

ARTEMIS HOUSING CO-OP LTD.

APPLICATION FOR OCCUPANCY

(Please print)

NAME (S) _____ PHONE _____

PRESENT ADDRESS _____

(Postal Code)

PRESENT LANDLORD _____ PHONE _____

OCCUPIED SINCE: MONTH _____ YEAR _____ RENT AMOUNT \$ _____

PREVIOUS ADDRESS _____ OCCUPIED FROM _____ TO _____

(if above is less than three years)

PREVIOUS LANDLORD _____ PHONE _____

PERSONAL REFERENCE

NAME _____

ADDRESS _____ PHONE _____

EMPLOYMENT / INCOME INFORMATION

ADULT APPLICANT I ___ Employed ___ Self-Employed ___ Unemployed
 ___ Other, Describe _____

EMPLOYER'S NAME _____ PHONE _____

OR FINANCIAL WORKER _____ PHONE _____

ADDRESS _____

DATE EMPLOYED _____ MONTHLY INCOME _____

ADULT APPLICANT II ___ Employed ___ Self-Employed ___ Unemployed
 ___ Other, Describe _____

EMPLOYER'S NAME _____ PHONE _____

OR FINANCIAL WORKER _____ PHONE _____

ADDRESS _____

DATE EMPLOYED _____ MONTHLY INCOME _____

BANK _____ BRANCH _____

Why are you interested in the Committee(s) chosen? _____

What skills do you feel you have to contribute? _____

General Information:

How did you hear about Artemis Co-op? _____

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

Have you lived in a Housing Co-op or been involved in any other type of Cooperative? If so, please give details

Are you now or have you been involved in any kind of volunteer activity? If so, what kind? _____

Do you have any questions about living in a Co-op that have not yet been answered? _____

****** DECLARATION ******

I understand that Artemis Housing Co-op Ltd., is formed for the purpose of providing housing for its members and that membership includes the responsibility of participating in the Co-op.

I understand that accommodation in Artemis Co-op Ltd. depends on being accepted for membership in the Co-op and that I will be interviewed by the Co-op Member Selection Committee.

I DECLARE THAT ALL INFORMATION IN THIS APPLICATION IS CORRECT AND HEREBY AUTHORIZE THE REPRESENTATIVES OF ARTEMIS CO-OP LTD. TO VERIFY ANY OR ALL OF THE INFORMATION CONTAINED HEREIN INCLUDING PERSONAL, EMPLOYMENT AND FINANCIAL INFORMATION.

INFORMATION REGARDING YOUR HEALTH STATUS WILL BE STRICTLY CONFIDENTIAL.

Signed this _____ day of _____ 20 ___, at the City of Winnipeg.

Signature

I understand that checking this box and typing my name in the signature line constitutes as a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

Signature

I understand that checking this box and typing my name in the signature line constitutes as a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

RETURN TO:

S.A.M. (MANAGEMENT) INC.
200 – 1080 PORTAGE AVENUE
WINNIPEG, MANITOBA R3G 3M3
(204) 942-0991