



## Membership Application Form

### *Purpose of this Form*

This form is designed to collect specific information from applicants seeking membership in the Kinship Housing Co-operative (the Co-op) in accordance with the *Personal Information Protection Act* (PIPA). The Co-op uses this information to determine your eligibility for housing and the type of accommodation that will best suit your needs. The information collected will only be used in accordance with PIPA.

### *Review of Information and Record Keeping*

The information collected in this form will be reviewed by the Co-op's designated agent(s) for the purpose of verifying your eligibility for housing. We will employ all reasonable safeguards to ensure your information is kept confidential. Records of unsuccessful applications will be kept for one (1) year to provide you with an opportunity to access these records, after which all records (electronic or paper copies) will be destroyed.

### *Share Purchase*

Members are required to purchase a membership share in the Co-op as follows:

Studio Apartment	\$1,500
One-bedroom apartment	\$2,000
Two-bedroom apartment or townhouse	\$2,500
Three-bedroom apartment or townhouse	\$3,000

### *Pet Policy*

Members are allowed up to a total of two cats or two dogs, or one dog and one cat. Other permissions and restrictions apply as per the Pet Policy.

### *Smoke-free Housing*

The Co-op is a smoke-free housing co-op. All floors and units are designated as smoke-free. Smoking is prohibited everywhere on co-op property, including in all homes, common areas, balconies, and patios. The smoking policy applies to members and guests. "Smoking" includes vaping and the inhaling, exhaling, burning or ordinary use of any tobacco or other product whose use generates smoke.

### *Important Information*

The Co-op will not process incomplete applications. Applicants who fail to provide the required information or who provide false or misleading information are ineligible for membership.

Applicants must submit completed applications via [Kinshipmanagement@cltrust.ca](mailto:Kinshipmanagement@cltrust.ca)



### Application Form Checklist

- Complete all sections of the application.
- Be prepared to show government issued ID for all household members 18 and over, indicating Canadian citizenship, permanent residency, landed immigrant status, or refugee status.
- Declare all household members' current income and assets and **attach** for each income earner the most recent notice of assessment(s), plus one of:
  - Income source(s)/pay stubs for the last three consecutive pay periods.
  - Employment letter or permission to contact employer for income details.
  - One (1) recent bank statement indicating regular income deposits, with all expenses blacked out.

Note: Additional documentation may be requested for the purpose of income verification, including consent for a credit check.
- Initial the Declaration.
- Sign application
- E-mail completed application to [Kinshipmanagement@cltrust.ca](mailto:Kinshipmanagement@cltrust.ca)



**Applicant (please be prepared to show your photo ID)**

Preferred Pronoun (Optional)	First Name	Last Name
Home Phone	Work Phone	Work Phone EXT.
Primary Email*		Date of Birth (dd/mm/yyyy)
Home address: (suite, house number, street, city, province & postal code)		
Mailing address (if different from above)		

**Co-applicant (please be prepared to show your photo ID)**

Preferred Pronoun (Optional)	First Name	Last Name
Home Phone	Work Phone	Work Phone EXT.
Primary Email*		Date of Birth (dd/mm/yyyy)
Home address: (suite, house number, street, city, province & postal code)		
Mailing address (if different from above)		

*\*I consent to the use of this email address by the Co-op for the delivery of correspondence and legal notices.*



Other members of your household.

First Name	Last Name	Relationship to Applicant	Birth Date dd/mm/yyyy

### Workplace Location

Do any members of your household, age 18 and older, currently work in Vancouver?  Y  N



### Residence History

Please list your last three addresses and contact for landlord or Co-op reference checks.

(Additional spaces provided if co-applicant lives at a separate location.)

Address	From Date (mm/yyyy)	To Date (mm/yyyy)	Name of Landlord or Co-op	Landlord contact information
		Current		

Please provide personal references from non-family members (employer, teacher, friend etc.)

Name	Relationship	Contact	Alternate Contact

Do you currently own real estate?  Yes  No

If yes, is this your primary home?  Yes  No



### Interest in Co-operative Living

Have you or any co-applicants previously lived in a housing co-operative?  Yes  No

Please describe why you are interested in living in a housing co-operative and how you foresee interacting with the co-operative community/ your neighbors:

### Pets

A maximum of two (2) pets (dogs or cats) are permitted in each unit.

How many dogs or cats in your household?  0  1  2

### Accessibility

Do you or other members of your household require assistance in the case of a fire?  Yes  No



## Signatures

We understand that only the members of Kinship Housing Co-operative may live in the Co-op and we apply for membership, as set out below.

We understand that, if the co-op accepts us for membership and offers us a home, we must provide the full amount of Share Purchase Price for the size of unit requested as noted under the heading "Share Purchase" when requested by the Co-op and the Share Purchase Price provided will be used to buy the required membership shares.

Should we decide not to take possession of the unit assigned and offered by the Co-op, we understand and agree that half of the assessed housing charge shall be surrendered from the Share Purchase Price and payable to the Co-op at the Co-op's sole discretion to recoup Co-op costs paid to complete the membership, and we agree that this damage is a true expression of the costs incurred by the Co-op and not a penalty.

If offered membership, we agree to be bound by and to comply with the Rules, Occupancy Agreement and policies of the Co-op in force and as amended from time to time.

We understand and agree, that our monthly housing charge is determined at the time of membership approval. Should our financial position change after membership is accepted, the Co-op is not obligated to reduce our monthly housing charge.

**Declaration:** We declare that all of the information in this application is correct. We give the Co-op permission to verify any or all of this information, and to do a landlord check. We understand that acceptance of membership depends on the co-op verifying that my household income meets the terms of the lease in force between the Co-op and the Vancouver Community Land Trust Foundation.

*\*Signature page to follow*



Signatures of all household members who are at least 18 years of age:

*\*\*Please be prepared to show government-issued identification for all signatories, indicating Canadian citizenship, permanent residence, landed immigrant status, or refugee status\*\**

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Applicant – Print Name and Sign

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Co-Applicant 1 – Print Name and Sign

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Co-Applicant 2 – Print Name and Sign

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Co-Applicant 3 – Print Name and Sign