

# Application Form

**Please print clearly and include the full names of all household members. List as "Applicants" everyone in the household who is 16 or older. For more than 2 applicants, please attach a separate sheet.**

## APPLICANT 1

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Last Name <span style="float: right;">First Name(s)</span>	
Date of Birth Month   Day   Year	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Insurance Number (optional)
Are you a: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Other Status		
<b>ADDRESS:</b>		
Street	Province	Postal Code
Town/Municipality		
Home Telephone # (    )		Work Telephone # (    )

## APPLICANT 2

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Last Name <span style="float: right;">First Name(s)</span>	
Date of Birth Month   Day   Year	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Insurance Number
Are you a: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Other Status		
<b>ADDRESS:</b>		
Street	Province	Postal Code
Town/Municipality		
Home Telephone # (    )		Work Telephone # (    )

## 6. OTHER MEMBERS OF HOUSEHOLD

Last Name	First Name	Date of Birth			Gender		Relationship to Applicant
		Month	Day	Year	Male	Female	

How much notice do you need to give at your present address?

**Do you require a subsidy?**     Yes     No

Please carefully review the information about availability of subsidy provided with the application

**HOUSEHOLD NEEDS:** (Size unit you need, indicate 1<sup>st</sup> & 2<sup>nd</sup> preference)

<input type="checkbox"/> Bachelor	<input type="checkbox"/> 1 Bedroom	<input type="checkbox"/> 2 Bedroom
<input type="checkbox"/> 3 Bedroom	<input type="checkbox"/> 4 Bedroom	<input type="checkbox"/> Parking Space



**GENERAL INFORMATION**

How did you hear about the Co-op? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to move into the Co-op? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other comments concerning your application to the Co-op? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you any volunteer experience that would help in volunteering for the Co-op? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If anyone in your household has any special needs or health problems that affect their housing needs, please specify:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Pets are allowed in the Co-op but they must be registered.*** Do you own any pets?

- No       Yes (If yes, please indicate type of pet(s), dog, fish, cat, bird, etc.)

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

**MONTHLY COST OF PRESENT HOUSING**

<b>APPLICANT 1</b>		<b>APPLICANT 2</b>	
	Per Month		Per Month
Rent or mortgage	\$ _____	Rent or mortgage	\$ _____
Utilities (if not included)	\$ _____	Utilities (if not included)	\$ _____

**LANDLORD AND RESIDENTIAL HISTORY**

How many years have you and your family lived at your current address?

Landlord's Name:	Address:	Telephone Number: (      )
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May we use your present landlord as a reference?       Yes       No – If not, please explain why:

If less than 2 years at current address, please state previous address

Applicant 1 <input checked="" type="checkbox"/>	Applicant 2 <input checked="" type="checkbox"/>	Address	From	To	Reason for Leaving

**INCOME INFORMATION**

<b>APPLICANT 1</b>	<b>APPLICANT 2</b>
Occupation:	Occupation:
Employer:	Employer:
Gross annual income from <b>all</b> employment: \$ _____	Gross annual income from <b>all</b> employment: \$ _____
Income from <b>all</b> other sources: \$ _____	Income from <b>all</b> other sources: \$ _____

**TOTAL GROSS ANNUAL HOUSEHOLD INCOME: \$ \_\_\_\_\_**

Signature(s)

**By signing below I/We agree to the following:**

**Membership**

I/We understand that only members of Main-Gerrard Community Development Co-operative Inc. may live in the Co-op and I/we hereby apply for membership in the Co-operative.

I/We understand that in order to move into Main-Gerrard Community Development Co-operative Inc., I/we must be interviewed and accepted for membership in the Co-op.

**Participation**

I/We understand that Main-Gerrard Community Development Co-operative Inc. has been formed to provide non-profit housing to its members and that the Co-op relies on the participation of its members to operate successfully.

I/We have read and understood the document *Commitment to Active Participation*.

**Application Information**

I/We the undersigned, declare that all the information in the *Market Housing Application Form* is correct to the best of my/our knowledge and belief and no required information has been concealed and/or omitted.

**Credit Check and Income Verification**

I/We authorize the Co-op staff to verify any or all of the information contained in this application.

I/We have read and agree to the terms and conditions of the *Collection and Use of Credit, Rent Payment and Rental History Agreement*.

Applicant 1 \_\_\_\_\_ Date \_\_\_\_\_

Applicant 2 \_\_\_\_\_ Date \_\_\_\_\_

Applicant 3 \_\_\_\_\_ Date \_\_\_\_\_

Return the completed application form by fax or mail to:

**Main-Gerrard Community Development Co-operative Inc.  
184 Main Street, Toronto, ON, M4E 3V4**

**Fax: 416-691-9119**