

Toronto Women's Housing Co-operative Inc

397 Shuter St, Toronto, ON., M5A 1X4

416 865 1765 twhc397@gmail.com

Please print out this application and mail it (pages 1 -6) to the Co-op with your proof of income and application fee. There is no subsidy available.

This application is divided into two parts to ensure confidentiality:

The first contains your household information that will be used by the interview team. The second contains financial and landlord information that will be assessed by the Staff to determine your suitability as a prospective member in the Co-op.

Should you need clarification on any of the questions, please contact the above number or email and someone will contact you ASAP.

for Co-op use only Date of Application _____

Please give all given names of applicants 16 years and older to ensure accurate identification for credit checks.



Part 1: Household Information

A. Household Composition

Applicant One

Name _____

Address _____

Phone (h) _____

(w) _____

Email _____

Applicant Two

Name _____

Address _____

Phone (h) _____

(w) _____

Email _____

If more than two persons 16 or over are applying, please attach a separate sheet. If you have female children 16 years or over, they can be members. If you wish them to be long term guests or they are male they should be listed on page 2 as members of the household.

Please list other members of the household:

Surname _____ Given name(s) _____

Gender _____ Relationship to Applicant _____ Birth Date _____

Month/day/year

Surname _____ Given name(s) _____

Gender _____ Relationship to Applicant _____ Birth Date _____

Month/day/year

B. Housing Information

Size of accommodation required or preferred. If you are considering more than one type of unit please indicate 1st and 2nd choices.

1 Bedroom apt _____

2 bedroom townhouse _____

2 bedroom apt _____

3 bedroom townhouse _____

The townhouses do not have basements.

Do you require a parking spot? _____ How many? _____

Do you own a pet? _____ Type and number of pets _____

Does any member of your household have any health concerns that affect their housing needs? If so, please specify.

C. Participation

All Co-op members must attend Member's Meetings (held approximately twice a year) to be aware of financial, operational or social issues that affect the Co-op. These meetings also provide an opportunity for members to contribute to changes of existing policies or have input in developing new ones by voting on recommendations.

All Co-op members must participate in the Co-op. Please choose areas of interest for each applicant.

Membership _____ Newsletter/Web site _____ Social _____

Bylaws _____ Office Help _____ Long Term Planning _____

Landscape _____ Board of Directors _____

Why are you interested in these committees and are there any other areas you would like to participate in? _____

D. General Information

How did you hear about this housing Co-op?

Have you lived in a housing Co-op before or been involved in any other form of co-operative or credit union?

Are you currently, or have you been involved with any women's/feminists groups?

A. Accommodation History

This information your proof of income and employment history is for the viewing of the staff only.

Length of stay at your present address: _____

Do you rent your present dwelling? _____

Monthly rent? _____ Are utilities included? _____

Estimated cost of monthly utilities _____

If you own your present dwelling estimate the monthly costs (mortgage, condo fees, utilities and taxes)

Present landlord or mortgage company:

Name: _____

Address: _____

Phone: _____

Previous Address _____

Present landlord or mortgage company: (2nd Applicant)

Name: _____

Address: _____

Phone: _____

Previous Address _____

May we use your present and/or previous landlord as a reference? _____

If not, please explain:

B Household Income

If there are more than two persons receiving income, list additional information on a separate page.

Please attach appropriate proof of income as per page 6 of the application.

If you know of credit problems that may affect your references please provide information that may help the Co-op get an accurate picture of your credit history.

Applicant 1

Employer _____

Length of time with present employer _____

If less than one year, give name and address of previous employer

Current gross income from employer _____

Income from other sources _____

Date of birth _____

Social Insurance # (optional) _____

Applicant 2.

Employer _____

Length of time with present employer _____

If less than one year, give name and address of previous employer

Current gross income from employer _____

Income from other sources _____

Date of birth _____

Social Insurance # (optional) _____

Total Gross Household Income _____

I/we understand that in submitting this application to Toronto Women’s Housing Co-op, I/we are giving permission to have a credit and landlord check done. I/we understand that the only persons viewing the reports would be the manager and if necessary the bookkeeper or auditor. Information will be shredded when it is no longer necessary for the Co-op’s use.

I/we understand that this application must be accompanied by the following:

- a) **The \$20.00 application fee per adult in the household, maximum \$40.00 per household.**
- b) **Proof of income as outlined on the following page. Page 7**

I/we understand that the Toronto Women’s Housing Co-operative is formed for the purpose of providing housing at cost to its members and that membership includes the responsibility to participate in the Co-operative.

I/we understand that accommodation Toronto Women’s Housing Co-op depends on being accepted on the waiting list.

I/we understand that if accepted for membership and offered a unit, a one time membership fee of \$10.00 per member will be required.

I/we declare that all the information contained in the application is correct and give permission to the Co-operative to verify any or all of the information contained in it and to perform a credit check.

Date _____

Applicants Signatures _____

Proof of Income:

1. If you are regularly employed, submit one of the following:

Confirmation letter from your employer stating gross income and hours or annual salary. If overtime is usual, an estimate of this should be included.

OR

Three consecutive pay stubs – T4 slips or income tax returns are not acceptable documentation by themselves.

2. If you receive a pension a statement may be submitted or a copy of your Bank statement.

3. If you are self-employed submit either –

A letter or financial statement from a chartered accountant indicating

- a) The net income from your business
- b) Total withdrawals from your business as personal salary in the past year

Or

A statutory declaration, sworn before a notary public, of your earnings in the past 12 months and projected earnings for the next 12 months. This declaration must be accompanied by a copy of your last year's income tax return and Record of Assessment.

Call the Co-op office to determine how to verify any form of income not included above. (416 865 1765)

There is no subsidy available and we are not accepting applications for Rent Geared to Income.

Send completed application with proof of income and application fee to:

Toronto Women's Housing Co-op
397 Shuter St
Toronto, ON
M5A 1X4