

# ARTS HUB HOUSING COOPERATIVE

## APPLICATION FORM

### HOUSEHOLD INFORMATION:

Name of Applicant (s):

Address: \_\_\_\_\_ Postal Code

Address of Co-applicant if different from above:

Applicant:

Telephone: Home: \_\_\_\_\_ Work/cell: \_\_\_\_\_ e-mail:

Co-applicant:

Telephone: Home: \_\_\_\_\_ Work/cell: \_\_\_\_\_ e-mail:

Number of people in Household: \_\_\_\_\_ Number of Adults: \_\_\_\_\_/Children:

Age of Children:

Are you expecting changes in your household size in the next year? Yes \_\_\_\_ No \_\_\_\_

If yes, please specify \_\_\_\_\_

Do you have any pets and how many? Dog \_\_\_\_ (# \_\_\_\_ ) Cat \_\_\_\_ (# \_\_\_\_ )

Other pets? (excluding caged animals):

Number and type of vehicles:

Number of bicycles:

### ARTIST, NON-PROFIT ARTS PROFESSIONAL OR CULTURAL INDUSTRY PROFESSIONAL:

The criteria to qualify as an artist, non-profit arts professional or cultural industry professional is attached to this application form. In addition to completing this application form you must provide a resume detailing your professional qualifications, education and any other relevant experience. Applicants do not have to meet all of the criteria as an artist, non-profit arts professional or cultural industry professional in order to be considered; however, the Membership Committee will be using the criteria as a guide with which to make the determination of eligibility. The decision of the Membership Committee is binding. The Membership Committee is made up of representatives of Arts Hub Housing Cooperative.

**Applicant**

Profession (please indicate whether you are self employed or are employed and your employer):

**Co-Applicant**

Profession (please indicate whether you are self employed or are employed and your employer):

**FINANCE & REFERENCE INFORMATION:**

1st Applicant

Annual income: \_\_\_\_\_ (Line 150 on your previous years tax form)

2nd Applicant

Annual income: \_\_\_\_\_ (Line 150 on your previous years tax form)

Rental reference

Landlord name \_\_\_\_\_ Phone \_\_\_\_\_

May we contact your current landlord for a reference? Yes/No

If not, why not? \_\_\_\_\_

Previous address \_\_\_\_\_

Landlord name \_\_\_\_\_ Phone \_\_\_\_\_

**GENERAL INFORMATION SECTION:**

**What interested you in the co-operative?**

**What skills and resources do you have and how do you think you can contribute to the Co-operative?**

**What committee are you interested in being a member of:**

- |                                  |                                   |   |
|----------------------------------|-----------------------------------|---|
| <input type="radio"/> Membership | <input type="radio"/> Maintenance | <input type="radio"/> Board               |
| <input type="radio"/> Social     | <input type="radio"/> Finance     | <input type="radio"/> Community Relations |

Other: \_\_\_\_\_

**How many hours per month do you have available for contributing to the coop? \_\_\_\_\_**

**Questions/Comments:**

**I/We hereby apply for membership in the Arts Hub Housing Cooperative.**

**Date of Application:**

**Applicant's Signature(s):**

This personal information is being collected under the authority of s. 33(c) of the Freedom of Information and Protection of Privacy Act and will be used to process your application. It is protected by the privacy provision of the Act. Your submitted application form will be confidential and only Communitas will have access to it for the purpose of considering your request to be a member of the co-op and providing the necessary background information on the co-op to funders. If you have any questions about the collection of this information contact Communitas.

The Communitas Group Ltd., will review the information on the application form and provide a summary to the Membership Committee. Income information will be kept confidential, Communitas will only confirm whether your household has a qualifying income. The Membership Committee will review the summary information and the resumes.

Applicant #1 \_\_\_\_\_ Applicant #2 \_\_\_\_\_

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FOR OFFICE USE ONLY      DATE RECEIVED:

**PLEASE EITHER DELIVER, MAIL, FAX OR E-MAIL YOUR APPLICATION AND RESUME TO  
THE COMMUNITAS GROUP LTD.**

#200-12120-106 Avenue, Edmonton, Alberta T5N 0Z2

Phone (780) 482-5467 Fax (780) 488-5102 E-mail: [group@communitas.ca](mailto:group@communitas.ca)

