



EASTERN ONTARIO CHRISTIAN SENIOR CITIZEN CO-OPERATIVE HOMES INC.

APPLICATION FOR MEMBERSHIP/RESIDENCY

PART 1: PERSONAL INFORMATION

List each Applicant that will live in the CO-OP.

APPLICANT A

Name: _____

Date of Birth: _____

Address: _____

City: _____

Postal Code: _____

Email: _____

1. Phone # _____

2. Phone work/ cell: _____

APPLICANT B

Name: _____

Date of Birth: _____

Address: _____

City: _____

Postal Code: _____

Email: _____

1. Phone # _____

2. Phone work/ cell: _____

Part 2: RESIDENCY INFORMATION

1. Unit Type: ____ Bachelor ____ 1 Bedroom ____ 2 Bedroom **Building** (circle): 220 224

Extra Notes/ preferences: _____

2. Parking required: ____ Yes ____ No

3. Emergency Contact: (Must provide)

(1) Name _____ Phone# _____

 Email _____ Relationship to Applicant _____

(2) Name _____ Phone# _____

 Email _____ Relationship to Applicant _____



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4. Power of Attorney/Medical Care

Name: _____ Phone# _____

Email: _____

5. Power of Attorney/ Finances (Only If different from above)

a. Name: _____ Phone# _____

b. Email _____

6. Family Doctor

Name: _____ Phone # _____

Email _____

7. List 2 References: (Each will be contacted by phone or email)

(Supervisor can be a Past Employer, Supervisor/Volunteer Work, Supervisor/Extra Curricular Club)

1. **Supervisor** - Name / Organization / Phone Number /Email

2. **Church Contact** - Name/Title/Phone Number/Email/ your relationship to them and years with them

Part 3: Your Contribution to the CO-OP (minimum of 4 hours per week)

As a Co-op Member(s) you will be responsible to contribute some of your time and assistance to the working of the Co-op. Please Review the Volunteer Resident Jobs below.

Would you be willing to complete volunteer jobs for a minimum of 4 hours/ week?

_____ YES _____ NO



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VOLUNTEER ACTIVITY SECTION

Choose areas you would be able to assist in and complete the sentences below with one or more of the jobs listed and list a committee(s) you would like to join.

VOLUNTEER RESIDENT JOBS (areas of need will be discussed during the Interview)

- Mopping Floors/Wiping down door handles/Washing Hallway Walls/Washing Windows
- Raking Leaves/Sweeping Sidewalks and Entry ways (seasonal)
- Pushing out Garbage Receptacles
- Maintaining Flowerbeds (seasonal)
- Delivering Newsletters to Resident Apartments/Photography of Co-op Events
- Cleaning Vacated Apartments for new residents
- On call to facilitate building access outside office hours
- Minor repair/maintenance jobs (lawnmowers, vacuums etc.)
- Painting walls/trim

As a member of the Co-op, I/we would be comfortable in **volunteering** for the following jobs:
(If a couple, please clarify which jobs each of you would take part in)

Current Committees: *Welcome, Spiritual Care/ Chapel, Maintenance, Volunteer, Social, Craft Club, Library.*

As a member of the Co-op, I/we would also be interested in being an active **Committee Member** in the _____ **Committee(s)**.

PAST EXPERIENCE:

List Volunteer Opportunities you have been involved in with their current contact information:

Your Career Experience:

___ Sales ___ Administrative ___ Clerical ___ Consulting ___ Home Business ___
___ Computer ___ Homemaker ___ Engineer ___ Electrician ___ Doctor ___ Ministry/ Pastoral
___ Mechanic ___ Landscaper ___ Plumber ___ Teacher ___ Nurse ___ Counselling/ Social work
OTHER _____

Tell us about any Church or Community related activities you have been active in, either currently or recently _____



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Part 4: FINANCIAL INFORMATION

Do you currently _____ Rent OR _____ Own

*If you are a homeowner move on to the **INCOME SECTION**

What is your current monthly rent: \$ _____

Average Utility Costs if not included in the rent above:

