Date application received: _____

GUISE STREET HOUSING CO-OPERATIVE INC,

MEMBERSHIP AND HOUSING APPLICATION

2 Guise Street East

Hamilton, ON L8L8C5

Email: guisesthousing@gmail.com

phone # 905-528-9717 fax 905-582-9330

Guise Street Housing Co-operative Inc. is a Non-Smoking property. Smoking includes inhaling, exhaling, burning or carrying a lighted tobacco, vaping or marijuana or similar product whose use generates smoke.

This application is divided into two parts to preserve the confidentiality of applicant's.

The first part contains a housing information.

The second part contains financial information and reference which will be accessible only to the Housing Coordinator.

Mission Statement

Guise Street Co-operative Homes provides affordable co-operative housing.

Vision Statement

Guise Street Co-Operative Housing Members are committed to the principals of democracy and the non-profit co-operative model. We understand that an interested and engaged membership is essential to our long-term success. We strive to have members who:

- **share our values**
- **accept the responsibilities**
- **take pride in their homes**
- **meet their financial obligations to the co-op**
- **participate in the governance of the co-op; and**
- **abide by the by-laws and policies of the co-op**

The co-op is committed to the values of the Canadian co-operative movement, which include continuing to operate as a non-profit co-operative and keeping the housing charges affordable. The co-op will continue to

belong to co-op housing sector organizations.

Core Values

Guise Street Co-Op fosters co-operative community with the following core values:

- **Accessibility - to provide a barrier - free living environment for all members**
- **Affordability - the non-profit model provides lower housing charges than the private sector for all members**
- **Diversity - a mixed income community including people of all ages, abilities, ethnicities, religions, genders, and sexual orientations**
- **Participation- in a democratic, self-run, self-managed model, every member has equal input to the decision-making process**

The No Smoking Policy was passed by the Board of Directors due to health and safety concerns, along with additional cost associated, with smoking. It was approved by the members of the Co-op and applies to any member, resident, guest, business invitee or visitor within the building, or on the property.

Household Information

Accommodation Required:

1 Bedroom	( )
2 Bedroom	( )
3 Bedroom	( )
Wheelchair Accessible	( )

Household Composition

Please print legibly and answer all areas. Please include all given names to help ensure accurate identification. **Incomplete** applications will not be processed.

Applicant

Name: _____

Address: _____

_____

_____

Phone #: _____

Secondary #: _____

Email: _____

Co-Applicant

Name: _____

Address: _____

_____

_____

Phone #: _____

Secondary #: _____

Email: _____

Other Members of the Household:

Surname	Given Name(s)	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

References and Financial Information

1. **Accommodation History**

Applicant #1	Co-Applicant
Name: _____	Name: _____
Current Landlord	(if different than Applicant #1)
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Phone #: _____	Phone #: _____
Secondary #: _____	Secondary #: _____
Monthly Rent: $_____	Monthly Rent: $_____
Length of stay at present address	Length of stay at present address
___ years ___ months	___ years ___ months
Previous Landlord	(if different than Applicant #1)
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Phone #: _____	Phone #: _____
Secondary #: _____	Secondary #: _____
Length of stay at previous address	Length of stay at previous address
___ years ___ months	___ years ___ months

May we contact your current and/or previous landlord as a reference?

___ yes ___ no ___ yes ___ no

If no, please explain:

_____

Housing Co-ordinator Confidential Section

2. Household Income and Reference Information

Applicant #1	Co-Applicant
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____

Length of time with present employer:

___ years ___ months	___ years ___ months

If Less than three years, please identify previous employer:

Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____

Please provide current gross monthly income from employment & other sources:

_____ $_____	_____ $_____
_____ $_____	_____ $_____
_____ $_____	_____ $_____

Do you need to apply for housing charge assistance? _____

Date of Birth: _____ YY/MM/DD	Date of Birth: _____ YY/MM/DD
Social Ins. #: _____	Social Ins. #: _____

Housing Co-ordinator Confidential Section

Please provide two non-relatives whom we may contact as reference:

Name: _____ Name: _____
Address: _____ Address: _____
Phone #: _____ Phone #: _____
Relationship to you: _____ Relationship to you: _____

Name: _____ Name: _____
Address: _____ Address: _____
Phone #: _____ Phone #: _____
Relationship to you: _____ Relationship to you: _____

I/We understand that only members of the Guise Street Housing Co-operative Inc., may occupy a housing unit, and I/We hereby apply for membership in the Co-operative.

I/We understand that Guise Street Housing Co-operative exists to provide housing at cost to its members and that the success of the Co-op relies on members who volunteer their time to the Co-op. Therefore, participation is required.

I/We understand that if offered a unit, a one-time membership fee of ten dollars ($10.00) per adult will be required.

I/We declare that all information in this application is correct and hereby authorize the Co-operative to verify any or all of the information contained herein and to perform a credit check at the discretion of the Co-operative. Any information collected is for the sole purpose of determining suitability for membership. I/we understand that the Co-op will destroy personal information about us that it no longer needs, subject to government requirements.

Signature of Applicants: Date:

_____ _____
_____ _____
_____ _____

Please Note:
Your application will not be recorded as received until all information is received.

There is a $25.00 non-refundable administration fee, to process your application.