

Dear Applicant:

Thank you for considering our housing co-operative for your future housing needs. Enclosed is an application form for Eburne Landing Housing Co-op.

To apply for membership, please complete the attached application and mail to this address:

Eburne Landing Housing Co-operative  
Attention : Membership Committee  
#101 – 8828 Hudson Street  
Vancouver, BC V6P 4N2

Should a vacancy become available that meets your needs, we will contact you for an interview. ***Please note at the time of the interview you are required to pay a \$25.00 cash only credit check processing fee.***

*Interview will not take place if you do not have the processing fee*

Please be aware that the Co-op bases its selection on many factors including the current needs of the co-op and the need of those applying. We keep applications on file for 6 months. If you wish to remain on our waiting list, please inform us every 6 months: otherwise, your application will be removed.

Sincerely,

Eburne Landing Housing Co-op

**EBURNE LANDING HOUSING CO-OPERATIVE  
8828 HUDSON STREET  
Vancouver, B.C. V6P 4N2  
Tel/Fax (604) 261-0063**

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**This information sheet is for your reference only.**

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**LOCATED IN WEST VANCOUVER "MARPOLE" AREA AT THE CORNER OF 72<sup>ND</sup> AND HUDSON STREET. WALKING DISTANCE TO TRANSIT AND SHOPPING.**

**1, 2, AND 3 BEDROOM UNITS  
MINIMUM MONTHLY INCOME REQUIRED TO QUALIFY.**

**SHARE PURCHASE IS REQUIRED FOR ALL UNITS.**

**1-BEDROOM = \$1,000**

**2-BEDROOM = \$1,200**

**3-BEDROOM = \$1,400**

**\* NO SUBSIDIES AVAILABLE AT THIS TIME**

- ❖ Housing charges include utilities and secure underground parking.
- ❖ Pets welcome.

**As requested, an application for membership is enclosed**

- ❖ Please complete the attached form and return it as soon as possible.
- ❖ Please include pertinent information of income including copy of current pay stubs for all household members applying.

When your application is received, your name will be placed on the appropriate wait list for potential membership.

All applicants will be interviewed prior to acceptance, but not until a unit becomes available. Interviews are conducted by the Membership Committee. You will be contacted to schedule an interview time.

**THANK YOU FOR YOUR INTEREST IN EBURNE LANDING HOUSING CO-OPERATIVE**

## EBURNE LANDING HOUSING CO-OPERATIVE APPLICATION FOR MEMBERSHIP

Please complete this application in its entirety and return to the address on the covering letter.

"I hereby apply for membership in the EBURNE LANDING Housing Co-operative. I hereby acknowledge I will be required to purchase shares in the EBURNE LANDING Housing Co-operative as called for by the Board of Directors. I hereby agree to observe and be bound by the Rules and Occupancy Agreement of the Co-operative."

**Unit Size you are applying for:**

One Bedroom	Two Bedroom	Three Bedroom
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<b>Applicant Name</b>	<b>Date of Birth</b>
<b>Address</b>	
<b>Home Phone</b>	<b>Work Phone</b>

**If applicable**

<b>Co-Applicant Name</b>	<b>Date of Birth</b>
<b>Address</b>	
<b>Home Phone</b>	<b>Work Phone</b>

**Names and birth dates of all other people who will reside with you:**

<b>Last Name Initial</b>	<b>First Name</b>	<b>Date of Birth</b>

<b>Special needs:</b>

**Emergency Contact**

<b>Name:</b>	<b>Phone Number</b>
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<b>Parking Requirements:</b>	<b>Pets:</b>
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EBURNE LANDING Housing Co-op allows a small dog or cat. All pets must be spayed or neutered and registered with Eburne Landing Housing Co-op.

**EBURNE LANDING HOUSING CO-OPERATIVE  
APPLICATION FOR MEMBERSHIP**

**Residences or Landlords in the past three years:**

Dates	Landlord Name	Address	Phone

Are you presently a home-owner, renter or residing in a housing Co-op? Please provide details:

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Tell us about the volunteer experience you have:

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**Your employment history in the past three years:**

Dates	Employer Name	Supervisor Name	Employer Phone #

**Your Co-habitants employment history in the past three years (if applicable)**

Dates	Employer Name	Supervisor Name	Employer Phone #

List three reasons why you think living at EBURNE LANDING Housing Co-op would be better than where you are now living:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**EBURNE LANDING HOUSING CO-OPERATIVE  
APPLICATION FOR MEMBERSHIP**

What disadvantages can you see to co-operative living?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

At EBURNE LANDING Housing Co-op all members and associate members are required to participate. You are expected to attend General Membership Meetings, participate in work parties and serve on the Board of Directors or one of the committees. Which of the following committees would you be prepared to participate on:

\_\_\_\_\_ Membership                      \_\_\_\_\_ Landscape                      \_\_\_\_\_ Property

I/We hereby authorize EBURNE LANDING Housing Co-operative and Canada Mortgage and Housing Corporation to verify and confirm the enclosed income information in whatever way they may deem appropriate. I/We certify that the information given in this application form is true, complete and correct in every detail and fully discloses my/our income from all sources. I/We understand this declaration has the same force and effect in law, as a sworn statement under the Canada Evidence Act.

