

Mountain Haven Cooperative Homes Ltd.

Membership Application

Thank you for your interest in Mountain Haven Cooperative Homes. Please take a moment to fill out the attached application form so that we may assess your eligibility for membership in our co-op.

Please note the eligibility and preference criteria on page 2 prior to filling out this form. If you do not meet the eligibility requirements, your application will not be considered. Preference will be given to applicants who meet the preference criteria.

If you are eligible for membership, we will process your application to

- ensure it is complete with all the information required;
- determine whether you are eligible for membership;
- get a credit check and a reference check,
- get your eligibility certified by our auditor
- approve or reject your application and, if you are accepted for membership,
- allocate a unit to you.

This form is in 5 parts as follows:

1. Contact Information
2. Financial and Reference Information
3. General Information
4. Consent form
5. Statutory Declaration

1. Contact Information

Name of Applicant(s) _____

Current address _____
_____ Postal code _____

Phone _____ (h) _____ (w) _____ (cell)

Fax _____ email _____

2. Financial and Reference Information

Eligibility & Preference Criteria

In order to become a member of the co-op, you must meet the income criteria. The Maximum Household Income will be set as the Median Income in Canmore for the category "husband-wife families," as published by Statistics Canada. This amount will be updated as new data becomes available. The current data, from 2003, sets the qualifying median income level at \$66,600. You must sign a Statutory Declaration substantiating the accuracy of the income declared on your application.

Also, if you are applying for an equity ownership unit, you must qualify for the necessary mortgage.

The MHCH perpetual affordable housing must be your principal residence.

In addition to the eligibility criteria, preference will be given to applicants who meet the following Preference Criteria. Please check off each of the following items that apply to you:

- Our households has net assets of less than \$100,000, excluding RRSP, RRIF and pension.
- I/we is/are Canadian citizens or landed immigrants.
- I/we have primary employment in Canmore.
- I/we currently reside in Canmore.
- I/we have dependant children under the age of 18.

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 _____

Employer information

Co-Applicant 1:

Occupation _____

Employer _____ Phone _____

How long have you been employed with this Employer? _____

Co-Applicant 2:

Occupation _____

Employer _____ Phone _____

How long have you been employed with this Employer? _____

Income

You must sign a Statutory Declaration substantiating the accuracy of the income declared on your application. See Section 5 of this Application form.

Enter amount for each applicant in household

Income Source (see * below)	Amount	Amount	Amount	Amount
Taxable Income – Current Year (per Income Tax Return)				
Taxable Income – Previous Year (per Income Tax Return)				
Total Income				

Other required financial information

Attach the following documents to your application form:

- Your last two years of income tax returns
- Verification of Net Assets listed on Statement of Net Assets
- A credit report from a credit bureau.

STATEMENT OF NET ASSETS

AS OF _____

List all assets held by all members in the household for the following asset categories and attach appropriate verification shown.

ASSET SOURCE	AMOUNT	AMOUNT	AMOUNT	AMOUNT	ASSET VERIFICATION TO BE ATTACHED
Term Deposits					Copy of Term Deposit Agreement or Statement
Savings Certificates					Copy of Certificate or Statement
Guaranteed Investment Certificates, Mutual Funds					Copy of Certificate(s) or Statements
Stocks/Bonds					Copy of Statement showing current value
Real Estate Property					Current Appraisal of Market Value
Net Worth of Business					Copy of latest Financial Statements for Business
Automobiles					List Year, make & model
SUBTRACT THE FOLLOWING LIABILITIES:					
Mortgage against Real Estate noted above					Copy of Mortgage Statement showing current balance due
Loan against Automobile					Copy of Loan Statement showing current balance due
EQUALS-NET ASSETS	\$				

3. General Information

Parking

Number of vehicles _____ Make of vehicles _____

License plate # _____

Pets

Number of pets _____ Type of pets _____

Are the immunizations up to date? Yes/No

Unit Allocation Information

What type of cooperative housing form are you currently interested in?

- Equity
- Non-equity

Number of Adults to live in the unit _____

Dependent's Name

Age

_____	_____
_____	_____
_____	_____
_____	_____

What type of housing would you prefer to move in to? Please indicate your first and second priority:

- 1 bedroom
- 2 bedroom
- 3 bedroom
- 4 bedroom

Does your household have any special requirements?

No stairs _____ Ground oriented _____

Orientation

I/we have attended the Mountain Haven Information Session

Yes/No

Your contribution to the co-op

Please describe your previous volunteer experience

Please list the skills that you think you can contribute to the coop

What committee are you interested in joining?

- | | |
|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Building | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Board |

4. Consent Form

Under the Personal Information & Protection Act (PIPA) legislation, which came into effect on January 1, 2004, we are required to ask you for consent for the information we have requested on this application form. Please fill in your name and sign and date the statement below **for each of the adults applying for membership**.

I/we, _____, give Mountain Haven Cooperative Homes Ltd. my consent to collect the information requested on this membership application form and to use it for the following purposes:

- To determine my eligibility for membership in Mountain Haven Cooperative Homes Ltd.
- To allocate the appropriate unit for my needs
- To identify my contribution to the co-op
- To allocate parking, if required.

In addition, I understand that Mountain Haven Cooperative Homes Ltd. may be required to disclose the information on this form to outside agencies such as CMHC (as required through our legal agreements with them), Canmore Community Housing Corporation, or to its bookkeeper, accountant or other staff in accordance with standard management practices.

I understand that Mountain Haven Cooperative Homes Ltd. will apply reasonable safeguards to protect my personal information and that only members of the Membership committee, Finance committee and the Board of Directors will have access to this application. The Membership Application Form will be destroyed once I have fulfilled all the requirements of membership in the co-op.

If you want more information regarding the co-op's policies, bylaws and procedures regarding PIPA, please contact _____, the co-op's Privacy Officer, at _____ (unit number) or phone _____ or email _____.

Signature of applicant(s)

Date

5. Statutory Declaration

Dominion of Canada

Province of Alberta

In the matter of this application for housing in the Cooperative being developed by Mountain Haven Cooperative Homes Ltd.;

I (We) _____

of the _____ of _____ in the Province of Alberta, do solemnly declare as follows:

1. That I(We) the applicant(s) on the said application;
2. That the statements made by me (us) in the said application and documents presented as proof of income are to the best of my/our knowledge, information and belief, full and true in all respects;
3. That the total net asset value of my (our) household is \$_____ or less.

And I/We make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the "Canada Evidence Act."

Declared before me at the _____ of _____ in the Province of Alberta this _____ day of _____, 200____.

A Commissioner for Oaths in and for the Province of Alberta whose Commission Expires on _____, 20____.

Signature of Member

Signature of Applicant

Signature of Applicant

Printed Name of Commissioner for Oaths