



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. Name / Organization / Phone Number /Email

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

Part 3: Your Contribution to the CO-OP

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 on a regular ongoing basis?

_____ YES _____ NO

Please Review the Volunteer Resident Jobs below.



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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/ Gardens (seasonal)
- Delivering notices 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, Garden, Coffee Time.*

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:

Your Career/ Work Experience:

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

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

****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 are to be met.
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 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. 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 _____

□