

FOR CO-OP USE ONLY

Application Fee: \$20.00 (per application)
 Proof of Income: _____
 Date Application Received: _____
 Subsidy required: _____
 Credit check done: _____
 Date forwarded to Membership: _____
 Date received by Membership: _____
 Landlord check done by: _____
 Date of Landlord check: _____
 Date of Interview: _____
 Interviewed by: _____

Date of Decision by Membership: _____
 Decision of Membership: _____
 Date of Decision by Board: _____
 Decision of Board: _____
 Date informed by Board Liaison: _____
 Date of Phone Contact: _____
 Date letter sent: _____
 Date of Move In: _____
 Back page forwarded to Participation
 Application withdrawn or cancelled
 Application returned incomplete
 Date Application returned: _____



HAZELBURN CO-OPERATIVE HOMES OF TORONTO INC.
 178 JARVIS STREET, TORONTO, ONTARIO, CANADA M5B 2K7
 TELEPHONE (416) 863-1851 • FAX (416) 863-6213

Every person has a right to equal treatment with respect to the occupancy of accommodation, without discrimination because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, family status, disability or the receipt of public assistance. R.S.O. 1990, c. H.19, s. 2 (1); 1999, c. 6, s. 28 (2); 2001, c. 32, s. 27 (1); 2005, c. 5, s. 32 (2).

1. APPLICANTS

All members of your household over the age of 18 must apply for membership and be interviewed.

Applicant Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: Home: _____ Work: _____ Cell: _____

E Mail: _____

May we share your phone number with other members yes no

May we share your email address with other members yes no

Are there any co-applicants? Yes No
 (each applicant must complete an application form)

Please list co-applicants _____

Are you applying for subsidy? Yes No

Do you have children who will be living in the unit? Yes No

If yes, how many? _____

Children's Names:

Birth dates:

2. HOUSING PREFERENCE

Size and type of accommodation requested please specify first and second choice.

One Bedroom Two Bedroom

Three Bedroom Wheelchair Accessible

Does any member of your household have any condition that you feel might affect your housing need or that the co-op should be aware of in the event of an emergency? (e.g., hearing impaired, visually impaired, physically challenged)? Please specify:

Do you require vehicle parking? _____ Do you require bike parking? _____

Make and model of vehicle _____ Year _____ Plate # _____

PETS

Do you own any pets? _____ How many? _____ What kinds? _____

Hazelburn Co-operative does not allow dogs. Cats and other pets are permitted as per the City of Toronto By-law.

3. PARTICIPATION

All members of your household 18 years of age or older must apply for membership in the co-operative. All co-op members are required to contribute time to the running of the co-op and attend the semi-annual general membership meetings.

Briefly explain your understanding of how a co-op operates and the participation requirement of co-op membership:

Why do you want to move into Hazelburn co-op?

THE INTERVIEW

All applicants for membership in Hazelburn Co-op must be interviewed. This process usually consists of two members of the Membership Committee meeting with the applicant(s). The interview will last for approximately 30 - 45 minutes. Applicants may be asked questions concerning any aspect of their application.

Please check off on the chart below all of the times when you are usually available for an interview. Please note that the greater your availability, the faster the interview can be arranged.

Your application cannot be processed if this chart is left blank.

Time\Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning 10 to 12							
Afternoon 12 to 6							
Evening 6 to 9							

A member of the Membership Committee will contact you to arrange an interview. If for any reason you are unable to keep this appointment, please call the Committee member to arrange an alternate time.

After the interview, your application will be discussed at the next Membership Committee meeting and then sent to the Board of Directors for their decision. A member of the office staff will contact you to discuss the results. Please be patient.

If you have any concerns please contact the Hazelburn Office at 416-863-1851.

