

# Cougar Canyon Housing Co-Operative Application

**Please return your application with your \$20.00 application fee ( Personalized checks only)**

In order for you to better understand what it means to be a part of a Co-op please take the time to read the following information before submitting your application so that you can make a more informed decision as to whether or not Co-op living is a suitable lifestyle for your family.

Co-operative living means a family oriented neighbourhood, which promotes growth of all members young and old. The people who live in the Co-op are its members. From the beginning, members decide the planning and day to day management of the Co-op by serving on committees with various responsibilities such as new member selection, maintenance and finance. Each year members also elect from amongst themselves a Board of Directors to run the Co-op. Co-op members make the rules, set the policies, approve the budgets and do all the work involved in running and maintaining the development.

The units in the Co-op are not individually owned. The Co-op owns the building and the property and the members lease their units from the Co-op. Instead of rent, members pay a monthly housing charge that is based on the actual operating cost.

Cougar Canyon Housing Co-operative is a 24 - unit townhouse complex located in North Delta. We have one, two and three bedroom units.

<b>Size</b>	<b>Housing Charges</b>	<b>Share Purchase</b>
6 -1bedroom units	\$ 850.00	\$1900
12- 2bedroom units	\$ 950.00	\$1900
6 - 3bedroom units	\$ 1025.00	\$1900

The housing charge represents "full market" value. Subsidized units are limited, and as a result, waiting list for these units can be quite long.

## **Shares**

Please note that your share purchase of \$1900 needs to be paid in full by cheque/money order within 7 days after being accepted to secure the right to move in.

## **Insurance**

All members are required to obtain contents insurance and must show proof of this insurance annually. Insurance must be purchased prior to occupancy of any unit within Cougar Canyon Co-op.



## Pets

Two pets are permitted per unit in the Co-op and members are expected to abide by the rules and regulations of the pet policy. Cats and dogs must be spayed or neutered and shots must be kept up to date. All pets must be on a leash at all times. A \$100 pet deposit is required for the second pet.

## Income Tested Assistance (Subsidy)

Occupants of the Co-op can receive income –tested assistance toward housing charges on an established scale related to their income. Income tested occupants must pay 25% of their income in housing charges. Here are some examples below:

Gross income \$2000/month	Gross income \$3000/month	Gross income \$3800/month
<u>X25%</u>	<u>X25%</u>	<u>X25%</u>
\$500	\$750	\$950

***These are just rough examples of what your monthly housing charges could be.***

## Members' Responsibilities

The Co-op is an independent organization run by the members and annually elected Board of Directors. Various member committees assist the Board in running the Co-op (Maintenance, Membership, and Finance, etc...) Members are expected to attend the bi-monthly general meetings as well as serve on a committee of their choice, which holds monthly meetings.

The Co-op expects responsible active members who will abide by the rules of Cougar Canyon Co-op's Occupancy Agreement and Policies. Failure to comply with the rules and policies or failure to attend general meetings may result in a membership review by the Board of Directors.

## Applications

Applicants must submit a completed application form prior to consideration for membership. Incomplete applications will not be accepted. Representatives of the Membership Committee will interview potential members. More than one interview may be conducted. References and credit checks will be required. When returning your application a \$20.00 processing fee is required, payable by cheque or money order to Cougar Canyon Co-op. If your cheque is returned NSF, your application will not be considered.

Do you want to become a member of Cougar Canyon Housing Co-operative?

Are you able and willing to commit your time and skills to community living? Are you able to meet the financial obligations of the share purchase, insurance and monthly housing charge? Are you able to provide references and confirmation of monthly income? Please take the time to consider if Co-operative living is suitable for you and your family. We look forward to receiving your application.

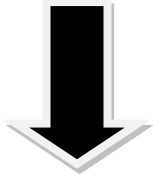
**Please keep this page for your records**



# Application Form

Cougar Canyon Co-Operative Housing  
6800 - 6846 Nicholson Road, North Delta, BC V4E 3G5  
[www.cougarcanyoncoop.com](http://www.cougarcanyoncoop.com)

## Important



Please review this checklist and make sure that, when this application is sent in, all documents are included.

