



MAURICE COULTER HOUSING CO-OPERATIVE

a non-profit housing co-operative sponsored by Canadian Automobile and Aerospace Workers Local 112, 673, 1967

Housing Application Form

Thank you for considering Maurice Coulter Housing Co-operative as your future home!

Please note the following when filling out this application:

- ✓ There is a no pet by-law at Maurice Coulter. Members are forbidden from having pets in their unit.
- ✓ The application form must be filled out in full, by all applicants sixteen years of age and older and two pieces of I.D. must be submitted for all applicants
- ✓ There is a **\$20.00** application processing fee for all applicants, payable by money order, certified cheque or debit ONLY. Cheques and money orders must be made out to **Maurice Coulter Housing Co-op.**
- ✓ You must provide proof of income. This can be by submitting your most recent pay stubs for the past two months or a letter from your employer, on your company letter head stating your hourly wages or your annual gross income. If you have a different source of income, please speak with the Housing Co-ordinator to confirm what is needed.

IF YOU REQUIRE RENT GEARED TO YOUR INCOME

You must to be added to the Housing Connections waiting list in order to be eligible for a unit in any Co-operative Home. If you are already on the Housing Connections waiting list but have not recently been contacted by a representative of the Maurice Coulter Co-op Management team, please do not fill out an application form. You must be contacted by the Housing Co-ordinator in order to be considered for a subsidized unit in the Co-op. The only way you may received subsidized rent is through Housing Connections. The Co-op cannot grant you any subsidy or reduce your stay on the waiting list. If you have any questions about Housing Connections or Rent Geared to Income please contact Housing Connections at 416-981-6111.

After completely filling out the application form, paying the necessary fees and supplying all of the required documents submit your application right away! We can process your application in 48 hours. The final step in the application process is the interview, a Co-op custom. You will be interviewed by a member of the Co-op and a member of the Management team. The main reason this is done find out more about you and to ensure you are aware of the policies of Co-op housing. As well you will be able to ask any questions you may have.

Feel free to contact the Housing Co-ordintator at 416-748-6470, should you have any questions while filling out your application form

MAURICE COULTER IS A PET-FREE CO-OP - NO PETS ALLOWED

Unit Needed: ☐ 1 Bed ☐ 2 Bed ☐ Special Needs
☐ 2 Bed Maisonette ☐ 3 Bed Maisonette ☐ 4 Bed Maisonette
☐ 3 Bed Town House ☐ 4 Bed Town House (Utilities Extra for Town House Units)

1. General Information

(To be completed by all applicants sixteen (16) years of age and older)

a) Applicant One

Full Name: _____
Last Name, First Name, Middle Name

Date of Birth: ____/____/____
mm dd yy

Home / Cell Phone: (____) ____ - ____

Current Address: _____

City: _____ Province: _____

Postal Code: _____

Please check off any volunteer Committees you are be interested in.

Membership ____ **Maintenance** ____ **Newsletter** ____

Recycling ____ **On-Call** ____ **Finance** ____

Do you have any special skills that may be beneficial to the Co-op?
i.e. (Typing, Gardening, Mechanical)

Please list the name and number of two people who are not related to you that you would like to use as a reference.

i) Name: _____ Phone: (____) ____ - ____

ii) Name: _____ Phone: (____) ____ - ____

b) Applicant Two

Full Name: _____
Last Name, First Name, Middle Name

Date of Birth: ____/____/____
mm dd yy

Home / Cell Phone: (____) ____ - ____

Current Address: _____

City: _____ Province: _____

Postal Code: _____

Please check off any volunteer Committees you are be interested in.

