

Twin Oaks Housing Co-operative

Membership Committee

P.O. Box 30057

Reynolds Postal Station

3943C Quadra Street

Victoria, BC

V8X 3E0

Email: twinoaksmembership@gmail.com

Dear Applicant,

Thank you for applying to Twin Oaks Housing Co-operative. Please complete this application and return to the address listed above, or scan and email to the email listed above. Your application will be placed on our waitlist and we will contact you if you are being considered for an available unit.

All personal information will be used in strict confidence to evaluate your application. Due to the number of applications we receive, we are unable to acknowledge every application. Vacancies vary from year to year. Receipt of your application places you on the waitlist but does not guarantee you will be selected for an interview.

If you would like your application to remain on our waitlist, please send us a letter every 12 months expressing your continued interest and any changes to the information on your application (ie. income, family size, address, phone number, email, etc.).

Please note that we are not offering subsidy at this time and new members are not eligible for subsidy for the first 3 years of occupancy.

Please do not include or attach copies of any of your financial information. It is up to each applicant to verify if their income meets the requirement for the unit available. Please see the gross annual income chart on the following page. Financial information/documentation will only be requested once the interview stage is reached.

Sincerely,

Twin Oaks Membership Committee

Twin Oaks Housing Co-operative

Twin Oaks Housing Co-operative is a 32 unit co-op located at 4030 Lochside Drive in Saanich near the intersection of McKenzie Avenue and Borden Street.

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|------------------|---|
| Shares: | Members are required to buy shares in the co-op. The share purchase is \$2,500. This amount is due either all at once upon member acceptance or payable over the first 3 months of occupancy. The first cheque must be certified. |
| Participation: | As a co-operative, we rely on member participation. Members are expected to attend all general meetings and to participate on Committees or the Board of Directors. |
| Insurance: | Proof of home insurance will be required prior to move-in. |
| Housing charges: | The monthly housing charges for each unit vary by size of the unit. These are subject to change annually as voted upon by the membership. |

Twin Oaks Housing Co-operative Application

Please print clearly. Incomplete applications will not be processed.

Office use only

of Bedrooms _____

Date received _____

Interviewed: _____

PERSONAL INFORMATION (Please include information on ALL persons to live in the unit)

Applicant's Surname: _____ Given Name(s): _____ Date of birth (D/M/YY): _____ Gender: M F	Address: _____ _____ Phone number(s): _____ Email: _____
Co-Applicant's Surname: _____ Given Name(s): _____ Date of birth (D/M/YY): _____ Gender: M F Relationship to Applicant: _____	Address: _____ _____ Phone number(s): _____ Email: _____
Family Member's Surname: _____ Given Name(s): _____ Date of birth (D/M/YY): _____ Gender: M F Relationship to Applicant: _____	Family Member's Surname: _____ Given Name(s): _____ Date of birth (D/M/YY): _____ Gender: M F Relationship to Applicant: _____
Family Member's Surname: _____ Given Name(s): _____ Date of birth (D/M/YY): _____ Gender: M F Relationship to Applicant: _____	Family Member's Surname: _____ Given Name(s): _____ Date of birth (D/M/YY): _____ Gender: M F Relationship to Applicant: _____

Do you expect the size of your family to change in the near future? _____

If yes, please explain: _____

What size of unit do you require? _____

Do you require an accessible unit? _____

PETS

Please complete this section if you have pets.

Type of pet: _____ Spayed/Neutered: Y / N

Type of pet: _____ Spayed/Neutered: Y / N

HOUSING BACKGROUND

Have you lived at your current address for more than 2 years? Y N

Current landlord's name and phone number: _____

If you have lived at your current address 2 years or less, please give your previous address and previous landlord's name and phone number:

How much do you pay in rent each month? _____

If you pay for utilities, how much do you pay per month? _____

Reason for leaving: _____

Have you lived in co-op housing before? YES NO

If yes, where? _____

Do you know anyone living at Twin Oaks Housing Co-op? _____

If yes, who? _____

Relationship to this person: _____

CO-OPERATIVE LIVING

Please list the reasons why you are interested in living in a housing co-operative: _____

Please tell us about any volunteer activities you have participated in: _____

Twin Oaks Housing Co-op has the following committees: Maintenance, Membership, and Social. The co-op also has an elected Board of Directors. Please list which committees interest you and identify any specific skills you have that would benefit the co-op (for example: yard work, painting, home repairs, minute-taking, event organization, etc.): _____

HOUSEHOLD INCOME

For your application to be considered you must meet the minimum monthly gross family income (before-tax) for the unit size listed below:

Unit Sizes:	Monthly Housing Charge:	Minimum Gross Annual Income:
1 bedroom apartment	\$700.00	\$33,000
1 bedroom apartment (accessible)	\$713.00	\$33,000
2 bedroom apartment	\$881.00	\$41,000
2 bedroom apartment (accessible)	\$893.00	\$42,000
2 bedroom townhouse	\$913.00	\$42,500
2 bedroom townhouse with garage	\$988.00	\$46,000
3 bedroom apartment	\$1104.00	\$51,000
3 bedroom apartment (accessible)	\$1117.00	\$52,000
3 bedroom townhouse	\$1270.00	\$59,000
4 bedroom townhouse	\$1368.00	\$64,000

You will need to provide proof of this income **if the co-op calls you for an interview.**

SIGNATURES

I/we understand that only the members of Twin Oaks Co-op may live in the co-op and I/we apply for membership, as set out below.

I/we understand that, if the co-op accepts me/us for membership and offers me/us a unit, I/we must buy a share purchase of \$2,500.

If accepted into membership, I/we agree to be bound by and to comply with the Rules, Occupancy Agreement, and Policies of the co-op in force and as amended from time to time.

I/we declare that all of the information in this application is correct. I/we give the co-op permission to verify any or all of this information, and to do a landlord check and a credit check. I/we understand that acceptance of membership depends on the co-op obtaining satisfactory results from a credit check.

Signatures of all household members who are at least 16 years of age:

Applicant

Applicant

Applicant

Date