



Sunbridge Housing Co-Operative
3470 SE Marine Drive, Vancouver, BC V5S 4P8

MEMBERSHIP APPLICATION

1. PERSONAL INFORMATION

Member Applicant:

Name: _____

Address: _____

Telephone (res): _____

(bus): _____

Email: _____

Associate Member Applicant:

Name: _____

Address: _____

Telephone (res): _____

(bus): _____

Email: _____

List all other household members:

Name	Relationship to Applicant	Birth date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Size of unit needed: 1 bedroom 2 bedroom 3 bedroom

Reason for leaving current housing:

Additional Information:

Vehicles		Pets			
Type	Licence Plate #	Species	Name	Weight	Spayed/ Neutered?
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____

Please use the space below to briefly state why you would like to join a co-op and to provide additional information about your household:

2. REFERENCES

	Name	Address	Phone
Current Landlord:	_____	_____	_____
Previous Landlord:	_____	_____	_____
Housing Co-op:	_____	_____	_____
Work Supervisors:	1. _____	_____	_____
	2. _____	_____	_____
Community / School / Union / Church / Professional Organization:			
	1. _____	_____	_____
	2. _____	_____	_____

3. VOLUNTEER EXPERIENCE

Organization	Type of Work / Job Position	Dates
_____	_____	_____
_____	_____	_____

Member co-op participation is mandatory at Sunbridge.

PLEASE CHECK THE WORK YOU WOULD LIKE TO DO WITH THE CO-OP:

- | | | |
|--------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Finance | <input type="checkbox"/> Board of Directors |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Landscape | <input type="checkbox"/> Other |

Additional interests, skills or details:

List the expected number of volunteer hours each adult is able to contribute to the Co-op per week: ____ hours.

Check the time(s) that you are likely to have available:

- | | | |
|-----------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Weekdays | <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekends |
|-----------------------------------|---|-----------------------------------|

4. FINANCIAL INFORMATION

If there are household members earning income, please list this information on the last page. If you are aware of any credit problems which may affect your reference, please also provide any information that may help the Co-op get an accurate picture of your credit history.

Member:

Date of Birth: _____
 Occupation: _____
 Employer: _____
 Address: _____

 Contact: _____
 Telephone: _____
 Gross Annual Income from Current Employment:
 \$ _____

Associate Member:

Date of Birth: _____
 Occupation: _____
 Employer: _____
 Address: _____

 Contact: _____
 Telephone: _____
 Gross Annual Income from Current Employment:
 \$ _____

If less than one year at current employer:

Previous Employer _____
 Address: _____

 Contact: _____
 Telephone: _____
 Length of Employment: _____

Previous Employer _____
 Address: _____

 Contact: _____
 Telephone: _____
 Length of Employment: _____

Gross Annual Income from Other Sources:
 \$ _____

Gross Annual Income from Other Sources:
 \$ _____

Total Gross Annual Family Income from All Sources: \$ _____

I CONFIRM THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS ACCURATE AND I HEREBY AUTHORIZE THE CO-OP TO OBTAIN SUCH CREDIT REPORTS, REFERENCES AND LANDLORD CHECKS AS MAY BE DEEMED NECESSARY IN CONNECTION WITH THE ESTABLISHED AND MAINTENANCE OF A SOCIETY MEMBERSHIP ACCOUNT. THIS CONSENT IS GIVEN PURSUANT TO THE *FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT [RSBC 1996]*.

 DATE

 MEMBER SIGNATURE

 DATE

 MEMBER SIGNATURE

FOR OFFICE USE ONLY. DATE INTERVIEWED: _____
 ACCEPTED REJECTED SUBSIDY NEEDED:
 DATE NOTIFICATION SENT: _____