GAS \$ _____/ Month

WATER \$ _____/Month

ELECTRICITY \$ _____/ Month

LANDLORD Information: (*Mandatory for application to be processed, will contact*)

Name: _____ Phone# _____ Email: _____

Previous Landlord (IF WITHIN 5 YEARS)

May we use your present and/or previous LANDLORD as a reference? _____ YES _____ NO

If NO, please explain why:

INCOME SECTION

PLEASE ATTACH A COPY OF YOUR CURRENT NOTICE OF ASSESSMENT FOR EACH APPLICANT (See Example attached) To keep your application valid, you must send in an NOA **Annually** by July 1st.

APPLICANT A

(Mandatory to complete each item below)

\$ _____ Notice of Assessment

\$ _____ Gross monthly Retirement Income

\$ _____ Additional Income (Other Source(s))

Source _____ Amount _____

Source _____ Amount _____

APPLICANT B

(Mandatory to complete each item below)

\$ _____ Notice of Assessment

\$ _____ Gross Monthly Retirement Income

\$ _____ Additional Income (Other Source(s))

Source _____ Amount _____

Source _____ Amount _____

***Include other sources including Investments, RRSP, or any supplemental income.**

TOTAL GROSS HOUSEHOLD INCOME PER MONTH: _____

(Combine Applicant A and B when applicable)



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Part 5: DECLARATION

1. I/We understand that only approved applicants of Eastern Ontario Christian Senior Citizen Cooperative Housing Inc. may occupy a housing unit in the building. I/We hereby apply for Resident Membership with the Co-op. An Annual Membership Fee is required.
2. I/We understand this application must be accompanied by Proof of Income in a form suitable to the Co-op for each member. We allow the Co-op to complete a Credit, Landlord or Police Check.
3. I/We understand that Eastern Ontario Christian Senior Citizen Cooperative Housing Inc. is formed to provide housing at cost to its' members and that Membership includes the responsibility to maintain my/our unit and other Co-op property in good condition and expected volunteer hours is 4 hours per week.
4. I/We understand to keep the Application on the Waiting List, I/we must send in Notice of Assessment each year before the 1st of July. My interview with the Co-op Selection Committee will determine the approved acceptance into the Co-op.
5. I/We understand that the Co-op has a NO PET POLICY and a NO-SMOKING POLICY and will abide by these policies.
6. I/We declare that all the information given in this application is true and correct in every respect. I/We authorize the Co-op to check and verify all information given on this application.

SIGNATURES

APPLICANT A

APPLICANT B

Print Name _____ Print Name _____

Signature _____ Signature _____

Date _____ Date _____

THIS SECTION FOR OFFICE STAFF ONLY:

Date App Received: _____

Note: _____



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SAMPLE

NOTICE OF ASSESSMENT

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NAME HERE

Notice details

Social insurance number [REDACTED]

Tax year 2022

□

Tax assessment

We calculated your taxes using the amounts below. The following summary is based on the information we have or you gave us.

We may review your return later to verify income you reported or deductions or credits you claimed. For more information, go to canada.ca/taxes-reviews. Keep all your slips, receipts, and other supporting documents in case we ask to see them.

Summary

Line	Description	\$ Final amount	CR/DR
15000	Total income	35,492	
	Deductions from total income	5,974	
23600	Net income	29,518	
26000	Taxable income	29,518	
35000	Total federal non-refundable tax credits	4,205	
61500	Total Ontario non-refundable tax credits	1,039	
42000	Net federal tax	218.55	
42800	Net Ontario tax	683.91	
43500	Total payable	902.46	
43700	Total income tax deducted	1,466.93	
48200	Total credits	1,466.93	
	Total payable minus Total credits	564.47	CR
	Balance from this assessment	564.47	CR
Direct deposit		564.47	CR

Explanation of changes and other important information

MUST HAVE YOUR NAME AND TAX YEAR VISIBLE