I/We also hereby consent to EBURNE LANDING Housing Co-op its agents or employees receiving credit information from any credit agency or other person having such information and receiving information concerning my/our current or past residences from persons have such information. All such information received shall be considered confidential and shall not be revealed to anyone other than for the purpose of application for membership in EBURNE LANDING Housing Co-operative.

Date: \_\_\_\_\_

Applicant's  
Signature: \_\_\_\_\_

Co-Applicant's  
Signature: \_\_\_\_\_  
(if applicable)

**PLEASE COMPLETE THE NEXT PAGE  
FINANCIAL INFORMATION IS LISTED SEPARATELY IN COMPLIANCE WITH PIPA (PERSONAL  
INFORMATION AND PROTECTION ACT)**

## EBURNE LANDING HOUSING CO-OPERATIVE APPLICATION FOR MEMBERSHIP

List all sources of income. Use present gross annual income (before deductions) in all categories for all adult residents of the household.

**All financial information is held in the strictest of confidence and in compliance with  
PIPA (Personal Information and Protection Act).**

Source of Income	Applicant	Co-applicant	Other	Other
Annual Salary or Commission				
Self Employment				
Employment Insurance				
Pension				
GAIN				
Interest on Investments				
Child Support Alimony				
Other Income				
Other Income				
Other Income				
Total Gross Annual Income for each Adult Applicant				

# EBURNE LANDING HOUSING CO-OPERATIVE APPLICATION FOR MEMBERSHIP

Personal information protection statement

[All applicants are to sign this at the same time as their application form]

1. I agree that Eburne Landing Housing Co-operative may keep the following information about me:
2. Financial information to set initial housing charges based on household income. If I do not qualify for subsidy, the co-op will destroy this information one year after making that decision.
3. Financial information on household income when I/We move into the co-op and my initial market housing charges. This is in case I/We need to apply for help from the Co-op Security of Tenure Fund in the future. [Only for FCHP (ILM) Co-ops as they have a Security of Tenure Fund]
4. Eligibility information to qualify for the supplementary Home Owner Grant
5. Co-op census information, including a record of all residents in each unit for security
6. Relationship of co-applicant to applicant, dates of birth of applicant and all future occupants – if this is required to establish the size of unit for my household, based on Co-op occupancy standards, or to establish subsidy and housing charges.
7. Date of birth for purposes of conducting a credit check and reporting unpaid debts to a collection agency or credit bureau.
8. Whether I/We meet the age requirements for membership [16, 17, 18 or 19] as set out in the Co-op's Rules [and a senior's unit (55 years or older) – for Homes BC Co-ops only.]
9. I agree that this personal information may be made available to people in the following positions:
  - ❖ Co-op auditor
  - ❖ Employees of [CMHC and/or BC Housing]
  - ❖ Municipal employees dealing with the Home Owner Grant (for grant application)
  - ❖ Co-op lawyer
  - ❖ Designated staff [or committee member(s) – give the position of the committee member(s), or committees, or directors or officers] who have designated official duties for:
    - ✓ Applications for membership.
    - ✓ Income review and setting housing charges, [including applications for security of tenure fund.
    - ✓ Applications for the Home Owner Grant.
    - ✓ Collecting signatures for the Home Owner Grant.
    - ✓ Collecting co-op census information.
    - ✓ Credit checks.
    - ✓ Landlord and other reference checks.
    - ✓ Maintaining secure filing and storage of personal information (both hard copy and computer)
    - ✓ Board of Directors only if it is in connection with the Board's official duties
    - ✓ Credit check agency (for credit check only when you first applied for membership)
    - ✓ General meeting only if it is relevant to an appeal I make of a Board decision.
10. I understand that Eburne Landing Housing Co-operative will use the information to
  - ❖ Contact me about this application
  - ❖ Determine my eligibility for housing and membership in the Co-op
  - ❖ Establish the size of unit for my household, based on co-op occupancy standards
  - ❖ Decide if I qualify for subsidy/[Security of tenure fund] and to calculate the subsidy and housing charges yearly
  - ❖ Determine eligibility for supplementary Home Owner Grant
  - ❖ Ensure safe evacuation of all household members in case of emergency [and for security purposes especially in areas of high crime rates]
  - ❖ Conduct a credit check before accepting my application
  - ❖ Comply with the co-op's operating agreement or program rules with [CMHC (Canada Mortgage and Housing Corporation) and/or BC Housing]
  - ❖ Decide on any request for an internal move
11. I understand that the co-op will destroy personal information that it no longer needs:
  - ❖ One year after a decision was made for credit checks and for any information on inactive applicants
  - ❖ Seven years for financial information on members.

I have read and received a copy of this statement.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

[All members of the household 16 years of age and older must sign this statement.]