

# **WINDFIELD CO-OPERATIVE HOMES, INC.**

15-240 Westwood Road, Guelph, ON N1H 7W9    519-824-9144    windfieldcoop@gmail.com

## **INFORMATION PACKAGE AND MEMBERSHIP APPLICATION**

- One application must be filled out for each adult (18 years of age and older) that will be living in the household unless the co-applicant is a spouse or common law partner.
- There is a **\$20.00 (non-refundable) processing fee per APPLICATION** unless the applicants are currently married and/or currently common law, in which case the fee will be **\$30.00 per joint application**. The fee(s) must be paid by money order when submitting your application.
- The office is open on **Tuesday & Thursday from 10am – 4:00pm**, with the exception of statutory holidays. Any changes will be posted on the entrance door to the community center accordingly.
- If the office is closed, please feel free to drop your application and fee in the “drop box” located to the left of the office door. Please do not leave applications in the general mailbox.
- As part of the application, you will be required to read and sign the “Personal Information Protection Statement” as attached.
- Proof of income is required in the form of recent paystubs and/or a letter of “confirmation of employment” from your current employer on company letterhead for all applicants.
- If membership is approved, the Co-op will require a **onetime \$15.00 membership fee** along with a maintenance deposit in the same amount as the monthly housing charge to be paid up front in order to hold a unit. Both amounts are non-refundable.

Should you have any questions or concerns please contact the office by phone or email as shown above.

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## **APPLICATION INFORMATION**

**PLEASE PRINT**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DATE OF BIRTH: Y \_\_\_\_\_ - M \_\_\_\_\_ - D \_\_\_\_\_

SOCIAL INSURANCE #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_

CURRENT ADDRESS:

STREET \_\_\_\_\_

CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

LANDLORD CONTACT: \_\_\_\_\_

NUMBER OF YEARS AT THIS ADDRESS: \_\_\_\_\_

TELEPHONE:

HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

WHAT IS YOUR PREFERRED MOVE IN DATE: \_\_\_\_\_

PREVIOUS ADDRESS:

STREET \_\_\_\_\_

CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

LANDLORD NAME: \_\_\_\_\_

LANDLORD TELEPHONE #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

NUMBER OF YEARS AT THIS ADDRESS: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

OCCUPATION: \_\_\_\_\_ # OF YEARS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

CONTACT POSITION: \_\_\_\_\_

EMPLOYER TELEPHONE #: \_\_\_\_\_ Ext# \_\_\_\_\_

TOTAL GROSS (before taxes) INCOME: \$ \_\_\_\_\_

☐ weekly ☐ biweekly ☐ monthly ☐ annually

OTHER INCOME PER MONTH: \_\_\_\_\_

**\*NOTE: Proof of income must be submitted with the application in the form of your last two paystubs and/or a letter from your employer on company letterhead confirming all of the above information.**

### **CO-APPLICANT INFORMATION**

Spouse/partner – who has co-habitated with you for at least one year; if less than one year a separate application will need to be submitted however the joint application fee will still apply.

CO-APPLICANT NAME: \_\_\_\_\_

DATE OF BIRTH: Y \_\_\_\_\_ - M \_\_\_\_\_ - D \_\_\_\_\_

SOCIAL INSURANCE #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_

### **CO-APPLICANT EMPLOYMENT / INCOME INFORMATION**

OCCUPATION: \_\_\_\_\_ # OF YEARS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

CONTACT POSITION: \_\_\_\_\_

EMPLOYER TELEPHONE #: \_\_\_\_\_ Ext# \_\_\_\_\_

TOTAL GROSS (before taxes) INCOME: \$ \_\_\_\_\_

[ ] weekly [ ] biweekly [ ] monthly [ ] annually

OTHER INCOME PER MONTH: \_\_\_\_\_

**\*NOTE: Proof of income must be submitted with the application in the form of your last two paystubs and/or a letter from your employer on company letterhead confirming all of the above information.**

TOTAL NUMBER OF ADULTS (18 years of age & older) IN THE HOUSEHOLD: \_\_\_\_\_

CHILDREN & OTHER DEPENDANTS TO BE LIVING IN THE HOUSEHOLD:

NAME	BIRTH DATE	AGE	GENDER
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*NOTE: any children 16 years of age or older who wish to become a member with the parents' approval must also file an application.

PLEASE INDICATE YOUR 1<sup>ST</sup> AND 2<sup>ND</sup> CHOICE FOR UNIT SIZE:

_____ 2-bedroom townhouse	_____ 1 bedroom apartment
_____ 3-bedroom townhouse	_____ 2-bedroom apartment
_____ 4-bedroom townhouse	_____ 3-bedroom apartment

\*NOTE: monthly housing charges are reviewed on an annual basis and adjusted if needed

In anticipation of your application being approved, please provide at least two **emergency contacts** that we can keep on file should such an occasion arise.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

**APPLICATION DECLARATION:**

I, the undersigned, hereby apply for residence and membership with Windfield Co-operative Homes, Inc. I declare that the information provided is complete and correct and may be used to establish financial stability and/or credit worthiness as required by the Co-op. I understand the information related to accommodation, employment and earnings is confidential and will be used by office personnel only in processing the application.

**APPLICANT...**

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**CO-APPLICANT (spouse/partner)...**

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

As part of our application process, once financial stability has been established, the Co-op General Manager may conduct a short interview to verify information and answer any questions you have. In preparation for this interview please complete the following questions.

### INTERVIEW INFORMATION

WILL YOU NEED A TRANSLATER TO BE PRESENT: YES \_\_\_\_\_ NO \_\_\_\_\_

If “yes “in what language: ENGLISH \_\_\_\_\_ FRENCH \_\_\_\_\_ OTHER \_\_\_\_\_

WOULD YOU BE INTERESTED IN ANY OF THE FOLLOWING OCCASIONAL VOLUNTEER OPPORTUNITIES WITHIN THE CO-OP?

\_\_\_\_\_ Property Maintenance

\_\_\_\_\_ New Member Welcoming

\_\_\_\_\_ Administration/Office

\_\_\_\_\_ Labour Pool/Work Bees

\_\_\_\_\_ Newsletters

\_\_\_\_\_ Social Activities/Events

\_\_\_\_\_ Other: \_\_\_\_\_

HAVE YOU BEEN INVOLVED WITH ANT VOLUNTEER OPPORTUNITIES? (Community groups, service clubs, social/sports clubs, etc.)

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## **PERSONAL INFORMATION PROTECTION STATEMENT**

I understand that Windfield Co-operative Homes, Inc. may be required to keep my personal information on file. This personal information may be made available to individuals in the following positions in order to conduct Co-op business as needed:

- Bookkeeper
- General Manager
- Auditor
- Lawyer
- CMHC (for subsidy only)
- Agency for CMHC
- Board of Directors
- Maintenance Personnel

I further understand that the Co-op will destroy any personal information that it no longer requires upon termination of membership within the Co-op. All financial information regarding my housing charge account is considered part of the Co-op's accounting records and must be kept for a minimum of seven years even after the membership has been terminated according to legislation requirements.

Having read this statement and addressed any concerns with Co-op staff, I consent to the Co-op obtaining and retaining my personnel information as needed to conduct Co-op business.

NAME (PRINT): \_\_\_\_\_

NAME (PRINT): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_