

## **APPLICATION PROCEDURE**

### **The Applicant will:**

1. Complete the application form and return it to the office of Ryegate (Tecumseh) Co-Operative Homes Inc. The Co-ordinator will date stamp this cover page and return it to you for your records.
2. Provide proof of income as per guidelines attached to this application form.
3. Attend an information and orientation session on co-operative housing (sponsored by Ryegate (Tecumseh) Co-Operative Homes Inc.)
4. Keep the office informed of any changes to applicant(s) principle address, telephone number, family composition, etc. in order to avoid delays in the processing of this application.

### **The office and Membership Committee of Ryegate (Tecumseh) Co-Operative Homes Inc. will:**

1. Conduct a credit and landlord check (access to confidential information will be firmly restricted by the Co-op (Office).
2. Conduct an interview of the applicant(s) (Membership committee).
3. Recommend acceptance or rejection of applicant(s) to the Board of Directors (Membership Committee).

### **Appeal Process**

If the applicant chooses to appeal the decision made by the Board of Directors, an appeal notice should be submitted by the applicant, to the Board of Directors of Ryegate (Tecumseh) Co-Operative Homes Inc. by 5:00 PM on the seventh day after the letter of rejection is received. The Membership Committee will then grant a second interview to be conducted by two Appeals Committee members. The second interview will take place within 10 days of the appeal notice, bearing any unforeseen circumstances.

Please submit application to: Ryegate (Tecumseh) Co-Operative Homes Inc.  
1556 Community Crescent  
Tecumseh, Ontario  
Attn: Maryann Johnston

**Ryegate (Tecumseh) Co-Operative Homes Inc.**

**APPLICATION FOR MEMBERSHIP AND ACCOMODATION**

We realize this application asked for a great deal of information. There is a reason for these kind of questions. Please note all personal information given here is strictly for the use of the Co-op in evaluating your request for membership. Each member of the household 18 years or older is considered an applicant. Person(s) who have withdrawn from parental control and are 16 years of age may make an application for membership.

**1. APPLICANT**

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

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

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

Telephone (H): \_\_\_\_\_

(W): \_\_\_\_\_

**CO – APPLICANT**

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

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

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

Telephone (H): \_\_\_\_\_

(W): \_\_\_\_\_

Are you a Canadian Citizen? (\_\_\_\_) or a Landed Immigrant? (\_\_\_\_) or Refugee Claimant? (\_\_\_\_)

If there are more than two applicants, please provide information on the reverse side.

Is an Interpreter Needed? Yes (\_\_\_\_) No (\_\_\_\_)

Alternate contact person / advocate (Name, Telephone #) \_\_\_\_\_

**2. HOUSEHOLD INFORMATION**

COMPLETE FOR **ALL MEMBERS** OF THE HOUSEHOLD, INCLUDING APPLICANT AND CO-APPLICANT.  
(Please use reverse side of page if more space needed).

Surname (Include female Maiden name) (if applicable)	Given Names (Include full Middle Name)	D	M	Y	Relationship to Applicant

Number of Bedrooms required: Two \_\_\_\_ Three \_\_\_\_ Four \_\_\_\_ Accessible \_\_\_\_

Are you applying for: Apartment: \_\_\_\_ Townhouse \_\_\_\_

When is the Unit required? \_\_\_\_\_ When does your current Lease expire? \_\_\_\_\_

Do you own a car? Yes ( ) No ( ) How Many? ( )

License Plate No. (s): \_\_\_\_\_

Any other vehicles, please list: \_\_\_\_\_

Pets: What breed of animal do you have and how many? \_\_\_\_\_

Is your pet spayed / neutered? Yes (\_\_\_\_) No (\_\_\_\_)

**Application #:** \_\_\_\_\_ **Date Application Received:** \_\_\_\_\_

**GENERAL INFORMATION**

1. Have you or any of your family applied at a Co-op before? If yes, where? Were you approved or rejected?

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2. Why do you want to move from your present address?

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3. How did you learn of Ryegate Co-op? (Family, friends, ads, etc.)

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4. Why did you choose Ryegate as a potential place to live when there are so many other Co-ops in Windsor?

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5. Have you ever lived in a Co-op before? \_\_\_\_\_

If yes, where? \_\_\_\_\_

Why did you leave? \_\_\_\_\_

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6. What was your participation?

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7. What is your definition of a Co-op?

