

APPLICATION FOR MEMBERSHIP IN
SIKOME RISE HOUSING CO-OPERATIVE LTD.

Date: _____

Applicant

Name: _____
(Last) (First) (Middle) (email)

Co-Applicant

Name: _____
(Last) (First) (Middle) (email)

NAMES OF OTHER PERSONS WHO WILL OCCUPY UNIT

Name	Relationship to Applicant	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current Address: _____

Postal Code: _____ Email: _____

Home Phone: _____ Business: _____ Cell: _____

How long at this address: _____ Do you rent/lease/own?: _____

Current Monthly Rent: _____

Previous address (if less than one year at present address):

How much notice must you give at your present address? _____

Current landlord: _____ Address: _____

Phone number: _____ May we contact for reference? Yes: ___ No: ___

Current Employment:

Proof of employment (letter of employment or paystub) must be provided upon request.

Gross income of all adults must be submitted. List the sources:

Do You Have Pets? _____

Number of pets: Dogs: _____ Type and Size _____

Cats: _____ Type and Size _____

Have you lived in Co-operative housing in the past? If yes: where and when?

Why do you wish to become a member of Sikome Rise Housing Co-operative?

List previous volunteer work. Describe what you did and length of time.

Which committee(s) will you participate on?

Board: _____ Finance: _____ Membership: _____ Maintenance: _____ Social: _____

Completion of the application and interview process does not ensure acceptance of membership in Sikome Rise Housing Co-operative Ltd.

I understand that completion of this application is the first step in becoming a member of Sikome Rise Housing Co-operative Ltd. Additional information regarding my credit history will be required at a later date. Should I wish to become a member of Sikome Rise, I agree to provide this information upon request of Sikome Rise.

I agree that if accepted for membership, I will make a share purchase of \$1000.00 and pay my first months housing charge before possession date.

Signature: _____ Date: _____

Signature: _____ Date: _____

NOTE: It is your responsibility to inform Sikome Rise Co-operative of any changes to any of the above information. Failure to do so will result in your name being removed from the waiting list.

Revised: Feb 2023