

**RISHON HOUSING CO-OPERATIVE
APPLICATION FOR MEMBERSHIP**

Rishon Housing Co-Operative Application for Membership Checklist:**What to know before you apply**

- Read General Information Sheet.
- Check website **www.rishonco-op.yolasite.com** for suite availability.
- Use of hard drugs is prohibited.
- Smoking and Vaping of Tobacco and/or Cannabis is prohibited including for medicinal purposes & ritual practices.
- CANNABIS: Growing plants, processing, drying, curing, baking, cooking etc. including for medicinal purposes and ritual practices NOT ALLOWED anywhere on Co-op property including inside the suites and on balconies and patios.
- Adults 19 years and older, within the household, must apply for membership upon move-in (see #13).
- Landlord reference(s) required (see #4).
- Financial statement(s) required (see #8).
- Pets: 2 cats maximum, spayed/neutered (no dogs – see #10)
- Other than normal maintenance, Rishon is not required to make changes to existing suites or building.

FOR CO-OP USE ONLY:

Date received: _____

No. of Bedrooms: _____

1. Applicant:

Name: _____

Address: _____

Telephone: Home: _____

Work: _____

Cell: _____

Email: _____

Date of Birth: (M/D/Y) _____

Co-Applicant:

Name: _____

Address: _____

Telephone: Home: _____

Work: _____

Cell: _____

Email: _____

Date of Birth: (M/D/Y) _____

Current Employer Information:

Company Name: _____

Company Phone: _____

Position: _____

Hire Date: _____

Current Employer Information:

Company Name: _____

Company Phone: _____

Position: _____

Hire Date: _____

Previous Employment:

Company Name: _____

Company Phone: _____

Position: _____

Hire Date: _____

Previous Employment:

Company Name: _____

Company Phone: _____

Position: _____

Hire Date: _____

2. Other Household Residents. You MUST list below all potential residents including children and relatives:

Last Name	First Name	Date of Birth (M/D/Y)	Relationship To Applicant

3. Suite:

No. of bedrooms needed: _____

Do any members of your household have health conditions that affect your housing needs?

Yes ☐ No ☐ If Yes, please specify _____

4. Housing Background: A minimum of five (5) years of previous addresses are required:

Applicant

Current address: _____

Rent ☐ Own ☐ Co-op ☐

Landlord name: _____

Landlord email: _____

Landlord current phone # _____

Date of Residence (M/D/Y): from: _____

Reason for leaving: _____

Previous address: _____

Rent ☐ Own ☐ Co-op ☐

Landlord name: _____

Landlord email: _____

Landlord current phone # _____

Date of Residence (M/D/Y): from: _____ to: _____

Reason for leaving: _____

Next previous address: _____

Rent ☐ Own ☐ Co-op ☐

Landlord name: _____

Landlord email: _____

Landlord current phone # _____

Date of Residence (M/D/Y): from: _____ to: _____

Reason for leaving: _____

Co-Applicant (if same as applicant please indicate)

Current address: _____

Rent ☐ Own ☐ Co-op ☐

Landlord name: _____

Landlord email: _____

Landlord current phone # _____

Date of Residence (M/D/Y): from: _____

Reason for leaving: _____

Previous address: _____

Rent ☐ Own ☐ Co-op ☐

Landlord name: _____

Landlord email: _____

Landlord current phone # _____

Date of Residence (M/D/Y): from: _____ to: _____

Reason for leaving: _____

Next previous address: _____

Rent ☐ Own ☐ Co-op ☐

Landlord name: _____

Landlord email: _____

Landlord current phone # _____

Date of Residence (M/D/Y): from: _____ to: _____

Reason for leaving: _____

Landlord Reference(s): Landlords will be contacted only if an applicant is being considered for membership following an interview, and with the applicant's permission. Do we have your permission? Yes ☐ No ☐

5. Participation:

As a member, you are required to share the responsibilities of operating and maintaining our Co-op. An applicant's willingness to participate is an important criterion in the selection process. As well as attending all General Membership meetings, the AGM and any special General Membership meetings called, all Members must be active on one or more of the following Co-op Committees and attend all meetings called by the Committee Chairperson.

