

ArtsHub 118 Housing Cooperative Application Form

Household Information:

Name of Applicant (s):

Address: Postal Code:

Name of Co-applicant (s):

Address of Co-applicant if different from above: Postal Code:

Applicant Phone: Home: Work: Cell:

Email:

Co-applicant Phone: Home: Work: Cell:

Email:

Number of people in the household: Number of Adults:

Number of Children:

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

If yes, please specify:

Do you have pets? Please indicate how many. Dog Cat
Other (excluding caged animals)

Will there be a smoker living in the household? Yes: No:

Make and model of vehicle (s):

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:

Self Employed:

OR

Employed by:

Address:

Phone:

Co-applicant:

Self Employed:

OR

Employed by:

Address:

Phone:

Financial Information

Applicant's annual income: (Line 150 on previous year's tax form)

Co-applicant's annual income: (Line 150 on previous year's tax form)

Reference Information

Landlord's Name: Phone:

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

If no, please explain:

Previous address of less than 3 years:

Landlord's Name: Phone:

General Information

What interests you in the co-operative?

What skills and resources do you have and how will you contribute to the Co-operative?

Which of the following committees are you interested in being a member of?

Membership

Maintenance

Board

Social

Finance

Community Relations

Other:

How many hours per month do you have available for contributing to the co-op?

Questions or comments:

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

Date of Application:

Applicant Signature: Co-applicant Signature:

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.

For Office Use Only

Date Received:

Please fill out this form and save it.

**You can then print it and mail or fax it or you can email
both your application and resume to**

The Communitas Group Ltd.

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