

CAHIAGUE CO-OP MEMBERSHIP APPLICATION



PERSONAL INFORMATION

Main Rental Applicant:

IMPORANT!! (RED BOX) Indicates mandatory fields (Must be filled in)

First Name:

Middle Initial:

Last Name:

Date of Birth:

Home Phone
Number:

Work Phone
Number:

SIN #:

Note: (Please provide SIN # or your application will not be processed. Please Read the SIN number Disclaimer at the bottom of this application.)

Drivers License
Number: (Optional)

Are you applying
for subsidy?

Yes
No

All Other Proposed Occupants:

1) First Name:

Middle Initial:

Last Name:

Date of Birth:

Relation:

2) First Name:

Middle Initial:

Last Name:

Date of Birth:

Relation:

3) First Name:

Middle Initial:

Last Name:

Date of Birth:

Relationship

RENTAL HISTORY

1) Address:

City:

Province:

Postal Code:

Owner/Manager
Name:

Phone Number:

How long:

Note: (If less than 5 years please provide 2nd address below)

Reason for Moving:

2) Address:

City:

State:

Postal Code:

Owner/Manager
Name:

Phone Number:

Date In:

Date Out:

Reason for Moving:

EMPLOYMENT HISTORY

Present Occupation
or Source of Income:

Employer Name:

Employer Address:

Employer Phone:

Start Date:

Prior Occupation or
Source of Income:

Employer Name:

Employer Address:

Start Date: End Date:

Current Gross
Income:

Per: Week
 Month
 Year

How much notice
would you require
for moving?

VEHICLE INFORMATION

Vehicle Information: Only 2 vehicles per household maybe accommodated on Co-op property. If you have more then 2 vehicles you will be required to park all others vehicles off site. No oversized vehicles maybe parked on Co-op property.

Example:

Vehicle 1:	2010 Ford Edge Limited Edition	Plate #	AABB 123
Vehicle 1:		Plate #	
Vehicle 2:		Plate #	

FINANCIAL INFORMATION

Please list all outstanding debts (Including all Credit Cards)

Main Applicant

Amount: Creditor:

Amount: Creditor:

Amount: Creditor:

If there is more please advise us later on during the application process.

IMPORTANT!!

All income verification must be included with the application (Example letter from your employer, 8 consecutive pay stubs, social assistance stub ect.

PET INFORMATION & RULES

Please list all pets below; Pets and their controllers are subjects of Policy statements adopted by the Co-operative from time to time. Dogs must not exceed 35lbs (15Kgs), must be leashed on communal property and must not be left unattended outside the unit. Cats must be kept indoors. Consult a Pet Control Policy for further stipulations. No Pit Bulls are allowed on Co-op Property.

Pet Type: Weight:

Pet Type: Weight:

CODE OF PRACTICE SECTION 2 - SIN HOLDERS' RESPONSIBILITIES

IMPORTANT!!

To view the entire SIN Holders' Responsibilities please click on the link below...

[Ontario Canada Code of Practice Section 2 - SIN Holders' Responsibilities](#)

By law, Canadian citizens, newcomers to Canada or temporary residents must have a Social Insurance Number (SIN) to work in Canada or to receive benefits and services from government programs.

Since it is NOT against the law to ask for an individual's SIN, many private sector organizations do request your SIN. Businesses might ask for your SIN as identification or to check your credit rating. Your SIN is confidential and your SIN card is not a piece of identification. Your SIN is issued only to you and you have to protect it. You should only provide your SIN when it is required by law.

BY SIGNING THIS APPLICATION YOU AGREE THAT YOU HAVE TRUTHFULLY FILLED OUT ALL CORRECT INFORMATION TO THE BEST OF YOUR KNOWLEDGE. ANY MISLEADING INFORMATION MAY OR WILL VOID ALL APPLICATION PROCESS. If you do not understand this application please contact the CAHIAGUE CO-OP ADMINISTRATOR Donna @ Phone (519) 753-5911

Signature 1:

Date:

Signature 2:

Date:

Important!! By typing your name in the signature box above you are legally signing the document to be your true signature.
