



**CO-OP APPLICATION**  
 (Each applicant who will be on the lease must fill out this first page)

<b>First Name</b> Miss/Mrs./Mr.:	<b>MI:</b>	<b>Last name</b>	
<b>S.I.N:</b>	<b>Birth date:</b>	<b>Phone:</b>	<b>Is this your phone?</b>
<b>Alternate Phone number:</b>	<b>Whose phone is this?</b>	<b>Can we speak to them on behalf of you?</b>	
<b>Are you a Landed Immigrant:</b>	<b>Are you a Canadian Resident:</b>		

**Emergency Contact Information**

**Who is your emergency contact if anything were to happen to you?**

<b>Name:</b>	<b>Number:</b>	<b>Relationship</b>
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**List your address for the previous 5 years**

<b>Current Address:</b>	
City, Province, Postal Code	
Owner/Landlord	Landlord Phone:
Moved in date: Why are you moving?	
Did you give notice?	Is/was your rent paid in full:
<b>Previous Landlord</b>	
City, Province, Postal Code	
Owner/Landlord	Landlord Phone:
Moved in / Move out date: Why are you moving?	
Did you give notice?	Is/was your rent paid in full:
<b>Previous Landlord</b>	
City, Province, Postal Code	
Owner/Landlord	Landlord Phone:
Moved in / move out date: Why are you moving?	
<b>Did you give notice?</b>	<b>Is/was your rent paid in full:</b>

**Have you ever received an Eviction Notice? Circle one Y / N If Yes, please explain:**

<b>Additional Occupants</b> (who will NOT be a leaseholder, but will live with you. Please provide a Childs birth certificate)				
1 - (Last, first, Middle Initial),	Date of birth,	Relationship		
2 - (Last, first, Middle Initial),	Date of birth,	Relationship		
3 - (Last, first, Middle Initial),	Date of birth,	Relationship		
<b>Unit requirements</b>				
<b>Are you expecting a child?:</b>		<b>Due date:</b>		
<b>Do you own a car:</b>	Year,	Make/ Model,	Colour,	Plate number
Do you require additional parking: <b>Circle one Y / N</b> Year,				
		Make/ Model,	Colour,	Plate #
<b>Only service dogs are allowed at Tolpuddle.</b> Do you require a service dog: (Please attach all proper documents for working dog)			Reason for Dog:	
<b>Employment and Income</b> (If you are not employed please continue to full out the next section)				
<b>Current Employer:</b>		Address:		
Position:		Employers Phone:		
May we contact your employer for a work reference ? <b>Y or N</b> Please circle one				

**Please continue on next page**

**Statements of ALL MONTHLY INCOME BEFORE DEDUCTIONS(Gross income)  
Received by ALL persons to live in the unit**

<b>Income categories</b>	<b>Personal Amount</b>	<b>Monies of non-Occupancy Holder</b>
Ontario Works		
Ontario Disability Support Program		
Employment – Full time, part time, self employed		
EI – Employment Insurance		
WSIB – Short Term/ Long Term		
OAS – Old Age Security		
Immigrant/ Government Sponsorship		
CPP- Canada pension Plan		
Pensions – Company / DVA Disability/ Other		
Gains - Aged		
Social Security – US/ Other countries		
R.I.F. - Annuity		
Support payments		
Student grants / OSAP		
Interest- bank/ Investments/ other		
GICs		
RSPs		
Band Allowance		
Property allowance		
Other assets		
Other income		
-		
-		

1. Please include income verification for all applicants, ie. Payroll stubs, assistance variation, support payments, all form of income. Also, include the most recent Income Tax Summary for the income tax year.
2. Please include a copy of EACH applicant’s birth certificate, citizenship, and / or immigrant status.
3. Any information provided must be accurate and completed as requested. If the application is incomplete, the office will not process the application for Membership Status with the cooperative.

**Please sign and date on the line agreeing that the information you have provided is true**

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

Date \_\_\_\_\_



15- 380 Adelaide St North Phone: (519) 439-9871 Fax: (519) 439-5446 E-mail [Tolpuddle@rogers.com](mailto:Tolpuddle@rogers.com)

### Consent to Release Information Form

I, \_\_\_\_\_ do hereby acknowledge, by signing this document below, I am confirming authorization to release information about myself to Tolpuddle Housing Co-operative Inc.

Sign: \_\_\_\_\_

Date: \_\_\_\_\_