PERSONAL INFORMATION PROTECTION STATEMENT

I agree that Hazelburn Co-operative Homes of Toronto Inc. may keep the following information about me:

- ◆ Personal and financial information disclosed in the application
- ◆ Financial information yearly to set housing charges based on household income for households receiving subsidy
- ◆ Co-op census information, including all residents in each unit for security
- ◆ Relationship of co-op applicant to applicant
- ◆ Dates of birth of applicant and all occupants to establish the size of unit for my household, based on co-op occupancy standards and /or to establish subsidy and housing charges and/or to conduct credits checks and reporting unpaid debts to a collection agency or credit bureau
- ◆ Relationship of co-applicant to applicant

I agree that this personal information may be made available to:

The co-op auditor, C.M.H.C., the Agency for Co-operative Housing, the co-op’s lawyer, co-op staff, the Board of Directors, a credit check agency, at general meetings, only if it is relevant to an appeal I make of a Board

decision.

I agree that my personal information, excluding financial, may be available to the Membership Committee in addition to the above mentioned people.

I understand that the Co-op will use this information to:

Contact me about this application
Determine my eligibility for housing and membership in the Co-op
Decide if I qualify for subsidy
Decide on any request for an internal move
Conduct a credit check before accepting my application.

I understand the co-op will destroy information it no longer needs.

I understand that only members of Hazelburn Co-operative Homes of Toronto Inc. may occupy a housing unit and I hereby apply for membership in the Co-operative.

I understand that this application must be accompanied by the following:

2. Twenty dollars (\$20.00) non-refundable application fee for each applicant in the household.
3. Income verification in a form agreeable to the co-operative for each member of the household who will be responsible for payment of the housing charge.

I understand that Hazelburn Co-operative Homes of Toronto Inc. is formed for the purpose of providing housing at cost to its members and that membership includes the responsibility to participate in the Co-operative.

I understand that accommodation in Hazelburn Co-operative Homes of Toronto Inc. depends on being accepted for membership in the Co-operative and I will be interviewed for membership.

I understand that occupancy of a unit in the Co-operative will be dependent upon my entering into an occupancy agreement with the Co-operative and that prior to occupancy I will be required to pay the first and last month's housing charges and to pay or make satisfactory arrangements to pay the maintenance guarantee (currently \$250.00).

I declare that all the information in this application is correct and hereby authorize the Co-operative to verify any or all of the information contained herein, to perform a credit check, landlord check, and other reasonable checks at the discretion of the Co-operative.

I consent to the release of information to an authorized representative of Hazelburn Co-operative Homes of Toronto Inc. for the purpose of determining or verifying my initial or ongoing eligibility for housing charge subsidy, administering my subsidy, or collecting information about me, my spouse (where my spouse has joined in this consent), my dependants or child(ren) for these purposes. I specifically agree that this consent applies to any agency providing Social Assistance, including the City of Toronto and the Ministry of Community and Social Services and, if discovered after I have been granted occupancy, is a ground for my eviction. I understand that misrepresentation of information may invalidate this application.

I understand that it is my responsibility to provide the Co-operative with changes of address and phone numbers while awaiting approval of my membership. If the Co-operative is unable to contact me because I have failed to inform the Co-operative of a change of address or phone number, my application will be

cancelled.

Signature: _____

Date: _____

Applicant: _____
(PLEASE PRINT)

PLEASE NOTE: your application will be returned if the application form is **not fully completed** and does not include proof of income and the application fee.

Descriptions of current Hazelburn Co-operative Homes committees:

Name _____

Please specify your areas of interest, numbering them in order of preference, one being highest. Please note that the co-operative may ask you to participate on a committee that is in need of new members.

Custodial: Keeps the elevators, lobby, entranceways and laundry room clean on weekends and holidays. (For Lobby; sweep and mop floor if necessary, empty garbage, clean up debris in entranceways, clean glass doors, etc. For elevators; wipe walls, sweep and mop floors. For laundry room; sweep and mop floors, wipe down machines and empty garbage.) Committee members are assigned to the lobby or laundry room on a rotational basis.

Gardening: Creates and maintains the co-op's communal "green spots" on the roof, the second floor patio and at the front of the building. The committee's vision is one of self-renewing gardens so it can be active all year round with the traditional outdoor gardening activities (planting, weeding, watering, fertilizing and pruning) and occasionally a winter/spring program of growing seedlings (both annuals and perennials) and bulb planting.