Applicant and co-applicant please **initial** the committee in which you would like to participate and each skill you can share with the Co-op:

____, ____ **Finance** ____ , ____ **Maintenance** ____ , ____ **Membership/Education**
 ____ , ____ recordkeeping ____ , ____ minute-taking ____ , ____ gardening ____ , ____ plumbing ____ , ____ carpentry
 ____ , ____ bookkeeping ____ , ____ home repair ____ , ____ painting ____ , ____ other skills (specify): _____

6. Personal Information:

How did you hear about Rishon? _____

Why would you like to become a member of Rishon? _____

If accepted, how long do you anticipate living at Rishon? _____

7. Income Requirement: For Market Rent Suites only

If your household income does not meet the Minimum Annual Income Requirements for the size of suite you would like (see below), you will not be eligible for a Market Rent suite. (see the General Information Sheet) Applicants will be required to provide **written** verification of income and housing references when the suite is shown at an "Open House". **Do not send income information with your application.**

For Market Rent Suites:

Housing Charges (amounts subject to change)	Minimum Annual Income Requirements (amounts subject to change)
1 bedroom: \$859.00/month	\$34,360.00
2 bedrooms: \$1,136.00/month	\$45,440.00
3 bedrooms: \$1,282.00/month	\$51,280.00

8. Income Requirement (see General Information Sheet)

When viewing the suite at an Open House, you will be required to provide the following for proof of income:

- Current Pay Stubs for the last three (3) months **AND** most recent Income Tax Notice of Assessment
- If retired, copies of current pensions, government allowances **AND** most recent Income Tax Notice of Assessment

9. Parking

Parking is limited. If available, would you like a parking space? Yes ☐ No ☐

10. Pet Policy

Rishon has pet restrictions. A limit of 2 spayed/neutered cats per unit are permitted. Dogs are not allowed (with exception of certified service dogs). Other pets may be considered on a case-by-case basis.

What pets do you have? _____

11. Insurance

Personal Property and Liability Insurance is Mandatory. Proof of Insurance must be presented in order to receive keys and thereafter annually. *Note: Some tenant insurance providers have provided cheaper rates to shareholding Co-op members, so we suggest you discuss your status with your provider.

12. Share Purchase (amounts subject to change):

The Share Purchase is given back within 60 days after you move out. Any costs for repairs or clean-up of the suite will be deducted from the Share Purchase.

Market Rent Suites (amounts subject to change)

For a One Bedroom Suite the Share Purchase of \$2,500 is payable as follows:

1. \$1,000 non-refundable (if move-in does not occur) in money order, bank draft or cash within 24 hours of notification of acceptance
2. \$1,500 non-refundable (if move-in does not occur) in money order, bank draft or cash within two weeks of notification of acceptance **AND**
3. \$10 membership fee, non-refundable, in cash only and a void cheque for Rishon's Pre-authorized Debit (PAD) Agreement for monthly housing charges.

For a Two Bedroom Suite the Share Purchase of \$3,000 is payable as follows:

1. \$1,000 non-refundable (if move-in does not occur) in money order, bank draft or cash within 24 hours of notification of acceptance.
2. \$2,000 non-refundable (if move-in does not occur) in money order, bank draft or cash within two weeks of notification of acceptance **AND**
3. \$10 membership fee, non-refundable, in cash only and a void cheque for Rishon's Pre-authorized Debit (PAD) Agreement for monthly housing charges.

For a Three Bedroom Suite the Share Purchase of \$3,500 is payable as follows:

1. \$1,000 non-refundable (if move-in does not occur) in money order, bank draft or cash within 24 hours of notification of acceptance.
2. \$2,500 non-refundable (if move-in does not occur) in money order, bank draft or cash within two weeks of notification of acceptance **AND**
3. \$10 membership fee, non-refundable, in cash only and a void cheque for Rishon's Pre-authorized Debit (PAD) Agreement for monthly housing charges.

Subsidized Rent Suites (amounts subject to change)

For a One Bedroom Suite the Share Purchase of \$1,250 is payable as follows:

1. \$650 non-refundable (if move-in does not occur) in money order, bank draft or cash within 24 hours of notification of acceptance.
2. \$600 non-refundable (if move-in does not occur) in money order, bank draft or cash within two weeks of notification of acceptance **AND**
3. \$10 membership fee, non-refundable, in cash only and a void cheque for Rishon's Pre-authorized Debit (PAD) Agreement for monthly housing charges.

