HAWTHORNE
HOUSING CO-OPERATIVE
13820 72 Avenue, Surrey, BC V3W 7V9
Phone: 604-543-3043 Email: membership.hawthornecoop@gmail.com

MEMBERSHIP APPLICATION

GENERAL INFORMATION: (PLEASE PRINT CLEARLY)

APPLICANT Name _____ Birth Date _____
(First) (Initial) (Last) (Month) (Day) (Year)

Current Address _____
Street Number and Name City Province Postal Code

How long at this address? _____ Rent/Own _____ $ _____ per month

Previous Address (if current is less than 3 years) _____
Street Number and Name City Province Postal Code

Phone Number _____ Email address _____

CO-APPLICANT Name _____ Birth Date _____
(First) (Initial) (Last) (Month) (Day) (Year)

Current Address _____
Street Number and Name City Province Postal Code

How long at this address? _____ Rent/Own _____ $ _____ per month

Relationship to Principal Applicant _____

Phone Number _____ Email address _____

OTHER ADULT Name _____ Birth Date _____
(First) (Initial) (Last) (Month) (Day) (Year)

Current Address _____
Street Number and Name City Province Postal Code

How long at this address? _____ Rent/Own _____ $ _____ per month

Relationship to Principal Applicant _____

Phone Number _____ Email address _____

MEMBERSHIP APPLICATION

UNIT OCCUPANCY POLICY

1 Bedroom – Maximum of 2 persons
2 Bedroom – Minimum of 2 persons, Maximum of 3 persons
Over-housed members do not qualify for subsidy: single persons in a 2-bedroom unit pay full rent.
All applicants must be 19 years or older.

Your bedroom choice (check box): 1 ☐ 2 ☐

PARKING POLICY

Each unit is assigned 1 free underground parking space. No member may use the assigned parking space of another member at any time unless permission is granted by written agreement. Parking agreements between members must state negotiated terms (if any), must be signed by both parties, and must be submitted to the Board for approval.
Outdoor parking at the rear of the building is free for members with additional vehicles.
Vehicles which exceed the length, width and height restrictions of Hawthorne Co-op's underground parkade cannot be accommodated.
Parking spaces are for vehicles only. As per fire regulations, no other items must be stored there.

Parking Requirements: Number of Cars _____ Other (Describe): _____

_____

PET POLICY

Members are permitted 1 indoor cat OR 1 – 2 small birds.
Dogs are not permitted.
All other types of pets must be approved by the Board of Directors.
Proof of spay or neuter certificate must be provided for cats.
Members must be mindful of pet odours.

Do you have pets? _____ How many? _____ Describe _____

PARTICIPATION

Members are expected to volunteer at least 2 hours per month in Co-op operational requirements.
Please specify any pertinent skills you possess that would make you a contributing co-op member:

_____

_____

MEMBERSHIP APPLICATION

FINANCIAL INFORMATION: (PLEASE PRINT CLEARLY)

GROSS ANNUAL INCOME

Applicant _____ $ _____

Co-Applicant _____ $ _____

Other Adult _____ $ _____

Other Income (Interest, Dividends, etc.) $ _____

TOTAL GROSS INCOME $ _____

SOURCES OF INCOME

	APPLICANT	**CO-APPLICANT**
Employment	$ _____	$ _____
Pension – CPP	$ _____	$ _____
Pension – Old Age and Income Supplement	$ _____	$ _____
Pension – Other	$ _____	$ _____
Other (Interest, Dividends, etc.)	$ _____	$ _____
TOTAL INCOME	$ _____	$ _____

Current Monthly Rental or Mortgage Payment $ _____

Name of Landlord/Mortgage Co. _____ Phone Number _____

Applicant's Bank/Credit Union _____ Branch _____ Type of Account _____

Co-Applicant's Bank/Credit Union _____ Branch _____ Type of Account _____

MEMBERSHIP APPLICATION

CURRENT EMPLOYMENT

Name of Employer _____ Phone Number _____

Address _____ Length of Employment _____

PREVIOUS EMPLOYMENT (If current employment is less than 3 years)

Name of Employer _____ Phone Number _____

Address _____ Length of Employment _____

CREDIT REFERENCES (2)

Name of Lender 1 _____ Phone Number _____

Address _____ Account Number _____

Name of Lender 2 _____ Phone Number _____

Address _____ Account Number _____

The above information is for the purpose of determining eligibility for Co-operative Housing. I hereby declare that all information on my application is true and complete. I understand that providing false, inaccurate or misleading information will invalidate this application, or terminate membership upon subsequent discovery and confirmation.

I hereby authorize Hawthorne Housing Co-operative and its designated agents or representatives to obtain credit, employment and income reports to verify the information supplied in this application, AND to obtain such reports and any other pertinent information in the future, as Hawthorne Housing Co-operative deems necessary, in order to verify qualification to receive rent subsidies.

THIS CONSENT IS GIVEN PERSUANT TO SECTION 12 OF THE PERSONAL INFORMATION PROTECTION ACT BC.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____