

**A. SIZE OF ACCOMODATION REQUIRED**

What size of unit do you require?

<input type="checkbox"/> 1 bedroom	<input type="checkbox"/> 2 bedroom
<input type="checkbox"/> 2 bedroom accessible	<input type="checkbox"/> 3 bedroom
<input type="checkbox"/> 3 bedroom 2 stories	

**B. PARKING**

Do you require parking? YES  NO

Please note there is a charge of **\$25.00** per parking spot

**C. PETS**

Do you have any pets? \_\_\_\_\_

Please note that a maximum of 2 spayed or neutered cats and 1 dog is allowed per unit.  
(Doberman, "Pit bulls", rotweiler, and staffordshire Bull terrier breeds not permitted)

**D. WHERE HAVE YOU LIVED BEFORE?**

How many years/months have you lived at your present address? \_\_\_\_\_

If you have lived there less than 2 years , please complete the current and previous landlord information.

**CURRENT LANDLORD**

**PREVIOUS ADDRESS**

(2 years or less)

NAME: _____	NAME: _____
PHONE: _____	PHONE: _____
ADRESS: _____	ADRESS: _____
_____	_____

May we contact your current landlord for reference? YES  NO

IF NO Please explain \_\_\_\_\_

How much rent do you pay each month? \$ \_\_\_\_\_

How much notice do you need to give to move-out of your current apartment?

None  30 days  60 days  Other \_\_\_\_\_

Why do you want to move from current address?

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How did you know about Upwood Park Co-op?

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**E. VOLUNTEER**

Members are required to participate

Below is a list of the committees that you would be interested in.

Please select the committee you would be interested in. You will be contacted by the office or member with the date of the next meeting

**Social Committee**

To plan and organise at least four major social events per year with the support of the Co-op (at least one social event per season)

**On-call Committee**

To assist Co-op members with issues that need to be addressed after office hours

**Newsletter Committee**

Responsible for producing a newsletter edition for members regularly.

**Safety and Security Committee**

To assist in addressing safety concerns and issues that affect the Co-op

**F. TOTAL HOUSEHOLD INCOME**

Please attach proof of income

Name of Applicant	Form of Income	Gross Monthly
		\$
		\$
		\$
		\$
		\$
		\$
	<b>TOTAL</b>	

**G. WHO IS APPLYING?**

You must list everyone who is planning to live in your household

**ADULT A:**

LAST NAME:	_____	FIRST NAME:	_____
ADDRESS:	_____		
HOME PHONE:	_____	WORK PHONE:	_____
GENDER:	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	
DATE OF BIRTH:	_____	S.I.N.	_____

**ADULT B:**

LAST NAME:	_____	FIRST NAME:	_____
ADDRESS:	_____		
HOME PHONE:	_____	WORK PHONE:	_____
GENDER:	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	
DATE OF BIRTH:	_____	S.I.N.	_____

**CHILDREN AND OTHERS**

LAST NAME:	_____	FIRST NAME:	_____
GENDER:	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	DATE OF BIRTH: _____
RELATIONSHIP TO ADULT A (IF ANY): _____			

<b>LAST NAME:</b> _____	<b>FIRST NAME:</b> _____
<b>GENDER:</b> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	<b>DATE OF BIRTH:</b> _____
<b>RELATIONSHIP TO ADULT A (IF ANY):</b> _____	

<b>LAST NAME:</b> _____	<b>FIRST NAME:</b> _____
<b>GENDER:</b> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	<b>DATE OF BIRTH:</b> _____
<b>RELATIONSHIP TO ADULT A (IF ANY):</b> _____	

**H.      SIGNATURES**

I/We understand that only members of UPWOOD PARK\SALVADOR DEL MUNDO CO-OPERATIVE HOMES INC. may live in the Co-op and I/we apply for membership in the Co-op.

I/We understand that UPWOOD PARK/SALVADOR DEL MUNDO CO-OPERATIVE HOMES INC. has been formed to provide non profit housing at cost to its members and that the Co-op relies on participation of members.

I/We understand that a application fee of \$15.00 for single applicants, or \$25.00 for family application is payable to UPWOOD PARK/SALVADOR DEL MUNDO CO-OPERATIVE HOMES INC. when submitting the application to the co-op office.

I/We declare that all applicants and members of our household are either:  
Canadian Citizens, Permanent residence in Canada or refugee claimants

I/We declare that all the information in this application is correct. We authorize the co-op to verify any or all information and to do a credit check.

**SIGNATURES OF EACH APPLICANT OVER AGE 16:**

**1**  
\_\_\_\_\_

(print name)

\_\_\_\_\_

(signature)

(date)

**2**

\_\_\_\_\_ (print name)

\_\_\_\_\_ (signature)

\_\_\_\_\_ (date)

**3**

\_\_\_\_\_ (print name)

\_\_\_\_\_ (signature)

\_\_\_\_\_ (date)

**4**

\_\_\_\_\_ (print name)

\_\_\_\_\_ (signature)

\_\_\_\_\_ (date)

**5**

\_\_\_\_\_ (print name)

\_\_\_\_\_ (signature)

\_\_\_\_\_ (date)

**6**

\_\_\_\_\_ (print name)

\_\_\_\_\_ (signature)

\_\_\_\_\_ (date)