For a Two Bedroom Suite the Share Purchase of \$1,500 is payable as follows:

1. \$650 non-refundable (if move-in does not occur) in money order, bank draft or cash within 24 hours of notification of acceptance.
2. \$850 non-refundable (if move-in does not occur) in money order, bank draft or cash within two weeks of notification of acceptance **AND**
3. \$10 membership fee, non-refundable, in cash only and a void cheque for Rishon's Pre-authorized Debit (PAD) Agreement for monthly housing charges.

For a Three Bedroom Suite the Share Purchase of \$1,750 is payable as follows:

1. \$650 non-refundable (if move-in does not occur) in money order, bank draft or cash within 24 hours of notification of acceptance.
2. \$1,100 non-refundable (if move-in does not occur) in money order, bank draft or cash within two weeks of notification of acceptance **AND**
3. \$10 membership fee, non-refundable, in cash only and a void cheque for Rishon's Pre-authorized Debit (PAD) Agreement for monthly housing charges.

Is Rent Supplement Assistance (Subsidy) Available? ** No subsidies available at present****13. Signatures:**

I/We apply for Membership as set out below:

I/We understand that if the Co-op accepts me/us for Membership and offers a suite, I/we must buy a share purchase (see #12) for the suite.

I/We declare that all the information in this application is correct. I/We give the Co-op permission to verify application information and to obtain and verify landlord references.

If accepted into the membership, I/We agree to be bound by and to comply with the Rules, Occupancy Agreement and the Rishon Housing Co-operative Policies that are in force and amended from time to time.

Signatures of ALL household residents who are 19 years of age and older is mandatory.

Applicant: _____ **Date:** _____

Co-Applicant: _____ **Date:** _____

Other Adults: _____ **Date:** _____

Other Adults: _____ **Date:** _____

Please inform us if your address, phone number or circumstances change, as your application will be removed from our files if we are unable to contact you.

Everyone who will be living in the suite, including children, MUST attend the Open House.

Membership/Education Committee
RISHON HOUSING CO-OP
1516 West 71st Avenue
Vancouver, BC V6P 3C1

Applications will be kept on file for one year and then destroyed.

NOTE: The Personal Information Protection Statement below must be signed and submitted with the Application for Membership form.

PERSONAL INFORMATION PROTECTION STATEMENT

I/We agree that this Application for Membership may be made available to people in the following positions:

Co-op Auditor

Employees of CMHC

Municipal employees dealing with the Home Owner Grant (for Grant Application)

Co-op Lawyer

Designated Board of Directors (BOD), designated Staff and Committee Members

- applications for membership: any Co-op member involved in the selection process
- applications for the Home Owner Grant: BOD designated person
- collecting signatures for the Home Owner Grant: BOD designated person
- collecting Co-op census information: President and BOD designated person
- landlord and other reference checks: Membership/Education Committee
- maintaining a secure filing and storage of personal information: Membership/Education and Finance Committees
- BOD if it is in connection with the BOD's official duties
- General Membership Meeting only if it is relevant to an appeal made of a BOD's decision
- BOD designated person – financial information on household income

I/We understand that the Rishon Housing Co-operative will use the information to:

- contact applicant about this application
- determine eligibility for housing and membership in the Co-op
- determine qualification for a Market Rent Suite
- determine eligibility for supplementary Home Owner Grant
- assist in the safe evacuation of all household members in case of an emergency
- conduct housing reference checks
- decide on any request for an internal move

Right to Enter/Suite Access

I/We agree my/our suite will be entered as per Rishon's Occupancy Agreement (#22) and Policy (#30)

I/We understand that the Co-op will destroy personal information that it no longer needs:

- a) Non-members – Application for Membership one year after receipt
- b) Members – All information seven years after move-out

I/We have read this Personal Information Protection Statement.

Signed: _____

Date _____

Signed: _____

Date _____

Signed: _____

Date _____

Signatures of all adults 19 years of age and older are mandatory