



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:

- ✓ **Pets are not allowed at Maurice Coulter.**
- ✓ The application form must be filled out in full, by all applicants sixteen years of age and older with two pieces of I.D. must be submitted for all applicants
- ✓ There is a **\$25.00** application processing fee for first applicant and \$20.00 each for the other 16 year & older applicants of the household, payable by money order, certified cheque or debit ONLY. Cheques and money orders must be made payable to

“Maurice Coulter Housing Co-op.”

Please note that the Application Processing Fee is Non-Refundable.

- ✓ 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 Administrator to confirm what is needed
- ✓ Approved members must obtain personal property insurance and personal liability insurance before moving in and must provide a copy to the Co-op office

IF YOU REQUIRE RENT- GEARED-to-INCOME (RGI)

You must apply through Housing Connection to be eligible for a Rent-Geared-to-income subsidy The only way you may received subsidized rent is through Housing Connections. The Co-op cannot grant you any subsidy. If you have any questions about Rent-Geared-to-Income subsidy 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 to co-op office during office hours.

Feel free to contact the Housing Administrator at 416-748-6470, should you have any questions or concerns.

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