Member ship ____ **Maintenance** ____ **Newsletter** ____

Recycling ____ **On-Call** ____ **Finance** ____

Do you have any special skills that may be beneficial to the Co-op?
i.e. (Typing, Gardening, Mechanical)

Please list the name and number of two people who are not related to you that you would like to use as a reference.

i) Name: _____ Phone: (____) ____ - ____

ii) Name: _____ Phone: (____) ____ - ____

Please list all occupants that will be residing with you under the age of sixteen

i) Full Name: _____
Last Name, First Name, Middle Name

Date of Birth: ____/____/____
mm dd yy

Relationship to applicant(s): _____

ii) Full Name: _____
Last Name, First Name, Middle Name

Date of Birth: ____/____/____
mm dd yy

Relationship to applicant(s): _____

iii) Full Name: _____
Last Name, First Name, Middle Name

Date of Birth: ____/____/____
mm dd yy

Relationship to applicant(s): _____

iv) Full Name: _____
Last Name, First Name, Middle Name

Date of Birth: ____/____/____
mm dd yy

Relationship to applicant(s): _____

2. Financial, Income & Status Information

a) Applicant One

Name of Bank or Credit Union: _____

Home Branch Location: _____

Gross Monthly Income: _____

Income Source: _____ or Occupation: _____

Company Name: _____

Company Address: _____

City: _____ Province: _____ Postal Code: _____

Work Phone: (____) ____ - ____ ext: _____

Do you have any other income source such as Alimony, Child Support or Investment Income? ☐ Yes ☐ No

If you answered yes, please list below: (Exclude Child Tax Benefit, Ontario Child Benefit, etc.)

Social Insurance #: _____

Please check the box which applies to your status in Canada.

☐ Canadian Citizen ☐ Landed Immigrant

If none of these apply to you, please describe your status:

a) Applicant Two

Name of Bank or Credit Union: _____

Home Branch Location: _____

Gross Monthly Income: _____

Income Source: _____ or Occupation: _____

Company Name: _____

Company Address: _____

City: _____ Province: _____ Postal Code: _____

Work Phone: (____) ____ - ____ ext: _____

Do you have any other income source such as Alimony, Child Support or Investment Income? ☐ Yes ☐ No

If you answered yes, please list below: (Exclude Child Tax Benefit, Ontario Child Benefit, etc.)

Social Insurance #: _____

Please check the box which applies to your status in Canada.

☐ Canadian Citizen ☐ Landed Immigrant

If none of these apply to you, please describe your status:

3. Landlord Information

Current / Most Recent Landlord: _____

Management Office #: (____) ____ - _____ ext: _____

Unit: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Please list the amount of years as a tenant: _____

Rent: \$ _____

Were you responsible for any utilities? If yes, please list below:

Reason for leaving: _____

Previous Landlord: _____

Management Office #: (____) ____ - _____ ext: _____

Unit: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Please list the amount of years as a tenant: _____

Rent: \$ _____

Were you responsible for any utilities? If yes, please list below:

Reason for leaving: _____

For Office Use only - Landlord Check Notes:

1. _____

2. _____

4. Vehicle Information

Please note that underground parking is an additional \$30.00 per month added to your housing charge.

Applicant 1 Vehicle Information

Drivers Licence Number: _____

Insurance Provider: _____

Make: _____ Model: _____

Year: _____ Colour: _____ Plate: _____

Applicant 2 Vehicle Information

Drivers Licence Number: _____

Insurance Provider: _____

Make: _____ Model: _____

Year: _____ Colour: _____ Plate: _____

After completing the application form in full, please sign and date below. Please note, if this application is not signed and/or incomplete, it will not be processed.

I/ We declare that the information in this application form is true and correct. I/We agree that this information may be used for a Credit Check and Landlord Check

Applicant 1 Signature

Date

Applicant 2 Signature

Date

Release and Consent Form

Please read the following carefully and sign the spaces indicated below

Please note, if this form is not signed and/or incomplete, the application will not be processed.

- ✓ I understand that there are laws that allow Maurice Coulter Housing Co-operative Inc. ("Maurice Coulter Co-op") to collect personal information about me.
- ✓ I understand that Maurice Coulter Co-op will use the information I provide to determine my qualifications for housing within its complex.
- ✓ I give Maurice Coulter Co-op permission to verify the information I have provided with the person or agency best suited to confirm the information
- ✓ I hereby authorize the release of said information to the staff representing Maurice Coulter Co-op.

Applicant 1 Signature

Date

Applicant 2 Signature

Date