

**Application Form** (Please print)

**# of Bedrooms Requested:** \_\_\_\_\_ Minimum of 2 persons and maximum of 4 in a two bedroom unit  
 Minimum of 3 persons and maximum of 6 in a three bedroom unit

**NOTE: Our wait list for one bedroom units is closed for the foreseeable future.**

How did you hear about us?  Scoop       Pacific Heights Member (name) \_\_\_\_\_

Internet (specify) \_\_\_\_\_       Other \_\_\_\_\_

Have you applied to Pacific Heights before? \_\_\_\_\_ If Yes, when? \_\_\_\_\_

**PERSONAL INFORMATION**

***Applicant***

Last Name, Given Name:

\_\_\_\_\_

Applicant's Contact Info:

Daytime: \_\_\_\_\_

Evening: \_\_\_\_\_

email: \_\_\_\_\_

***Co-applicant***

Last Name, Given Name:

\_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Co-applicant's Contact Info:

Daytime: \_\_\_\_\_

Evening: \_\_\_\_\_

email: \_\_\_\_\_

**Total number of people who will live in the unit: \_\_\_ adults & \_\_\_ children (under age 19 = \_\_\_)**

***For internal use only:***

<i>Review date</i>	<i>Notes</i>	<i>Rating</i>	<i>Initials</i>
		<i>Total Rating:</i>	

Children under the age of 19 who will occupy the unit:

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

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_

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

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_

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

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_

Specify if you have special needs, such as wheelchair access, no stairs, etc: \_\_\_\_\_

Number of cars: \_\_\_\_\_ Other vehicles (bicycles, motorcycles, unicorns...): \_\_\_\_\_

Do you have any pets? How many and what kind? \_\_\_\_\_

*Note: The co-op requires that all pets be spayed/neutered with up-to-date vaccinations.*

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### Residences for the last 10 years

Applicant's Current Address:

\_\_\_\_\_  
\_\_\_\_\_

Length of Residence at this address:

\_\_\_\_\_ years

Applicant's **Current Landlord** & Telephone #:

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

Landlord's Phone # \_\_\_\_\_

May we contact your landlord for a reference? \_\_\_\_\_

If not, please explain: \_\_\_\_\_

Co-applicant's Current Address (*if different*):

\_\_\_\_\_  
\_\_\_\_\_

Length of Residence at this address:

\_\_\_\_\_ years

Co-applicant's **Current Landlord** & Telephone #:

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

Landlord's Phone # \_\_\_\_\_

Previous residence (Applicant) *if at current address less than 10 years.*

\_\_\_\_\_  
\_\_\_\_\_

Length of time here: \_\_\_\_\_

Address before previous address:

\_\_\_\_\_  
\_\_\_\_\_

Length of time here: \_\_\_\_\_

Previous residence (Co-applicant) *if at current address less than 10 years.*

\_\_\_\_\_  
\_\_\_\_\_

Length of time here: \_\_\_\_\_

Address before previous address:

\_\_\_\_\_  
\_\_\_\_\_

Length of time here: \_\_\_\_\_

**Occupation & place(s) of Employment for last 5 years**

Applicant's Current Employment:

Job Title: \_\_\_\_\_

Company: \_\_\_\_\_

Start: \_\_\_\_\_

Co-applicant's Current Employment:

Job Title: \_\_\_\_\_

Company: \_\_\_\_\_

Start date: \_\_\_\_\_

Applicant's Previous Employment:

Job Title: \_\_\_\_\_

Company: \_\_\_\_\_

From (date) \_\_\_\_\_ to (date) \_\_\_\_\_

Co-applicant's Previous Employment:

Job Title: \_\_\_\_\_

Company: \_\_\_\_\_

From (date) \_\_\_\_\_ to (date) \_\_\_\_\_

Applicant's next Previous Employment:

Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

From (date) \_\_\_\_\_ to (date) \_\_\_\_\_

Co-applicant's next Previous Employment:

Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

From (date) \_\_\_\_\_ to (date) \_\_\_\_\_

What hobbies, interests, skills, professional talents, training, etc., do you have which might be beneficial to our community?

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The co-op has several potluck social events during the year. What would you bring to make it a special event?

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Volunteer experience: please each give details of where, when and what you did (give as much detail as possible)

Applicant's volunteer experience:

Co-applicant's volunteer experience:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Have you previously lived in a housing co-operative? \_\_\_\_\_ If Yes, give name, location and reason for leaving.

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Have you ever attended a co-op orientation? If so, when and where.

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**GENERAL INFORMATION:** (please answer the following questions as thoroughly as possible)

1. List skills that you think are important to have when living in a housing co-operative

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2. What is your understanding of the basic concepts of co-operatives?

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3. Why do you want to live in a housing co-operative?

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4. What disadvantages can you see in co-op living?

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5. Why did you choose to apply to *Pacific Heights Housing Co-operative*?

