

OFFICE USE ONLY

Date Application Received: _____ Interview Date: _____
 Date Application Renewed: _____ By: _____
 Date Application Renewed: _____ By: _____

1	2	3	4
Number of Bedrooms Required			
			Wheelchair Unit Required: <input type="checkbox"/>

SEAWALK HOUSING CO-OPERATIVE

250 RUSSELL STREET, VICTORIA, BC V9A 3X2

APPLICATION FOR MEMBERSHIP

APPLICANT			CO-APPLICANT		
Name:		DD / MM / YYYY	Name:		DD / MM / YYYY
Surname	First Name	Date of Birth	Surname	First Name	Date of Birth
Address:			Address:		
Apartment # and Street #	City	Postal Code	Apartment # and Street #	City	Postal Code
Email:			Email:		
Home Phone:		Cell Phone:	Home Phone:		Cell Phone:
Occupation:			Occupation:		
Employer:			Employer:		
Work Phone:		Local:	Work Phone:		Local:

	NAME	RELATIONSHIP	DATE OF BIRTH
OTHER HOUSEHOLD MEMBERS			

PETS TOO	How many: _____ What types: _____
-----------------	-----------------------------------

YOUR REQUIREMENTS	Number of Bedrooms Required:	1	2	3	4	Wheelchair Unit Required:	Yes	No
	Number of Vehicles:		Other special housing needs?			Y / N	List on reverse →	

	TYPE	MONTHLY PAYMENTS:	UTILITIES	MONTHLY PAYMENTS
CURRENT HOUSING	Own Home	\$	Heat / Hydro	\$
	Rent	\$	Other:	\$
	Housing Co-op	\$	Other:	\$

FINANCIAL INFORMATION	Please list total YEARLY income from ALL family members, with the EXCEPTION of fulltime students, BEFORE DEDUCTIONS . (Include wages, child support, alimony, interest dividends, E.I. income assistance, pensions, but EXCLUDE child tax benefit and once only disability and insurance awards.)			
	Applicant:	\$	Per year	Source of Income:
	Partner/Spouse	\$	Per year	Source of Income:
	Other Family Member:	\$	Per year	Source of Income:
	Other Family Member:	\$	Per year	Source of Income:
	Total Family Income:	\$	Per year	

HOUSING BACKGROUND	How long have you lived at your current address?	If less than 2 years, list previous address(es):

REFERENCES	LANDLORD	NAME	PHONE NUMBER
	Current:		()
	Previous:		()
	2 nd Previous:		()

CO-OPS NEED ACTIVE MEMBERS	PLEASE INDICATE THE SKILLS, EXPERIENCE OR INTERESTS THAT YOU AND YOUR FAMILY MEMBERS ARE ABLE TO CONTRIBUTE, FOR EXAMPLE, MINUTE TAKING, YARD WORK, CLERICAL WORK, INTERVIEWING, MAINTENANCE.

CO-OPERATIVE EXPERIENCE	AND / OR REASONS FOR WISHING TO LIVE IN A CO-OP:

**YOU ARE ASKED TO RENEW YOUR APPLICATION EVERY 6 MONTHS FROM TIME OF APPLICATION BY WRITING THIS OFFICE.
APPLICATIONS NOT RENEWED WILL BE REMOVED FROM THE WAITLIST.**

I/we understand the need for, and agree to work voluntarily in the co-operative as required. I/we hereby certify that the information given in this application is true and correct in all respects, and agree to Seawalk obtaining the information necessary to confirm the information contained herein.

SIGNED	APPLICANT	CO-APPLICANT
	Date:	Date: