



# Don Area Co-operative Homes Inc.

## MEMBERSHIP AND HOUSING APPLICATION

255 Carlton Street  
Toronto, ON M5A 2L4  
Phone: (416) 923-9574

### A. WHO IS APPLYING?

Please list everyone in your household and provide a complete mailing address, including postal code.  
The co-op uses Social Insurance Numbers to do credit checks.

<b>ADULT 1:</b>		Female <input type="checkbox"/> Male <input type="checkbox"/>
<b>Name:</b>	<b>Mailing Address:</b>	
<b>Home Phone #:</b>		
<b>Work Phone #:</b>		
<b>Cell Phone #:</b>	<b>Date of Birth:</b>	
<b>Email:</b>	<b>Social Insurance Number:</b> (optional)	

<b>ADULT 2:</b>		Female <input type="checkbox"/> Male <input type="checkbox"/>
<b>Name:</b>	<b>Mailing Address:</b>	
<b>Home Phone #:</b>		
<b>Work Phone #:</b>		
<b>Cell Phone #:</b>	<b>Date of Birth:</b>	
<b>Email:</b>	<b>Social Insurance Number:</b> (optional)	

<b>CHILDREN OR OTHER ADULTS:</b>			
<b>Name:</b>		<b>Name:</b>	
Female <input type="checkbox"/> Male <input type="checkbox"/>		Female <input type="checkbox"/> Male <input type="checkbox"/>	
<b>Family Relationship (if any):</b>		<b>Family Relationship (if any):</b>	
<b>Address:</b>		<b>Address:</b>	
<b>Phone #:</b>		<b>Phone #:</b>	
<b>D.O.B.:</b>	<b>S.I.N.:</b>	<b>D.O.B.:</b>	<b>S.I.N.:</b>

<b>Name:</b>		<b>Name:</b>	
Female <input type="checkbox"/> Male <input type="checkbox"/>		Female <input type="checkbox"/> Male <input type="checkbox"/>	
<b>Family Relationship (if any):</b>		<b>Family Relationship (if any):</b>	
<b>Address:</b>		<b>Address:</b>	
<b>Phone #:</b>		<b>Phone #:</b>	
<b>D.O.B.:</b>	<b>S.I.N.:</b>	<b>D.O.B.:</b>	<b>S.I.N.:</b>

**B. WHAT KIND OF UNIT DO YOU NEED?**

Note: There is a minimum of one person per bedroom, and a maximum of two people per bedroom.

- Bachelor                       Two Bedroom                       Four Bedroom
- One Bedroom                       Three Bedroom                       Five Bedroom

**C. WHERE DO YOU LIVE?**

How long have you lived at your present address? \_\_\_\_\_

How much is your rent or mortgage payment every month? \_\_\_\_\_

**Landlord's Name and Phone #:**

**Landlord's Address:**

May we contact your landlord for a reference?                      Yes                       No

If you do not want us to contact your landlord, write a letter explaining the reason and send it with this application.

If you have lived here less than two years, where did you live before?

**Last Address:**

**Lived there from:** \_\_\_\_\_ **to** \_\_\_\_\_

**Second-last Address:**

**Lived there from:** \_\_\_\_\_ **to** \_\_\_\_\_

**D. PETS**

What kinds of pets would you bring with you to the co-op? \_\_\_\_\_

**E. RENT SUBSIDY**

You may be eligible for a rent subsidy. This depends on your total household income. Do you wish to apply?

Yes

No

**F. WHAT IS YOUR HOUSEHOLD INCOME?**

Please list every person in your household below. Give the gross (before-tax) monthly income for each person. All information will be kept confidential.

Name	Employer or Other Source of Income i.e.) Ontario Works, E.I., Pension	Gross Monthly Income

**G. CREDIT RATING**

The co-op will be doing a credit check on every adult in your household. If you know of any credit problems, please tell us about them below. It will help us get a better picture of your credit history.

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Please read this page very carefully. You should sign below and return it with your completed application form. If there are any parts you would like explained before signing, make a note of them at the bottom of the page and return the form unsigned. Your questions will be answered at your interview.

## Commitment to Active Participation

After we receive your completed application form, and a unit becomes available, the co-op will review the information you provided in the application. We will conduct a credit check and contact landlord and/or other references. Two members of the co-op's Membership Committee will interview you. The purpose of the interview is to get an impression of you as a potential member, and to give you an understanding of the co-op.

