address, name, occupants info, income info, etc.*), please advise the office of Granville Gardens Housing Co-operative **in writing** (*e-mail is best for this, but you can always mail updates to the Co-operative if needed*).

Please note that applications will be retained on file for one year from the date of receipt. If you wish to remain on the waitlist, please be sure to advise the Granville Gardens Housing Co-operative office **in writing** by mail (*at the address above*) or via e-mail at **officeggch@gmail.com**.

For more information of housing co-operatives and for a list of housing co-operatives, please visit the Co-operative Housing Federation of BC (CHFBC) website at **<http://www.chf.bc.ca>** and the Co-operative Housing Federation of Canada (CHFC) website at **<http://www.chfc.ca>**.

Thank you for your interest in Granville Gardens Housing Co-operative. We look forward to hearing from you soon!

Yours Sincerely,

*Membership Committee*

GGHC

**Granville Gardens Housing Co-operative**

1-6800 Lynas Lane, Richmond BC, V7C5E2

Tel/Fax: 604-272-5158

granvillegardenshc@gmail.com

**Application for Membership**

**Applicant Name**

**Application Date**

**Date of Birth**

**E-Mail Address**

**Address**

**Telephone**

**Home**

**Work**

**Mobile**

**What is the most convenient time to reach you?**

**Co-Applicant Name**

**Relationship**

**Date of Birth**

**E-Mail Address**

**Address (if different from above)**

**Telephone**

**Home**

**Work**

**Mobile**

**OTHER HOUSEHOLD MEMBERS**

*(please list all other persons who will be living with you)*

**Last Name**

**First Name**

**F/M**

**Date of Birth**

Last Name	First Name	F/M	Date of Birth

**HOUSING NEEDS**

*(not less than one, not more than two persons per bedroom)*

**Number of Bedrooms Needed**

**Do you require a wheelchair accessible unit?**

Yes

No

**HOUSING BACKGROUND**

Length of residence at current address

Number of Bedrooms

Landlord Name

Landlord Phone #

Why do you wish to move from here?

*If less than two (2) years at current address:*

Previous Address

Number of Bedrooms

Landlord Name

Landlord Phone #

**VEHICLES**

Number of vehicles owned:

**PETS** *(max. 2 animals per Co-op policy; written confirmation of castration required)*

Name	Type	Breed	Spayed/Neutered?	F/M

**CO-OP LIVING**

Have you lived in a Co-op?

How long?

If so, which Co-op?

Did you serve on the Board?

Which Committees did you serve on?

Which of the following would you be willing to serve on?

Finance Committee	Participation Committee	Membership Committee	Rules & Safety Committee
Landscape Committee	Maintenance Committee	Newsletter Committee	Board of Directors

**SKILLS/TRAINING**

Applicant Occupation

Length of Time in Position?

Trade/Training

**ACTIVITIES AND ABILITIES**

*What skills/hobbies/abilities/interests can you share with the Co-op?*

What volunteer work are you/have you been involved in for your community?

Tell us why you want to become a Member of Granville Gardens Housing Co-op.

**OTHER** *(if there is any other information you would like to share to demonstrate how you would make a good Member, please use this space - Feel free to attach references)*

**PLEASE NOTE:**            **Applications will be held on file for six (6) months only.**

*To remain on the Waitlist, please submit a written request every six months either by mail or by e-mail to [granvillegardenshc@gmail.com](mailto:granvillegardenshc@gmail.com)*

**I hereby confirm that information contained in this form is true:**

**Applicant Signature**

**Application Date**

**GRANVILLE GARDENS HOUSING CO-OPERATIVE**  
APPLICATION FOR MEMBERSHIP

**SIGNATURES**

We understand that only Members of Granville Gardens Housing Co-operative ("the co-op") may live in the co-op and we apply for Membership, as set out below

We understand that, if the co-op accepts us for Membership and offers a unit, we must purchase shares in the co-op (\$2,000.00 for the Principal Member and \$10.00 for each Associate Member).

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 perform landlord check(s) and credit check(s). We understand that acceptance of Membership is contingent upon the co-op obtaining satisfactory results from a credit check.

**Signatures of all household residents 19 years of age or older are required**

**Applicant for Principal Membership**

**Co-Applicant**

**Other Resident**

**Other Resident**

**Other Resident**

**Date**

*Please Note: Personal Information Protection Statement is to be signed along with this form*

**GRANVILLE GARDENS HOUSING CO-OPERATIVE**  
APPLICATION FOR MEMBERSHIP

**Personal Information Protection Statement**

I agree that Granville Gardens Housing Co-operative may keep the following information about me:

- Name, address, and phone numbers
- Dates of birth of present and future occupants
- Financial Information - current and annual (if required)
- Co-op census information
- Household pet information

I agree that this personal information may be made available to individuals in the following positions:

- Co-op Auditor
- Co-op Administrator/Coordinator
- Employees of CMHC and/or The Agency for Co-operative Housing
- Municipal employees dealing with the Home Owner Grant (for grant application)
- Co-op Legal Counsel
- Designated Board or Committee Members with the following official duties:
  - **Membership Committee Members:** review applications
  - **Treasurer:** credit checks, income review, application review, signature collection (Home Owner Grant)
  - **Membership Committee Chair:** landlord/reference checks, maintaining secure filing of personal information
- Board of Directors, if in connection with Board's official duties
- Credit Check Agency
- General Membership, only if relevant to an appeal of a Board decision

I understand that Granville Gardens Housing Co-operative will use the information to:

- Contact me about this application
- Determine my eligibility for housing and Membership in the Co-op
- Establish the size of unit for my household, per Co-op occupancy standards
- Determine if I qualify for subsidy and to calculate subsidy and housing charges annually
- Determine eligibility for supplementary Home Owner Grant
- Conduct a credit check before approving me for Membership
- Comply with the Co-op's Operating Agreement and/or protocols established by CMHC
- Determine compliance with Co-op Rules and policies
- Decide on any request for an internal move

**Signatures of all household residents 19 years of age or older are required**

Signed	
Signed	
Signed	
Signed	
Signed	

Date	
Date	
Date	
Date	
Date	

**GRANVILLE GARDENS HOUSING CO-OPERATIVE**  
**APPLICATION FOR MEMBERSHIP**

**MONTHLY HOUSEHOLD INCOME**

*PLEASE PRINT CLEARLY*

Please record **monthly** income from ALL sources in the appropriate categories below.

