

Fee Paid:
Receipt No.:
Application No.:

**Greenheart**  
**Not-For-Profit Housing Co-op Ltd.**  
c/o 425 Elgin Avenue, Winnipeg MB R3A 1P2  
Phone 204-942-0991

***The following MUST accompany this application. Your application will not be processed without:***

- ***\$25 non-refundable application fee***
- ***Certified Income Tax Return (Option C) for all members of your household who are 18 years of age or older. Please call Canada Revenue Agency at 1-800-959-8281 to obtain this document. We CANNOT accept copies of your income tax return or T4s.***
- ***If you are in receipt of Employment and Income Assistance, a current budget letter stating the benefits you are receiving***
- ***Landlord references. If you do not have 5 years history of rental, you must provide three written character references from individuals who have known you for a minimum of 2 years stating how they know you, how long they've known you and what type of person you are. These references cannot be from somebody who is related to you. Contact information for the references MUST be provided.***

# **Greenheart Not-For-Profit Housing Co-op Ltd.**

## **PRIVACY POLICY**

The Federal Government of Canada has passed the PIPED Act to address the growing concerns about the amount of personal information that governments, business, and other organizations collect. The PIPED Act regulates how organizations collect, use and share personal information.

1. Greenheart Not-For-Profit Housing Co-op, and its appointed Personal Information Protection Officer will work together to ensure that Greenheart Not-For-Profit Housing Co-op is compliant with the Personal Information Protection and Electronics Documents Act, and its underlying principles.
2. Greenheart Not-For-Profit Housing Co-op and its appointed Personal Information Protection Officer will ensure that any inquiries or complaints about how the Co-op collects, uses and shares personal information will be responded to in a timely manner.
3. Greenheart Not-For-Profit Housing Co-op will collect only the personal information necessary to fulfill the Co-op's duty to its members, by-laws and to government through sound management of the Co-op.
4. Greenheart Not-For-Profit Housing Co-op will obtain the permission and consent of any individuals to collect, use or share any personal information about them.
5. Greenheart Not-For-Profit Housing Co-op will store any personal information to restrict access by unauthorized individuals.
6. Greenheart Not-For-Profit Housing Co-op will securely destroy any personal information no longer needed by the Co-op.
7. Individuals may request access to personal information Greenheart Not-For-Profit Housing Co-op has collected about them. Greenheart Not-For-Profit Housing Co-op will correct any demonstrable errors in an individual's personal information brought to its attention.

## **Rental Reference Release Form**

I, \_\_\_\_\_ of \_\_\_\_\_

give permission for S.A.M. (Management) Inc. to provide/obtain a rental reference to/from any prospective/previous/current landlord. I understand that the following information will be discussed;

- How much my rent is and if I pay on time?
- How long I have been a tenant?
- Has proper notice been given?
- Have I had any NSF cheques?
- Have there been any complaints of nuisance and disturbance?
- Have there been any problems with my tenancy?

\_\_\_\_\_  
(Applicant signature)

\_\_\_\_\_  
(date)

# **Greenheart Not-For-Profit Housing Cooperative Ltd.**

## **Application for Membership and Housing Accommodations**

Hereafter, Greenheart Not-For-Profit Housing Cooperative Ltd., will be referred to as GHC Ltd.

### **Application for membership:**

I/We hereby make an application for membership in the Greenheart Not-For-Profit Housing Co-op Ltd.

**We understand that membership includes the responsibility to participate in the maintenance of the cooperative and its premises**

I/We understand that there is a non-refundable payment in the amount of \$25.00 to apply for Membership and Housing Accommodation.

I/We understand that there is a payment in the amount of \$500.00 to become a member of the GHC Ltd. broken down as follows:

One (1) Membership Share	-\$10
Forty-nine (49) additional Membership Shares	-\$490 (for persons accepted to occupy a unit)

I/We understand and agree that approval of this application for membership, in itself does not entitle me/us to occupancy of a housing unit or to any other services of the GHC Ltd. which may from time to time, be provided by this Co-op for its members.

## Personal Information (Please Print)

APPLICANT #1	APPLICANT #2
Name:	
Surname      Given Names	Surname      Given Names
S.I.N.:	
Address:	
Postal Code:	
Telephone:	
Day      Evening	Day      Evening

OTHER MEMBERS OF THE HOUSEHOLD				
Name	M/F	Birth Date (m/d/y)	Dependant (Check Box)	
			Yes	No

VEHICLES		
Make/Model	Year	Colour

DO YOU OR ANY OF YOUR HOUSEHOLD, HAVE A PHYSICAL DISABILITY?
Yes _____ No _____
If yes, please describe the nature of the disability and if you require any special accommodations or companion requirements: _____ _____

EMERGENCY CONTACT	
Name:	
Address:	
Phone Number	Relationship(Optional):

I/we authorize GHC Ltd. to contact the emergency contact in the event of an emergency. Emergencies are events such as, but not necessarily limited to; fire, life-threatening illness or injury, or death.

I/we authorize GHC Ltd. to contact the emergency contact in the event of an emergency and provide the above with any information that the Co-op believes would be in my/our best interests. I/we understand that the above information will be kept on file.

- I/we declare that I/we believe my/our monthly income will be able to meet our monthly housing charge obligations for residency at GHC Ltd. I/we understand that the information contained within this document will be kept on file until we are approved for membership, at which time it will be destroyed
  
- I/we declare that I/we believe my/our monthly income will not be able to meet our monthly housing charge obligations for residency at GHC Ltd. and will be applying for housing charge subsidy. I/we will complete the information on the reverse to determine our eligibility for subsidy. I/we understand that the information contained within this document will be retained for as long as I/we participate in the subsidy program, and that this information will only be used for the determination of our eligibility for subsidy, and will not be shared with anyone other than employees of GHC Ltd.