The interviewers will consider your willingness to participate and your potential as a good neighbour. If the interviewers have any doubts about your understanding of what a housing co-operative is, your willingness to be an active member, or your consideration for other members, they may invite you to a second interview. If they conclude that your potential as a member is lacking, they may recommend to the board that your application for membership be rejected.

Living in a residential co-operative can be fun, interesting and rewarding. There is certainly a sense of security not felt in a rental unit. There is the added advantage of feeling part of a community. This does however require a commitment of some of your time and energy. This may not be an ideal situation for everyone. This would be a good time for you to give serious thought to the commitment you are in the process of making. When you become a member, you have the right to live in the co-op. However, it is equally important to know that with that right you also have responsibilities. You should note that housing co-operatives do not fall under the Landlord and Tenant Act. Rather, the Co-operative Corporations Act governs them.

**Please consider the following statement carefully before signing. You should be aware that this is not a legal document, but rather a declaration of your understanding, commitment and intent.**

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1. I understand the need for every co-op member to be a fully participating member in both the running of the co-op and the building of community spirit.
  2. I am aware that attendance at all General Members Meetings is mandatory. If occasionally I am unable to attend, I will advise the office in advance that on that particular occasion I will be unable to attend and why. This is referred to as ögiving regretsö.
  3. I am aware that attending General Members Meetings is not sufficient to keep the co-op functioning effectively. Participation in committee work and/or work parties will be necessary. Also, that to become involved in these areas I may:
    - contact the staff for advice and suggestions
    - respond to notices posted on notice boards
    - be contacted by other members
    - respond to articles in the co-op newsletter
    - initiate my own participation.
  4. I understand that failure to follow the co-op by-laws will result in the loss of member privileges, such as relocating to another unit, etc.

**Applicant #1** \_\_\_\_\_ **Date** \_\_\_\_\_

**Applicant #2** \_\_\_\_\_ **Date** \_\_\_\_\_

**Applicant #3** \_\_\_\_\_ **Date** \_\_\_\_\_

**Applicant #4** \_\_\_\_\_ **Date** \_\_\_\_\_

**All applicants must sign this form before approval for membership can take place.**

I wish to discuss this information in more detail.

**QUESTIONS:** \_\_\_\_\_

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## **Declaration and Personal Information Consent**

**I/WE HEREBY APPLY** for membership in Don Area Co-operative Homes Inc. (DACHI).

**I/WE UNDERSTAND:**

- 1) that in order to be valid, this application must be accompanied by a **\$15.00 application fee** that is not refundable if this application is withdrawn by the applicant or rejected by DACHI's Board of Directors;
- 2) that only members of DACHI may occupy a unit in the co-op;
- 3) that accommodation in DACHI depends on being interviewed and approved for membership;
- 4) that DACHI is formed for the purpose of providing housing at cost to its members and that membership includes the responsibility to participate in the management and maintenance of the co-operative.

**I/WE HEREBY AGREE** to abide by all the terms of the By-laws of DACHI if accepted for membership.

**I/WE CONSENT** to DACHI using the personal information I have provided (addresses, telephone numbers, dates of birth, Social Insurance Numbers (optional), income, places of employment, and contact information of current and/or previous landlords) for the following purposes:

- ✓ to contact me about this application
- ✓ to determine my eligibility for housing and membership in DACHI
- ✓ to determine my ability to meet financial obligations
- ✓ to meet requirements of federal or provincial laws, the co-op's by-laws or occupancy agreements or any legally binding contracts.

**I/WE CONSENT** to DACHI sharing this information with the following other organizations when necessary:

- ✓ DACHI's auditor
- ✓ DACHI's lawyer
- ✓ Government departments or agencies, as required by law.

**I/WE UNDERSTAND** that DACHI will destroy personal information that it no longer needs.

**I/WE HAVE READ** and retained a copy of this statement.

**I/WE HEREBY DECLARE** that all information in this application is correct, and hereby authorize DACHI to verify any or all of the information contained herein, and to perform a credit check at its discretion.

**To be signed by all members of the applicant household aged 16 or older.**

**Applicant #1** \_\_\_\_\_ **Date** \_\_\_\_\_

**Applicant #2** \_\_\_\_\_ **Date** \_\_\_\_\_

**Applicant #3** \_\_\_\_\_ **Date** \_\_\_\_\_

**Applicant #4** \_\_\_\_\_ **Date** \_\_\_\_\_

**~ Reminder ~**

**In order to remain active on the waiting list, applications must be renewed annually.**