***Please note: If interviewed for vacancy, copies of last year's Notice of Assessment and current income information [e.g. three consecutive paystubs] are required to verify household income***

	Principal Applicant	Co-Applicant	Other Resident
Name			
SIN# (optional)			
DOB (dd/mm/yyyy)			
Employment Income			
Self-Employed Income			
EI - Employment Ins.			
GAIN - Social Assistance			
Canada Pension Plan (CPP)			
Old Age Security (OAS)			
Guaranteed Income Supp. (GIS)			
Pension - Other			
Pension - Disability			
Investment Income			
Other Income (specify)			
Monthly Sub-Total			
	(A)	(B)	(C)

**TOTAL MONTHLY GROSS INCOME FOR HOUSEHOLD (above totals combined)**   
(A) + (B) + (C)

***\* Please note that credit checks are only completed once an applicant has been interviewed.***

***\*\* Please be sure to include proof of income information along with your returned application.***



(Each tenancy candidate must complete a separate application)\*

Information\*\*

The word "Information" means credit information, personal information, information about the services you use that are provided by the Landlord as listed in this rental application and information relating to your tenancy at the Premises applied for in this rental application including information regarding the duration of your tenancy, monthly rent, emergency contacts and any matters relating to your lease/tenancy agreement, including misrepresentations relating to, defaults under and/or breaches of your lease/tenancy agreement.

"Credit Information" means information about you, including your name, age, date of birth, occupation, place of residence, previous places of residence, occupancy length, marital status, co-occupant's/spouse's/same-sex partner's name and age, number of dependants, particulars of education or professional qualifications, field of employment, places of employment, previous places of employment, employment durations, estimated income, paying habits, outstanding debt obligations, cost of living obligations, involvement in bankruptcy proceedings or landlord and tenant disputes, assets, and banking information (including account and credit card information).

"Personal Information" means information about you other than credit information that is relevant to your suitability as a tenant, including your social insurance number (optional), driver's license number, vehicle license plate number, vehicle make and year, and information from references which you provide about your character, reputation, physical or personal characteristics or mode of living or about any other matter concerning you that is relevant to your suitability as a tenant.

Collection, Use and Disclosure of Information:

In consideration for the Landlord accepting you as a tenant and entering into a lease/tenancy agreement with you, you expressly consent to and authorize the following:

- 1. The Landlord may obtain Information about you through a tenant check and/or credit or consumer report conducted by Rent Check Credit Bureau and as permitted or required by law. You expressly authorize Rent Check Credit Bureau to provide Information regarding you to The Landlord.
2. The Landlord may use Information about you to determine your suitability as a tenant and as permitted or required by law.
3. The Landlord may disclose Information about you as permitted or required by law and to Rent Check Credit Bureau in order to be included within a database of tenant information, and/or within a file on you, for purposes of:
- tenant reporting and credit reporting in accordance with the Consumer Reporting Act (Ontario);
- establishing a credit history and a rental history;
- comparing with aggregate statistical data for purposes of tenancy and credit scoring; and
- supporting the credit approval process.
4. You expressly authorize Rent Check Credit Bureau to retain Information regarding you indefinitely for the purposes outlined in section 3 above, subject to any applicable legal restrictions.
5. You expressly authorize Rent Check Credit Bureau to disclose Information regarding you to its members and subscribers as required or permitted by law and for the purposes outlined in section 3 above.
6. You agree that you will not withdraw your authorization and consent to the collection, use and disclosure of Information about you by Rent Check Credit Bureau as outlined in sections 1 to 5 above.
7. You agree that all statements on this Residential Rental Application are true and you expressly authorize all references given to release information about you to the Landlord for verification subject to sections 1 to 5.

Please provide your consent by checking the following box and signing in the appropriate space below:

[ ] Yes, I have read and agree to the collection, use and disclosure of Information as outlined above.

[ ] Yes, I have read and agree to the collection, use and disclosure of Information as outlined above.

I have read, understood and voluntarily agree to the terms and conditions outlined above.

I have read, understood and voluntarily agree to the terms and conditions outlined above

Applicant's Signature \_\_\_\_\_ X Co-Applicant's Signature \_\_\_\_\_ X
Print Name \_\_\_\_\_ X Print Name \_\_\_\_\_ X
Date (yyyy / mm / dd) \_\_\_\_\_ X Date (yyyy / mm / dd) \_\_\_\_\_ X

\* Signature space is provided for applicant and co-applicant however Rent Check suggests that if more than 2 applicants that the landlord provides each tenancy applicant with a separate copy of this Residential Rental Application for completion.
\*\* DISCLAIMER: Rent Check does not represent, warrant or guarantee that this Consent Statement will be valid or enforceable in all circumstances or for every landlord. Each individual landlord should modify the language of this Consent Statement to suit their individual circumstances, and should obtain legal advice regarding the appropriate consent to be obtained from their prospective tenants.