

EASTERN ONTARIO CHRISTIAN SENIOR CITIZEN  
CO-OPERATIVE HOMES INC.

220 Viewmount Dr. Suite 313, Nepean, ON. K2E 7M5

**APPLICATION FOR CO-OP 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: \_\_\_\_\_

Phone # \_\_\_\_\_

**APPLICANT B**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone # \_\_\_\_\_

**Part 2: RESIDENCY INFORMATION**

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

Extra Notes/ preferences: \_\_\_\_\_

2. Parking required: \_\_\_\_\_ Yes \_\_\_\_\_ No

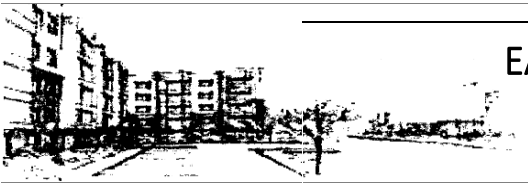
3. Emergency Contact:

(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

\_\_\_\_\_

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**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.

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

\_\_\_\_\_ YES \_\_\_\_\_ NO



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Please Review the Volunteer Resident Jobs below.

**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 JOB Examples (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.)
- Recruiting volunteers for open positions

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, Volunteer.*

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

**PAST WORK/ VOLUNTEER EXPERIENCE:**

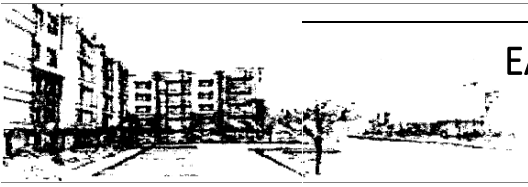
List Volunteer Opportunities you have been involved in with their current contact information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\*)**

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**

**APPLICANT B**

*(Mandatory to complete each item below)*

*(Mandatory to complete each item below)*

\$ \_\_\_\_\_ Notice of Assessment

\$ \_\_\_\_\_ Notice of Assessment

\$ \_\_\_\_\_ Gross Monthly Retirement Income

\$ \_\_\_\_\_ Gross Monthly Retirement Income

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

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

Source \_\_\_\_\_ Amount \_\_\_\_\_

Source \_\_\_\_\_ Amount \_\_\_\_\_

Source \_\_\_\_\_ Amount \_\_\_\_\_

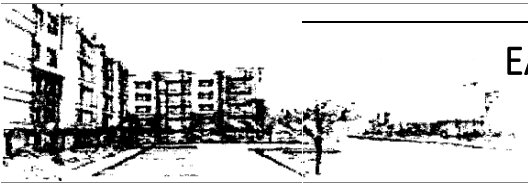
Source \_\_\_\_\_ Amount \_\_\_\_\_

**\*Include proof of sources of income including NOA's, Investments, RRSP, or any supplemental income.**

**TOTAL GROSS INCOME PER MONTH:** \_\_\_\_\_

(Combine Applicant A and B)

***\*Incomplete applications will not be accepted. Applications must be complete with all required supporting documentation. Your application will not be processed until all information is received.***



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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.
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 a *Notice of Assessment* each year before the 1<sup>st</sup> 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. I/We allow the Co-op to complete a Credit, Landlord or Police Check.**

**SIGNATURES**

**APPLICANT A**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

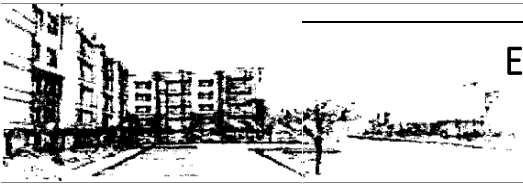
Date \_\_\_\_\_

**APPLICANT B**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



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**\*EXAMPLE ONLY\***

**NOTICE OF ASSESSMENT**

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NAME HERE

DOUGLAS NAFTEL  
12 DANAHER DR  
OTTAWA ON K2J 3Y6

**Notice details**

Social insurance number XXX XX4 336  
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](https://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
	<b>Direct deposit</b>	<b>564.47</b>	<b>CR</b>

**Explanation of changes and other important information**

We got your request to carry back a loss to previous years. If we change a previous year's tax return, we will send you a notice of reassessment.

MUST HAVE YOUR NAME AND TAX YEAR VISIBLE