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8. What are the principles and concept of Co-op living?

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9. What are the main responsibilities of being a member of Ryegate Co-op?

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10. It is important to attend General Members Meetings, could you explain why?

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11. How do you think Co-op living would differ from your current or past living arrangements?

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12. If you are accepted for Membership at Ryegate Co-op, how long do you plan on living here? What reason would you move away? \_\_\_\_\_

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13. What contribution could you make as a member of Ryegate Co-op?

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14. How could you make it a better place to live?

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15. Do you have reasons that could prevent you from participating on any committee? If yes, what and how will it affect your participation? (If medical reason, you are required to provide the proper medical documentation with your application).

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16. The co-op expects a minimum of 4 hours a month in participation, plus you ARE REQUIRED to attend General Members Meetings. In what way do you think it is reasonable to expect members to contribute in the Co-op?

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17. Ryegate Co-op has by-laws pertaining to garbage, dogs, inoperable vehicles, parking, etc. Do you think these by-laws are appropriate?

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18. All members are expected to participate in some aspect of the Co-ops operation and management. How do you see yourself contributing to the Co-op? (Please list interest of applicant #1 and applicant #2).

Board of Directors	_____
Finance Committee	_____
Social Committee	_____
Newsletter Committee	_____
Membership Committee	_____
Maintenance Committee	_____
Landscape Committee	_____
Member Relations Committee	_____

19. Do you have any hobbies or extracurricular activities?

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Do you have any concerns or questions?

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I / We understand that to be eligible to occupy a housing unit, I / We must become a member of Ryegate (Tecumseh) Co-Operative Homes Inc. and sign the Occupancy Agreement. I / We support the co-operative principles and am / are interested in becoming a member (s).

I / We understand that this application must be accompanied by all income verification in the form requested by the co-operative for each member of the household who receives an income.

I / We understand that Ryegate (Tecumseh) Co-Operative Homes Inc. is formed for the purpose of providing housing at cost to its members and that membership includes the responsibility to participate in the management of the co-operative.

I / We understand that accommodation in Ryegate (Tecumseh) Co-Operative Homes Inc. is in the absolute discretion of Ryegate (Tecumseh) Co-Operative Homes Inc. and that I / We will be interviewed for membership at a later date.

I / We declare that all information in this application is correct and complete. The application and supporting documentation become the property of Ryegate (Tecumseh) Co-Operative Homes Inc. I / We hereby authorize the co-operative to verify all of the information contained herein, and to perform a landlord and credit check.

I / We understand that this application does not constitute an agreement on the part of Ryegate (Tecumseh) Co-Operative Homes Inc., pursuant to the Ontario Housing Corporation Act, Sections 2, 4 and 7, R.S.O. 1990, Chapter 0.21 and the Housing Development Act, Subsection 7 (2), R.S. 1999, chapter H-18 and will be used to determine eligibility for housing applied for, continuation of housing and may be used for the appropriate rent scale and rent geared to income charge.

**Pursuant to the Municipal / provincial Freedom of Information and Protection of Privacy Act and the Federal Privacy Act, I give my consent and authorization to Ryegate (Tecumseh) Co-Operative Homes Inc.**

- 1. To make inquiries to verify the information given in this application and I authorize any person, Corporation or any social agency having knowledge of any such required information to release the information to Ryegate (Tecumseh) Co-Operative Homes Inc. I agree to provide any supporting material for my application.**
- 2. To disclose the information given on this form to non-profit housing corporation / co-operatives local housing authorities, The Ministry Of Municipal Affairs and Housing and other municipal, provincial and federal department and agencies providing social assistance to me and the persons listed on this application.**

**APPLICANT**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
(Please Print)

Date: \_\_\_\_\_

**CO-APPLICANT**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
(Please Print)

Date: \_\_\_\_\_

CONFIDENTIAL INFORMATION  
(ACCESS TO THIS INFORMATION WILL BE FIRMLY RESTRICTED)

**FINANCIAL AND EMPLOYMENT INFORMATION**

The following financial information is required by the co-operative. To maintain confidentiality, this page and the accompanying documentation will be placed in a confidential file after review. All applicants are required to submit adequate income verification with this application. (See attached schedule for definitions of income and appropriate verification).

