

Co-op Membership Application Form

This form is to be filled in by all applicant(s). Applicant(s) must be 19 years of age or older. All information is treated as confidential and will be used by the Membership / Finance Committee(s) and/or the Board of Directors to determine eligibility for membership in the Co-op.

The Alexander Street Co-op (ASC), like most other Co-ops, has a long waitlist. We cannot provide an estimate, but you should be prepared to wait for ~1-2 years. All applications over 2 years old are removed from the waitlist. If you are still interested after 2 years you must re-apply.

Applicant Information

Name: _____ DoB (m/d/y): _____

E-mail: _____ Phone #: _____

Emergency Contact (*name + phone #*): _____

Date of Application (m/d/y) : _____

Please also provide a copy of identification; BC Driver's License, Passport etc.

Current/Past Housing Information

Current Address: _____ How long at this location: _____

Current Landlord's Name/Phone/Email: _____

Why do you want to leave? _____

Additional comments about your current housing _____

If less than 2 years – how long were you at your previous residence? _____

If less than 2 years at your current residence, please provide, landlord(s) name(s), number(s), and email(s)? _____

Current/Past Employment Information

Company Name: _____ Phone #: _____

Gross annual income: \$ _____ (*proof of income may be required*)

How long have you been employed there? _____ Position: _____

Previous Employer: _____ Phone #: _____

Work References:

Name: _____ Title: _____ Phone/Email: _____

Name: _____ Title: _____ Phone/Email: _____

Name: _____ Title: _____ Phone/Email: _____

Current/Past Volunteer Information

Group Name: _____ Phone/Email: _____

How long did you volunteer there? _____ Position: _____

What did you do? _____

Favorite part? _____

Least favorite part? _____

Previous volunteer group ? _____ Phone #: _____

Volunteer Supervisor References:

Name: _____ Title: _____ Phone/Email: _____

Name: _____ Title: _____ Phone/Email: _____

Name: _____ Title: _____ Phone/Email: _____

Co-op Unit Request Information

Have you lived in a Co-op before ? No / Yes (which one?) _____

Why do you want to move into ASC Co-op? _____

Do you have any skills that would be helpful to the Co-op ? _____

How do you see yourself contributing to fulfill your 4 volunteer hours/month ?

Preferred Unit size: Please note: Only bachelor units are available initially. 1 bedrooms and 2 bedrooms are internal moves.

Bachelor: _____ (*1 person per unit*)

1 Bedroom: _____ (*1 person no more than 2 per unit*)

2 Bedroom: _____ (*2 persons no more than 3 per unit*)

Bachelor: \$849 (\$1000 buy-in) || 1 Bedroom \$945 (\$1500 buy-in) || 2 Bedroom \$1041 (\$2000 buy-in)

Name's and ages of all persons who will be living with you:

Name: _____ DoB (m/d/y): _____

Name: _____ DoB (m/d/y): _____

Pets are considered with Board of Directors' approval, as per ASC policy established in 2015. All pets must comply with City-bylaws regarding pets, including licensing. **If you are selected for an interview, your dog(s) must be brought along.** If you have a pet(s), please tell us what type(s) (cat, dog etc) and a little about them:

I _____ (print name) confirm that I am 19 years of age or over and that I have, to the best of my knowledge, fully answered all these questions truthfully.

I understand that volunteering my time to the ASC is expected and I agree to participate as required by helping to keep the building clean (min 4 hours / month) and attending bi-annual general meetings .

I understand the Co-op offers non refundable subsidies through CMHC for rent based on gross income verification, however the subsidy budget is exhausted and not available. I will have to pay the full unit housing charge each month.

I understand the Co-op is a diverse community. I am committed to providing an inclusive and welcoming environment for all members, applicants, volunteers, subcontractors, and vendors.

I give the Alexander Street Co-operative permission to confirm any and all of the information I have given in this application.

Signature of Applicant: _____ Date (m/d/y): _____

Co-op Office Use Only

Confirmed ID #: _____ Yes / No By: _____

Date the office received application (m/d/y) : _____

Notified applicant it's been received? Yes / No By: _____

Date applicant notified of confirmation (m/d/y) : _____

All their references have been checked? Yes / No By: _____

Checked Provincial Court Database? Yes / No By: _____

Notes:
