



SHAMROCK CO-OPERATIVE HOMES INC.



MEMBERSHIP INFORMATION

APPLICANT #1

APPLICANT #2

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE:

TELEPHONE:

Home: _____

Home: _____

Work: _____

Work: _____

SEX: M [] F []

SEX: M [] F []

OTHER HOUSEHOLD MEMBERS

<u>Surname</u>	<u>Given Name</u>	<u>Relation to Applicant</u>	<u>Birth Date</u>

Do you have any previous experience that is relevant to Co-operative Living?

Please state the day of the week, and the time of day that will be most convenient for you to be interviewed:

Date: _____

Time: _____





**SHAMROCK CO-OPERATIVE HOMES INC.
PARTICIPATION**



Participation is an integral part of co-op living, as it is a means to reach goals that are important to the co-op members. All co-op members are required to volunteer some time to help with the running of the co-op. Please specify the area(s) of interest for each applicant. Initial the choice for each adult applying.

COMMITTEE

- | | |
|----------------------------|-------------------------------|
| Board of Directors.....[] | Landscape/Maintenance.....[] |
| Member Selection.....[] | Finance.....[] |
| Social.....[] | Newsletter.....[] |
| Move In/Move Out.....[] | Library.....[] |

SKILLS

- | | |
|-----------------------|------------------------|
| Computing | Office Work |
| Electrical Work | Plumbing |
| Carpentry/Renovations | Painting |
| Gardening | Snow Removal |
| Cleaning | Delivering Flyers, etc |

PROFESSIONAL SKILLS

Communication Skills (Specify): _____
 Other Skills (Specify): _____

DECLARATION

I/We the Undersigned, do hereby apply for membership at Shamrock Co-Operative Homes Inc. I/We understand that \$15.00 per adult family member is payable as an applicant fee, which will be refunded if the application is not accepted, or if it is withdrawn before a unit is assigned.

If membership is approved by the Board of Directors, I/We understand that the application fee will be converted to a membership fee, which will guarantee full rights of membership in the Co-operative.

I/We agree that Shamrock Co-operative will gather information in order to establish credit worthiness.

Signature: _____	Date: _____
Signature: _____	Date: _____
Signature: _____	Date: _____





SHAMROCK CO-OPERATIVE HOMES INC.
CONFIDENTIAL INFORMATION



The information requested on the following pages is for the use of the office only. It will not be released to the Member Selection Committee, or used as part of the interview process. Credit and Landlord checks will be done only after membership is approved and a unit is available.

EMPLOYMENT AND FINANCIAL INFORMATION

APPLICANT #1

APPLICANT #2

Occupation: _____

Occupation: _____

S.I.N.: _____

S.I.N.: _____

Date of Birth: _____

Date of Birth: _____

Driver's License Number: _____

Driver's License Number: _____

Employer: _____

Employer: _____

Employer's Address: _____

Employer's Address: _____

Employer's Phone: _____

Employer's Phone: _____

Length of Time with Present Employer: _____

Length of Time with Present Employer: _____

Gross Monthly Income: _____

Gross Monthly Income: _____

SIZE OF UNIT REQUESTED

	<u>Apartment</u>	<u>Townhouse</u>
1 Bedroom	_____	<u>N/A</u>
1 Bedroom Accessible	_____	<u>N/A</u>
2 Bedroom	_____	<u>N/A</u>
2 Bedroom Accessible	_____	_____
3 Bedroom	<u>N/A</u>	_____
3 Bedroom Accessible	<u>N/A</u>	_____
4 Bedroom	<u>N/A</u>	_____





SHAMROCK CO-OPERATIVE HOMES INC.



When would you like to move in? _____

How much notice are you required to give at your present residence? _____

Present Landlord: _____

Present Landlord: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Length of Stay: _____

Length of Stay: _____

Is there any reason your present landlord should not be called? If yes, please explain:

If less than 2 years, please give previous landlord:

Landlord: _____

Landlord: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Length of Stay: _____

Length of Stay: _____

Present Rent: _____

Present Rent: _____

FOR OFFICE USE ONLY

Application Received [] Date: _____ Signature: _____

Application Fee Received [] Date: _____ Signature: _____

Approved for Membership [] Date: _____ Signature: _____

Unit is Available for Occupancy [] Date: _____ Signature: _____

Housing Agreement Signed [] Date: _____ Signature: _____