**Missing information** will slow down the processing of your application.

**Submit your completed application to:**

***Cougar Canyon Co-op  
6842 Nicholson Road  
North Delta, BC  
V4E 3G5***

**Email:**  
[admin@cougarcanyoncoop.com](mailto:admin@cougarcanyoncoop.com)

**Website:**  
[www.cougarcanyoncoop.com](http://www.cougarcanyoncoop.com)

## HOUSING REQUIREMENT

Unit Size:  1 Bedroom  2 Bedroom  3 Bedroom

A minimum of one person & a maximum of two per bedroom unit. As per the Municipality of Delta bylaw children over the age of 5 of opposite sex may not share a bedroom. The basements of Cougar Canyon Co-op CANNOT be used as a bedroom.

### **\*\*Purpose of this form\*\***

The purpose of the application form is to collect specific information from applicants (the person filling out the form) seeking housing in accordance with section 26 (c) of the Freedom of Information and Protection of Privacy Act.

Cougar Canyon Co-op will use this information to:

- Determine eligibility for subsidized housing
- Assess housing need

### **Other important information**

Applicants may be contacted for more information, which may involve providing supporting documents.

Date \_\_\_\_\_

### 1. Applicant Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

#### Co-Applicant

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

### 2. Contact Information

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

### 3. Household Information

3a List yourself, than all other household members. If required, attach separate sheet for more names.

Last Name	First Name	Relationship (To Applicant)	Birth Date (dd/mm/yyyy)	Age	Sex

3b Do all of the people listed above live with you full time right now?  Yes  No

If No, please provide the name of the person(s) and number of days per week they live with you.

Name	# of days per week	Shared custody? Yes/No	If not shared custody, why are they not living with you full time?

3c Do you expect the number of people living with you to change in the next 12 months?  
 (ie. pregnancy, family joining, family leaving, child in care)  Yes  No

If yes, please explain and provide expected date of household size change:

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#### 4. Residency History

4a Please provide information on your last three landlords

Rental Address (street, city)	From Date (dd/mm/yyyy)	To Date (dd/mm/yyyy)	Landlord Name	Landlord Phone #	Reason for Leaving

4b Have you or any members of your household ever lived in subsidized housing?  Yes  No

If Yes, provide information for all previous subsidized housing

Name of Tenancy	Name and Address of Development	Reason for Leaving	Money Owning? Yes/No

#### 5. Income Assistance Information

5a Is anyone in the household receiving income assistance from the Ministry of Employment and Income Assistance (MEIA)?  Yes  No

If yes, please complete the table below for each person receiving assistance:

First Name	Category: a)Employable b)Person with Disabilities c)Person with Persistent Multiple Barriers

5b If anyone in the household is receiving income assistance from the Ministry of Employment and Income Assistance (MEIA) we will need their case worker's name, address and phone number.

If yes, please complete the table below for each person assigned a case worker.

Name of Case Worker	Address	Phone Number	Case #

5c For all other income sources, list gross monthly income (before deductions) for everyone aged 19 and older.

First Name	Income Source	Gross Monthly Income (\$)

Total gross monthly income for household \$ \_\_\_\_\_

5d For any adult (aged 19 or older) with no income, please tell us why there is no income.

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**\*\*If any adult (aged 19 or older) is a full-time student, attach proof of student status to application\*\***

## 6. Current Employment Verification for all Applicants over the age of 19

Applicant	Occupation	Company	Employer's Name	Employer's #	Start Date

**If less than two years at present employment please list previous employment:**

Applicant	Occupation	Company	Employer's Name	Employer's #	Start Date

For the purposes of this agreement: "Income" means the aggregate gross income, in whatever form received, of all aggregate gross income, or of an individual where applicable.

**PLEASE DO NOT INCLUDE CHILD TAX CREDIT OR GST AS FORM OF INCOME**

***\*\*\*Please note that your share purchase of \$1900 needs to be paid in full by cheque or money order within 7 days of being accepted\*\*\****

## 7. Current Accommodation

7a Do you:  Rent  Own  Share expenses  Other \_\_\_\_\_

7b How much is your rent payment? \$ \_\_\_\_\_ Is this:  Nightly  Weekly  Monthly

Do you pay extra for heat?  Yes  No

7c How many bedrooms does your current household have? \_\_\_\_\_

7d Please describe your current living arrangements:

