



BOWEN ISLAND SENIORS' HOUSING COOPERATIVE

MEMBERSHIP APPLICATION

Applicant: _____ **Date** _____

Name _____
Last name First name

Address _____

City Province Postal code

Phone Home _____ Mobile _____

Email _____

Age Range: 55 - 64 65 - 74 75 - 85

2nd Applicant / Associate Member: (For Couples Application Use)

Name _____
Last name First name

Phone Home _____ Mobile _____

Email _____

Age Range: 55 - 64 65 - 74 75 - 85

Vehicle Make/Size _____ **License** _____

References: Please provide two (2) references who are not related to you.

Name 1. _____ 2. _____

Phone _____

Address _____

Connection to Applicant

Connection to Applicant

Community / Volunteer Reference:

Organization _____

Contact _____

Bowen Island Seniors Housing Co-Operative

Prior or Current Employment/Work Experience:

Company _____ Position/Title _____

Supervisor _____ Phone _____

Reason for Leaving _____

Size of Unit Required: One Bedroom Two Bedroom

Pet policy allows *for one pet*. Do you own a pet? _____

Type of pet _____

Spayed/Neutered ?
Shots?

If current address is less than 2 years, please provide previous address

Length of residence at this address _____

If you are currently living in a housing co-op - or have in the past - please provide the co-op contact information.

If you are accepted to be a member, you will be required to participate in the day to day running of the co-op. Participation in our co-op means not only carrying out chores on a consistent basis, but also being involved with one of the co-op's teams. Everyone is required to participate as a member of the co-op in some capacity: as an elected board member, on a team or as a person who is called upon as the need arises.

What skills, abilities and interests will you bring to contribute to the maintenance and management of this housing co-operative?

Bowen Island Seniors Housing Co-Operative

Strictly Confidential

This page will be kept separately to limit access to your financial information.

Household Income:

Member Applicant - first and last name _____

Name of Household Member	Source of Income: please check one.			Monthly Gross Income
	Pensions Employment Self-Employed	Income Assistance	Other	

Please record monthly before-tax income (gross income) of each household member.

To process your application, please include copies of last year's Revenue Canada Notice of Tax Assessment.

At the time of an interview, you will need to provide proof of this income.

Bowen Island Seniors Housing Co-operative reserves the right to conduct a credit check.

I declare the information provided in this application is true and complete.

Name of Member Applicant (Please print)

Signature

Date