Signed,

\_\_\_\_\_  
Applicant #1

\_\_\_\_\_  
Applicant #2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# Income Verification & Housing Subsidy Confirmation

(Please Print)

<b>Applicant #1</b>					
<b>Name</b>					
			Surname	Given Names	
Employer/ Source of Income	Telephone Number	Contact Person	From Month/Year	To Month/Year	Monthly Income
			/	/	\$
			/	/	\$
			/	/	\$
			/	/	\$

<b>Applicant #2</b>					
<b>Name</b>					
			Surname	Given Names	
Employer/ Source of Income	Telephone Number	Contact Person	From Month/Year	To Month/Year	Monthly Income
			/	/	\$
			/	/	\$
			/	/	\$
			/	/	\$

<b>Other Sources of Family Income (If Any)</b>					
Employer/ Source of Income	Telephone Number	Contact Person	From Month/Year	To Month/Year	Monthly Income
			/	/	\$
			/	/	\$
			/	/	\$
			/	/	\$

<b>Banking Information</b>
Bank/Credit Union:
Branch Address:
Telephone:

## Housing Information (Please Print)

Do you currently own \_\_\_\_\_ Rent \_\_\_\_\_

Live with friends or Family? \_\_\_\_\_

Present landlord or Mortgage Company:

Address \_\_\_\_\_

Telephone \_\_\_\_\_

How Long? \_\_\_\_\_

Previous Address (If less than 3 years)

\_\_\_\_\_

Landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_

How Long? \_\_\_\_\_

Have you ever been a member or a resident of Greenheart Co-op Ltd?

Yes          No

If yes, when and for how long? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

\_\_\_\_\_

Number of Bedrooms required:    One     Two     Three

Do you require parking?

Yes          No  
(Please Circle)

## Co-op Volunteer Information:

Co-op living, unlike regular apartment living, means to share in the living and maintenance of the building. This means, it requires strong membership involvement if we are to remain successful. If you become a resident of GHC Ltd., you will be expected to contribute a reasonable amount of time to the Co-ops programs and activities.

Which of the following kinds of activities would you be willing to volunteer for?

- Administrative: Board members / committees
- Clerical: Typing / minute taking / record keeping
- Leisure: Crafts / musical / baking / decorating
- Organizing: Special events / recreation / meetings
- Maintenance: Carpentry / plumbing / electrical / cleaning / lawns & snow
- Communications: Interviewing / teaching / writing
- Other: \_\_\_\_\_

Please describe your level of participation in the community:

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I/We understand that GHC Ltd., is formed for the purpose of providing housing at cost to its members and that membership includes the responsibility to participate in the Co-op and its activities.

I/We understand that accommodation in GHC Ltd. depends on being accepted for membership, in the Co-op, by an interview from the members selection committee.

I/We understand that should my/our subsidy application be rejected or revoked we are fully responsible for the full payment of the housing charges.

I/We hereby agree to comply with the terms of the general by-laws, rules and regulations, housing agreements and operating policies of the GHC Ltd. for its members.

I/We declare that all information on this application is true and correct and hereby authorize the GHC Ltd. or the representative of GHC Ltd., to verify any and all of the information herein, including information relating to family members, spouses and/or roommates as listed herein. Any reproduction of this authorization will be considered sufficient for the stated purpose of confirmation/verification.

I/We declare that I/We understand and agree, that any misrepresentation such as under-declaration of household income, financial information, failure to disclose the number of persons residing with applicants, and other similar acts will give the Co-op enough valid reason to rescind, revoke or terminate my /our membership with the Co-op.

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

Signature of Applicants: \_\_\_\_\_

Board members signatures: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

Accepted:      Yes      No

To assist Greenheart Not-For-Profit Housing Co-op LTD. with your application, please complete this questionnaire as thoroughly as possible.

Co-op Lifestyle Involvement:

How did you hear about Greenheart Not-For-Profit Housing Co-op?

If you were referred by a member of Greenheart Not-For-Profit Housing Co-op please provide his/her name.

Why did you choose to apply for residency at our Co-op?

Can you tell us how long you think your length of stay at Greenheart will be?

In your opinion, what is a housing Co-op?

What do you expect to gain by residency in Greenheart?

What you ever lived in a housing co-op before?      Yes / No

Have you ever served as a volunteer, if so, in what capacity and why?

Do you agree or disagree with the fact that some "operating guidelines" are required in order to ensure a smooth operation of the housing Co-op? Why?

What is the difference, in your opinion between living in a single family dwelling as compared to a townhome or apartment?

How would you resolve a misunderstanding with a neighbor should it arise?

How would you deal with adults and/or children that abuse, vandalize or neglect the co-op and property should it occur?

How would you be willing to contribute to the betterment of our community?

Financial:

How important is your personal credit rating?

Assume that you could not pay your housing charges on the 1<sup>st</sup> of the month, how would you deal with the situation?

Do you believe that your present income can meet and support the present housing charges?

Maintenance

How quickly do you think a repair should be reported to the office?

\_\_\_\_\_  
What is the reasonable time frame for response to your request for repairs?

\_\_\_\_\_  
How would you contribute to the exterior appearance and beautification of the housing co-op?

\_\_\_\_\_  
Please explain briefly how you would maintain the exterior condition of your unit and yard/balcony in the summer, and in winter.

\_\_\_\_\_  
The Co-op practices and enforces Fire Safety Regulations by the City of Winnipeg, which may require unscheduled access to your unit/suite. What are your feelings on this?

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

Signature of Applicant #1: \_\_\_\_\_

Signature of Applicant #2: \_\_\_\_\_