House/Townhouse  Apartment/Basement Suite  Hotel/Motel

Second-stage housing  Manufactured home/Trailer  Transition House

Housekeeping/Room and Board  Living with family or friends  Emergency Shelter

Treatment centre or care facility  Other Describe: \_\_\_\_\_

7e Have you received a legal notice to end tenancy?  Yes  No

**If yes**, what date do you have to move by? \_\_\_\_\_

**\*\*Please attach a copy of the notice to end tenancy to the application. This notice must be the Residential Tenancy Branch's Notice to End Tenancy form.**

7f If you are **NOT** under notice to move, please tell us why you want to move. (If more room needed to write, attach a letter)

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7g Are you fleeing from an abusive situation?  Yes  No

## 8. Health and Mobility Information

To assist with matching you to our co-op, please complete the following questions. If you do not have a health condition or disability go to Section 9.

8a Do you, or any members of your household, have restrictions with stairs?

No restrictions  Cannot manage stairs  Limited number of stairs. How many? \_\_\_\_\_

8b Do you, or any members of your household, use a:

Wheelchair?  Yes  No Scooter?  Yes  No

8c Other than mobility concerns, do you, or any member of your household, have a health, mental or physical disability that would prevent you from participating?  Yes  No

Name of household member	Explain the health condition or disability

How does the health condition or disability described above affect your ability to function in your current housing?  
Please explain:

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**\*\*\*Please note that Cougar Canyon Co-op is not handicap equipped, we are not able to provide upgrades or structural changes to accommodate\*\*\***

8d Do you currently receive home support?  Yes  No  
If yes, number of hours a week? \_\_\_\_\_

Who is the agency providing the home support?

Agency Name	Worker	Phone Number

### 9. Housing Preference/Choices

Answers to the questions below will help the Co-op match you to suitable units.

9a If accepted into Cougar Canyon Co-op, you must be willing to volunteer your time, as participating is mandatory for every household member. How many hours a month will you be able to contribute to co-op activities? \_\_\_\_\_

9b Do you have any pets?  Yes  No

Provide the following information for all household pets

Type	How many	Willing to give up? (Please check)	Breed (s)	Size (s)
Dog		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> All but one		
Cat		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> All but one		
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> All but one		

**Pet Policy: Two pets permitted per unit. All applicants must have documentation before move in.**



It is mandatory for co-op members to participate in the operation and management of the co-op. Please indicate your areas of interest:

Maintenance     Finance     Membership     Social Committee

Please answer the following questions:

Please list the skills that you and your co-applicant can contribute to Cougar Canyon Co-op

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What does participation mean to you?

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How do you think co-op living is different from renting and owning your own home?

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Do you have any family or friends at Cougar Canyon Co-op? If yes, who?

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How did you hear about Cougar Canyon Co-op?

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# APPLICATION FORM DECLARATION

## I/we declare:

- This is my/our application and all the information in it is correct and complete to the best of my/our knowledge.

## I/we authorize:

- Pursuant to the Freedom of Information and Protection of Privacy Act (the FOI Act), Cougar Canyon Co-op to make any inquiries that are necessary to verify the information given in the application;
- Pursuant to the FOI Act, any person, corporation or social agency to release to Cougar Canyon Co-op, any information pertinent to the assessment of my/our application;
- Cougar Canyon Co-op to receive and exchange with credit bureaus and my/our previous landlords, credit and other information about me/us to be used in the decision making process to provide me/us with housing;
- Ministry of Employment and Income Assistance (MEIA) to release information to Cougar Canyon Co-op regarding my/our income and information from my/our Person with Persistent Multiple Barriers or Person with Disabilities application;

## I/we understand:

- That this application is not an agreement on the part of Cougar Canyon Co-op or its members to provide me/us with housing;
- That it is my/our responsibility to tell Cougar Canyon Co-op of any changes to the information given in this application and to provide any supporting materials required;
- That false information given by me/us may result in my/our application being cancelled from consideration;
- That if I/we have deliberately worsened my/our current housing situation (e.g. terminated a tenancy for no reason) that my/our application may not be accepted or my/our current living situation may not be taken into consideration.

### **Application must be signed by everyone age 19 years or older**

Print Name*	Signature of Applicants	Date

***\*Please note that if you choose to submit this application electronically, by typing your name below, you agree that this is valid as your signature.***