

APPLICANT INFORMATION

(Each adult 16 years of age or older who will live in your unit **must** complete an application)

1. Applicant's name:

2. Applicant's birth date:

(M/D/YR) _____

3. Total number of adults (16+) in household:

4. Names of co-applicants:

5. Children (household members under 16) :

Name	D. of B.	Gender

6. Present address:

7. Postal Code _____

8. Telephone #:

a) Home: _____

b) Work: _____

9. What size unit would you like?

<input type="checkbox"/>	1 bedroom	<input type="checkbox"/>	2 bedroom
<input type="checkbox"/>	3 bedroom	<input type="checkbox"/>	4 bedroom

10. Do you need a wheelchair accessible unit?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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11. How did you hear about us?

<input type="checkbox"/>	Advertisement	<input type="checkbox"/>	Housing Auth.
<input type="checkbox"/>	Just Passing	<input type="checkbox"/>	Co-op Member
Their name:			
<input type="checkbox"/>	CHF/COCHF	<input type="checkbox"/>	Other

CO-OP RELATED QUESTIONS

1. What do you think "co-op living" means?

2. Apart from the location, why would you like to live at Bread and Roses?

3. List any volunteer experiences or community activities that you have done and consider significant.

4. Co-op members are encouraged to contribute some of their time to the running of the co-op.

Do you understand this expectation, and do you think you will be able to contribute your time to the running of the co-op?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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5. Would you have difficulty living here if your neighbour was HIV positive or living with AIDS?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Would you feel uncomfortable if your neighbour was:

6.

Of a different ethnic background from yours?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Of a different economic status from yours?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Of a different sexual orientation than yours?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

7. Will you learn, live by, respect and help develop the bylaws of Bread and Roses and participate fully in the Co-op?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**BREAD & ROSES
CO-OPERATIVE HOMES
(KITCHENER) INC.**
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Different grains, same loaf;
Rising and growing together!

Applying at Bread and Roses

(Please fill out all questions to the best of your ability)

EMPLOYMENT INFORMATION

IMPORTANT:

All information in this section is kept strictly confidential

1. S.I.N.: _____
2. Occupation: _____
3. Employer: _____
4. Employer's Address: _____
5. Employer's Phone #: _____
6. Gross Monthly Income: _____

MOVING DATE

When would you like to move in? _____

HOUSING CHARGE ASSISTANCE

Do you need to receive housing charge assistance in order to live at Bread and Roses?	
Yes	No

If you answered yes, please continue, otherwise skip to "Past and present accommodation"

Are you a

Canadian Citizen

Landed Immigrant

Valid Refugee Claimant

Has your local housing authority referred you?

Yes

No

PAST AND PRESENT ACCOMMODATION

1. Present address: _____
2. Postal Code: _____
3. Present Landlord: _____
4. Landlord's Phone #: _____
5. How long have you lived there? (# years): _____
6. Present Rent (per month): _____
7. Are utilities included? _____

8. Previous Landlord: _____
9. Previous Address: _____
10. Postal Code: _____
11. Previous Landlord's Phone #: _____
12. Years lived there: _____
13. List the names and phone numbers of any other housing co-op or non-profit that you have lived in before.

DECLARATION

I declare that the information given on this application is full and correct and that it may be used to establish credit worthiness or good references.

I understand that if I am accepted as a member and upon move-in, I am required to pay a \$15 non-refundable membership fee to the co-op.

NAME (print): _____

SIGNATURE: _____

DATE: _____

COMMENTS: _____