Membership: Interviews and screens new applicants for membership and makes recommendations to the Board of Directors. Welcomes new members and assists the members in joining committees suitable for them. Assists committees in recruiting new members. Follows up on inactive members.

Office Help and Website: Assists the co-op manager with general office work such as photocopying, collating, stapling, distribution of memos to members and data entry. This committee also is responsible for maintaining the common parts of the co-op web site. Members do not require previous experience in website design or office procedures to contribute to this committee.

On Call: Provides an emergency contact for co-op members during the hours when staff are not present to ensure the safety and security of the co-op and its members. Assists during fire alarm situations and conducts rounds each evening to ensure the building is secure. Places the elevator on service for after-hour and weekend moves.

Property Management: Responsible for reporting on the general upkeep of individual units within the co-op by performing annual inspections of each unit, as well as move-in and move-out inspections.

Social: Plans and Provides opportunities where the membership may grow to know its neighbours better, thereby increasing awareness of the welfare of the co-operative. Makes recommendations for guidelines for common rooms including the Stella Room, Playroom and Recreation Room.

4.

REFERENCE INFORMATION

This information is required to conduct credit and landlord checks. Each applicant will have the opportunity to respond to any unfavourable reports.

1. General Information

Date of Birth (mm/dd/yy) _____

Bank or Credit Union _____

Address _____

Phone # _____

Account Numbers:

Chequing _____ Savings _____

Average Monthly Income _____

Please attach appropriate proof of income to the application.

ACCEPTABLE FORMS OF PROOF OF INCOME

1. If you are regularly employed, submit one of the following:

- confirmation letter from your employer, stating gross wages and hours, or annual salary and overtime pay this year; or
- three consecutive pay stubs.

T4 slips or income tax returns are NOT acceptable documents by themselves.

2. If you are receiving social assistance

- submit a letter from your caseworker or the social agency indicating the size of your family and the amount of benefits received.

A photocopy of your benefits cheque is not sufficient documentation by itself.

If you receive a pension, submit one of the following:

- a confirmation letter; or
- copies of your monthly pension cheques or the slips sent to you with the cheque.

4. If you are self-employed, submit either of the following:

- a letter or financial statement from a chartered accountant indicating the net income of your business and total withdrawals from your business as a personal salary in the last year; or
- a statutory declaration, sworn before either a notary public or a commissioner of oaths, of your earnings in the past twelve months and projected earnings for the next twelve months. This declaration must be accompanied by a copy of your last income tax return.

5. If you are irregularly or seasonally employed, submit:

- your last income tax return and T4 slips, as well as a confirmation letter from your current employer (or copies of your employment warrant cards), and an estimate of your earnings for the next twelve months.

6. If you are currently unemployed, submit:

- a minimum of 3 consecutive copies of your latest employment insurance warrant cards.

7. Interest and dividends:

- provide a letter from the appropriate bank/trust company to indicate income for the last six months. You will be asked to support this with copies of T5s when available.

8. Life and fixed term annuities/income coming from RRIF and RSP/RRSP:

- provide a letter or statement from applicable company/bank.

9. Rental income:

- provide a copy of the lease and a copy of your income tax return to provide us with the net figure.

10. Support received:

- provide a copy of the applicable court order.

2. Employment History

Occupation _____

Employer _____

Contact Person _____

Address _____

Phone Number _____ Years with Employer _____

If less than two years, state previous employer with address, contact person and phone number.

Occupation _____

Employer _____

Contact Person _____

Address _____

Phone Number _____ Years with Employer _____

3. Accommodation History: **This must be filled out completely**

Do you own your present dwelling? Yes No

Length of stay at present address: _____

Present Landlord (if you do not own your dwelling):

Name _____

Address _____

Phone Number: _____

If less than two years at present address, state previous landlord:

Name _____

Address _____

Phone Number: _____

How much do you spend for housing each month (rent or mortgage plus utilities)? _____

May we contact your present landlord as a reference? Yes No

If no, please explain: _____