

**Bethany Co-operative Homes Inc.**  
45 Atherton Crescent Keswick Ontario L4P 3M6  
(905) 476 7800 bethany.co-op@rogers.com  
**APPLICATION FOR MEMBERSHIP**

**Applicant Information:**

Each adult 16 years and older who will live in your unit **MUST** complete an application

1. Applicant's Name: \_\_\_\_\_ Birth Date (yyyy/mm/dd): |\_\_\_\_|\_\_\_\_|\_\_\_\_|

SIN - |\_\_\_\_|\_\_\_\_|\_\_\_\_| Email: \_\_\_\_\_

Telephone Number: Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2. Name of co-Applicant: \_\_\_\_\_ Birth Date (yyyy/mm/dd): |\_\_\_\_|\_\_\_\_|\_\_\_\_|

SIN - |\_\_\_\_|\_\_\_\_|\_\_\_\_| Email: \_\_\_\_\_

Telephone Number: Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

3. Present Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Street name and number City Province

4. Children in your family unit under 18 years old:

NAME	Date of Birth	Gender	NAME	Date of Birth	Gender
YYYY/MM/DD	M / F	YYYY/MM/DD	M / F		

5. Family Pet Information (No dogs policy):

Type of Pet	Gender - M/F	Spayed/neutered date

6. Family Vehicle Information: All vehicles must be in working order, licensed and registered with the office.

Year	Make	Model	Colour	Sticker month	License Plate

7. What unit size are you applying for?

☐ 1 Bedroom ☐ 2 Bedroom

☐ 3 Bedroom ☐ 4 Bedroom

8. Are you applying for an Apartment or Townhouse? \_\_\_\_\_

9. How did you hear about Bethany Co-op?

☐ Advertisement ☐ Co-op Website

☐ Friend/Co-op Member: \_\_\_\_\_

☐ Other: \_\_\_\_\_

### EMPLOYMENT INFORMATION

1. Occupation of Applicant: \_\_\_\_\_

2. Occupation of co-Applicant: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Address: \_\_\_\_\_

Tel: ( ) \_\_\_\_\_

Gross Mo Income: \$ \_\_\_\_\_

Tel: ( ) \_\_\_\_\_

Gross Mo Income: \$ \_\_\_\_\_

Employer/Contact Name: \_\_\_\_\_

Employer/Contact Name: \_\_\_\_\_

### PAST AND PRESENT RESIDENTS

1. Present Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Present Landlord: \_\_\_\_\_

Telephone #: \_\_\_\_\_

I have lived here since: \_\_\_\_\_

Present Rent ☐ \$ \_\_\_\_\_ plus utilities per month or ☐ \$ \_\_\_\_\_ utilities included

2. Previous Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_

Telephone #: \_\_\_\_\_

I lived there from: \_\_\_\_\_

to \_\_\_\_\_

Present Rent ☐ \$ \_\_\_\_\_ plus utilities per month or ☐ \$ \_\_\_\_\_ utilities included

3. Have you ever lived at a Co-op? ☐ Yes ☐ No If yes, what was it called: \_\_\_\_\_

4. Did you move out of any rental place where you had money owing the landlord whom you did not repay? ☐ Yes ☐ No If yes, explain: \_\_\_\_\_

### MOVING IN DATE:

When would you be interested in moving in? \_\_\_\_\_

**HOUSING CHARGE ASSISTANCE** (Rent Geared to Income) is offered to some households at Bethany Co-op. When assistance is available, it is based on the household's total gross income information. Do you need to receive housing charge assistance to move in? ☐ Yes ☐ No

WHAT IS YOUR STATUS IN CANADA? ☐ a Canadian Citizen ☐ a Landed Immigrant ☐ a valid Refugee Claimant  
☐ a visitor on a VISA ☐ I have permission to live in Canada

According to our By-Laws, you as a member are expected to attend general membership meetings each year and participate in the democratic functioning of the co-operative. You are also required to co-operate and live peacefully with other members; be financially responsible, and contribute to the health and development of the Co-op in a positive way.

Do you understand this as a requirement of membership in the Co-op and agree to fulfill this obligation?  
☐ Yes ☐ No

Will you learn, live by, and respect the By-Laws of Bethany Co-op and participate fully in the development of the co-operative community? ☐ Yes ☐ No

#### DECLARATION

I, the undersigned, hereby apply for membership and occupancy rights in Bethany Co-operative Homes Inc.

I understand a one-time Membership Fee of \$20.00 per family is payable to the Co-operative with this application:

I understand that membership and occupancy rights begin on the first day of occupancy in the Co-op as indicated by a signed Occupancy Agreement with the Co-operative.

I declare that the information given on this application is full and correct to the best of my ability, and that it will be used to assist the Co-operative in the establishment of my credit worthiness and good reference.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date