



Windy Woods Co-operative Homes of London Inc.

111 Belmont Drive

Telephone (519) 668-2381

London, Ontario, N6J 4X9

Fax (519) 668-1183



APPLICATION FOR MEMBERSHIP

The requested information is used to determine the applicant(s) eligibility for Membership at Windy Woods Co-operative Homes of London Inc. This information may be shared with the Co-Operative's auditor and or The City of London Housing Division should it be necessary for internal audit purposes. This information will be retained by the Co-op should it be required that the Member's account be placed with collections after move out. The applicant(s) name(s) and contact information will be shared with the Co-Operative's Member Development Committee in order to reach the applicant(s) for interview purposes.

PLEASE PRINT CLEARLY

Is an interpreter required? ____ yes, ____ no.

If yes, what is your primary language: _____

APPLICANT #1

NAME: (Please include middle name) _____

ADDRESS: (Include City and Postal Code) _____

PHONE # (H): _____ (W): _____

DATE OF BIRTH: _____ SOCIAL INSURANCE #: _____

APPLICANT #2

NAME: (Please include middle name) _____

ADDRESS: (Include City and Postal Code) _____

PHONE # (H): _____ (W): _____

DATE OF BIRTH: _____ SOCIAL INSURANCE #: _____

Applicants are considered to be anyone that will reside in the household that is 16 years of age and older. If there are more than 2 applicants please include their information on the reverse side of this page.

HOUSEHOLD INFORMATION

Please complete the following for anyone else that will be residing in your household.

<u>Last Name</u>	<u>First Name</u>	<u>Date of Birth</u> <u>M / D / Y</u>	<u>Relationship to</u> <u>Applicant(s)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CONFIDENTIAL EMPLOYMENT INFORMATION

APPLICANT #1 – Sources of income (check all that apply) ___ Earned, ___ Pension, ___ Assistance.

Employer: _____ Address: _____

Phone #: _____ Gross monthly income: \$ _____

APPLICANT #2 – Sources of income (check all that apply) ___ Earned, ___ Pension, ___ Assistance.

Employer: _____ Address: _____

Phone #: _____ Gross monthly income: \$ _____

CURRENT HOUSING INFORMATION

CURRENT LANDLORD – Name of landlord or mortgage company: _____

Phone #: _____

Current Address: _____

How long living at this address? _____

Reason for leaving? _____

PREVIOUS LANDLORD – Name of landlord or mortgage company: _____

Phone #: _____

Address: _____

How long did you lived at this address?: _____

Reason for leaving? _____

Your landlord or mortgage company will be contacted in order to verify that you have not been an arrears concern. If your landlord or mortgage company cannot give you a satisfactory arrears report it could be reason to deny you Membership and Occupancy Rights at Windy Woods.

UNIT REQUIREMENT INFORMATION

The City of London Occupancy Standards stipulates that children of the opposite sex that are over five years of age are not permitted to share a bedroom.

Number of bedrooms required are: ☐ one ☐ two ☐ three ☐ four

Do you require a wheelchair accessible unit: ☐ yes ☐ no. If you answered yes do you require a roll in shower ☐ yes ☐ no.

GENERAL INFORMATION

PARKING - The Co-ops' Parking Policy does not allow un-plated or inoperable vehicles, oversized vehicles, boats or trailers to be stored in the parking areas. If you do not have a vehicle you will not be allocated a parking space. A maximum of two vehicles per household are permitted to park on the Windy Woods lot. The Co-op charges a 2nd vehicle fee of \$10.00 monthly for households with more than one vehicle.

PETS – The Co-op's Pet Policy requires that pets be spayed or neutered. Exemptions to this policy can be obtained by writing to the Board of Directors and explaining your case. Maximum number of pets in a unit are 2 cats and 1 dog. No exotic pets allowed.

PARTICIPATION – All Co-op Members are obligated to participate in some manner to assist with the ongoing operation of the Co-operative. The exact nature and amount of this commitment may be varied from time to time by the Co-operative, but only in accordance with its' By-laws, Rules, or Regulations.

INSURANCE – The Co-op's Bylaws require all Members to carry and provide proof of members unit and liability insurance prior to move in and annually thereafter.

I/We understand that to be eligible to occupy a unit I/We must become a member(s) of the Co-operative and sign an Occupancy Agreement. I/We understand that providing proof of unit and liability insurance is a requirement to become a member(s). I/We also understand that to become a member I/We must support "Co-operative Principles".

FURTHERMORE

1. I/We understand that Co-operatives are formed for the purpose of providing housing at cost to its' Members and that Membership requires me/us to participate fully in the management and maintenance of the Co-operative.
2. I/We understand that accommodation in the co-operative depends on being accepted for Membership into the Co-operative.
3. I/We authorize Windy Woods Co-operative to obtain or exchange personal information with *the credit bureau, the mortgage company or landlord*

authorized on this application, and employer (any personal information agent or agency) for the purpose of establishing or verifying my/our financial standing.

4. I/We declare that all of the information in this application is current and correct.

Signature:_____Date_____

Signature:_____Date_____

To be signed and dated by everyone in the household that is 16 years of age and older.