**1. APPLICANT**

**Current Employment**

Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Gross Monthly Income: \_\_\_\_\_  
Length of Employment: \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_  
SIN #: \_\_\_\_\_  
(For Credit Check Purposes Only)

**Previous Employment**

Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Gross Monthly Income: \_\_\_\_\_  
Length of Employment: \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_

**2. APPLICANT**

**Current Employment**

Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Gross Monthly Income: \_\_\_\_\_  
Length of Employment: \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_  
SIN #: \_\_\_\_\_  
(For Credit Check Purposes Only)

**Previous Employment**

Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Gross Monthly Income: \_\_\_\_\_  
Length of Employment: \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_

**OTHER SOURCES OF INCOME**

List source and amount OR indicate source of income if not presently employed. Some examples: Alimony / Child Support, Social Assistance (Welfare, Family Benefits, Gains – D), Pension Income. Includes income of others living with you, i.e., children.

**1. Applicant**

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

**2. Co-Applicant**

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

List below income of Children who are 18 years old or older.  
(For additional information add page)

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

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

CONFIDENTIAL INFORMATION  
(ACCESS TO THIS INFORMATION WILL BE FIRMLY RESTRICTED)

**LANDLORD REFERENCE**

**1. APPLICANT**

Current Landlord or Mortgage Company

\_\_\_\_\_

\_\_\_\_\_

Phone No.: \_\_\_\_\_

Superintendent / Office Contact

\_\_\_\_\_

Mortgage No. (If Applicable): \_\_\_\_\_

Present Rent / Mortgage Payment: \_\_\_\_\_

Include Utilities? \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Move-In Date: \_\_\_\_\_

May we use your present Landlord / Mortgage Company as a reference? \_\_\_\_\_

If no, Why not? \_\_\_\_\_

\_\_\_\_\_

Any outstanding Arrears? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

\_\_\_\_\_

Are you under "Notice to Vacate"? \_\_\_\_\_

If yes, why? \_\_\_\_\_

\_\_\_\_\_

**Previous Landlord**

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

Phone No.: \_\_\_\_\_

Your Former Address: \_\_\_\_\_

\_\_\_\_\_

How long at this address? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

\_\_\_\_\_

**2. CO-APPLICANT**

Current Landlord or Mortgage Company

\_\_\_\_\_

\_\_\_\_\_

Phone No.: \_\_\_\_\_

Superintendent / Office Contact

\_\_\_\_\_

Mortgage No. (If Applicable): \_\_\_\_\_

Present Rent / Mortgage Payment: \_\_\_\_\_

Include Utilities? \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Move-In Date: \_\_\_\_\_

May we use your present Landlord / Mortgage Company as a reference? \_\_\_\_\_

If no, Why not? \_\_\_\_\_

\_\_\_\_\_

Any outstanding Arrears? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

\_\_\_\_\_

Are you under "Notice to Vacate"? \_\_\_\_\_

If yes, why? \_\_\_\_\_

\_\_\_\_\_

**Previous Landlord**

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

Phone No.: \_\_\_\_\_

Your Former Address: \_\_\_\_\_

\_\_\_\_\_

How long at this address? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

\_\_\_\_\_

**GEARED TO INCOME ASSISTANCE**

MEMBERS MAY QUALIFY FOR ASSISTANCE IF THE HOUSING CHARGE EXCEEDS 29% (See MMAH Newsletter, dated July 3, 1993) OF THEIR GROSS INCOME (BEFORE DEDUCTIONS).

Only if you wish your rent to be considered on a geared-to-income basis, should it be available, are you required to answer the following questions.

	<b>Applicant</b>		<b>Co-Applicant</b>	
	Yes	No	Yes	No
1. Are you currently living in accommodations subsidized by the Housing Authority?	( )	( )	( )	( )
2. Are you currently on a waiting list for The Housing Authority accommodation?	( )	( )	( )	( )
3. Have you ever lived in an Ontario Ministry of Housing geared-to-income housing unit?	( )	( )	( )	( )

Which Housing Authority?

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Do you owe money to the Housing Authority? \_\_\_\_\_

(Explain) \_\_\_\_\_

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Which Housing Co-op or Non-Profit? \_\_\_\_\_

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Do you owe money to the Co-op / Non-Profit? (Explain) \_\_\_\_\_

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I/ We, \_\_\_\_\_, hereby authorize Ryegate (Tecumseh) Co-Operative Homes Inc. to release information contained in the application to the Ministry of Housing & / or The City of Windsor.



