

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 year's tax form)

2nd Applicant

Annual income: _____ (Line 150 on your previous year's 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:

- Membership
- Maintenance
- Board
- Social
- Finance
- 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 _____

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