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6. How long do you plan on making Pacific Heights your home? \_\_\_\_\_

7. According to the structure of the co-operative movement and the agreement you will sign prior to moving in, you will be expected to attend general meetings, actively participate on a committee, help out during ad hoc work parties, perform routine cleaning duties from the chore roster and possibly serve on the Board of Directors. Will you (and co-applicant, if applicable) commit to this participation? YES \_\_\_\_\_ NO \_\_\_\_\_

If not, please explain: \_\_\_\_\_

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**Committees:**

We currently have the following committees in place:

- Maintenance    - Newsletter    - Participation    - Social    - Finance    - Membership
- Security    - Member Relations    - Move In/Move Out    - Landscape
- Aging in Place    - Emergency Preparedness    - Green/Environment

Which Committee or activity would you choose to serve on to fulfill participation requirements? Please consider all adults who will occupy the unit.

Applicant: \_\_\_\_\_

Co-applicant: \_\_\_\_\_

How many hours per week/month would you comfortably be able to commit to committee meetings or other volunteer work?      Applicant: \_\_\_\_\_      Co-applicant: \_\_\_\_\_

*To the best of my knowledge, all the above statements are true. By signing this application, I give Pacific Heights Co-operative permission to verify these statements.*

Signed:

\_\_\_\_\_

Applicant	Date
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\_\_\_\_\_

Co-Applicant	Date
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Fine print :

Please keep us informed in writing, at the address below, of any changes in unit preference or address, family size, or change in income that may affect your application.

Please send us a letter every six months to indicate your continued interest in becoming a member.

Applications will be kept on file for six months only from date of receipt. Receipt of your application only places you in a waiting pool; it does not guarantee that you will be selected or interviewed for membership during this period.

**Return completed application by mail to:**

Pacific Heights Housing Co-operative  
 Box #615, 1035 Pacific St.  
 Vancouver, B.C.  
 V6E 4G7

Please send a self-addressed stamped **post card** with your application. We will stamp it with the date received and return to you to acknowledge receipt.

Remember to mail us a letter **every six months** to indicate your continued interest in becoming a member. Read the fine print above



Pacific Heights Housing Co-operative

CONFIDENTIAL

EMPLOYMENT, INCOME & LANDLORD INFORMATION

PLEASE PRINT THESE TWO PAGES SEPARATELY & DO NOT STAPLE TO THE REST OF THE APPLICATION

All personal information will be used in strict confidence by the Treasurer and Finance Committee to evaluate your application.

Applicant Social Insurance Number:

Co-Applicant Social Insurance Number:

\_\_\_\_\_

\_\_\_\_\_

Applicant:

Last Name/Given Name

Co-Applicant:

Last Name/Given Name

\_\_\_\_\_

\_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Date of Birth:

Date of Birth:

\_\_\_\_\_

\_\_\_\_\_

Current Address:

Current Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone (Home): \_\_\_\_\_

Telephone (Home): \_\_\_\_\_

Name & Address of Current Employer:

Name & Address of Current Employer:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Definitions of income include but are not limited to the following:

- Gross Salary, Wages & Overtime
- Bonuses, Tips, Commissions
- Foreign Income from any source
- Pensions, Old Age Security
- War Disability, Vets Allowance
- Blind Person's Allowance
- Net Business Income
- Gross Rental Income
- Support Payments/Alimony
- GAIN/Welfare Payments
- Annual Income/Dividends
- Guaranteed Income Supplement
- Interest/Profit Sharing
- Research Grants
- EI Benefits

Please list full name, birth date and gross annual income of **all adult persons** who will occupy the unit:

Name

Birth Date

Gross Annual Income

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

Total Gross Annual Income: \$ \_\_\_\_\_

**Pacific Heights Housing Co-operative Application Form**  
**CONFIDENTIAL**  
**EMPLOYMENT, INCOME & LANDLORD INFORMATION**

You may be contacted at a later date by the Treasurer or Office Coordinator and asked to submit documentation of current income. This must be presented as a photocopy of three consecutive pay slips, a letter of income verification from your employer(s) or an accountant/auditor's statement.

Please give details of which, if any, significant changes in your income(s) you expect during the next 12 months indicating the approximate date(s) and reason(s) for those changes, such as retiring, having a baby, job ending, new job etc.

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Name of Landlord/Management Company of Applicant's two most recent addresses (last 10 years):

Current Landlord (Company): _____	Past Landlord: (Company): _____
Contact Person _____	Contact Person _____
Telephone: _____	Telephone: _____
Address: _____	Address: _____
_____	_____
Starting date: _____	Period of Residency: _____
May we contact your landlord? If not, please explain:	Reason for Leaving: _____

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*I confirm that the information contained in this application is accurate.*

*I hereby authorize the Treasurer or Office Coordinator of Pacific Heights Housing Co-operative to obtain such credit reports or other information and income verification as may be deemed necessary in connection with this application for membership into the above mentioned co-operative. This consent is given pursuant to Part 4 of the Personal Information Reporting Act S.B.C. 2003.*

Signed:

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Applicant \_\_\_\_\_ Date \_\_\_\_\_

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Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_