



ST. ANDREW'S PLACE

Mission Cooperative Housing Association

Two Bedroom

2 people
(\$2,500 share purchase)

Application for Membership

Date _____

(Please print clearly and complete all sections. Incomplete applications will not be processed.)

Applicant #1 Name: _____

Date of birth _____ (Must be 55+)

Phone number _____ Email _____

Are you: ☐ Working ☐ Retired

Current or past occupation/s? _____

Personal References *(No relatives please)*

Name: _____ Phone: _____

Do you know anyone living in the Co-op? If so, who? _____

How did you hear about us? _____

Reason for Wanting to Join Mission Co-op _____

Have you lived in a Co-op before? ☐ Yes ☐ No

Do you agree to attend general meetings? ☐ Yes ☐ No

Do you agree to attend events? ☐ Yes ☐ No

Are you willing to serve on the Co-op Board? ☐ Yes ☐ No

Do you have volunteer experience?

☐ Yes ☐ No

If yes, Explain?

Volunteer Reference

Name _____

Phone _____

Active engagement in the Co-op community is foundational to Co-op success. Members are strongly encouraged to contribute talents where and when they may be needed.

What ways do you feel you can contribute and volunteer at the Co-op?

Do you have hobbies you are willing to share with other members?

Other things you think you can help with:

Do you have skills or experience that would enable you to be an effective Board or Committee member? Please indicate the things that you anticipate participating in if accepted for membership?

	Board		Finance Treasurer		Handy Helper (Small fix it)		Housing		Office Helper		Secretarial
	Cleaning		Garage Sale		Health & Wellness		Maintenance		Poster maker		Social Events
	Deliveries		Hall Maintenance		Helping Hands		Membership		Safe and sound		Welcome Committee

Tell us something about yourself that would make you stand out from the other applicants:

Application for Membership - Applicant #2

(Please print clearly and complete all sections. Incomplete applications will not be processed.)

Applicant #2 Name: _____

Date of birth _____ (Must be 55+)

Phone number _____ Email _____

Are you: ☐ Working ☐ Retired

Current or past occupation/s? _____

Personal References (No relatives please)

Name: _____ Phone: _____

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Do you know anyone living in the Co-op? If so, who? _____

How did you hear about us? _____

Reason for Wanting to Join Mission Co-op _____

Have you lived in a Co-op before? ☐ Yes ☐ No

Do you agree to attend general meetings? ☐ Yes ☐ No

Do you agree to attend events? ☐ Yes ☐ No

Are you willing to serve on the Co-op Board? ☐ Yes ☐ No

Do you have volunteer experience?

☐ Yes ☐ No

If yes, Explain?

Volunteer Reference

Name _____

Phone _____

Active engagement in the Co-op community is foundational to Co-op success. Members are strongly encouraged to contribute talents where and when they may be needed.

What ways do you feel you can contribute and volunteer at the Co-op?

Do you have hobbies you are willing to share with other members?

Other things you think you can help with:

Here are some things that others do here. What fields interest you?

<input type="checkbox"/>	Board	<input type="checkbox"/>	Finance Treasurer	<input type="checkbox"/>	Handy Helper (Small fix it)	<input type="checkbox"/>	Housing	<input type="checkbox"/>	Office Helper	<input type="checkbox"/>	Secretarial
<input type="checkbox"/>	Cleaning	<input type="checkbox"/>	Garage Sale	<input type="checkbox"/>	Health & Wellness	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Poster maker	<input type="checkbox"/>	Social Events
<input type="checkbox"/>	Deliveries	<input type="checkbox"/>	Hall Maintenance	<input type="checkbox"/>	Helping Hands	<input type="checkbox"/>	Membership	<input type="checkbox"/>	Safe and sound	<input type="checkbox"/>	Welcome Committee

Tell us something about yourself that would make you stand out from the other applicants:

Do you currently ☐ Own your home. or ☐ Rent your home.

Current Address _____

If you rent, please provide:

Length of residence at current address _____

Landlord's name _____ Phone number _____

Does your landlord know you are wanting to move? ☐ Yes ☐ No

If you have lived at your current address for less than two years

Previous Landlord's Name _____ Phone number _____

Previous Address _____

Financial Information

Current rent/mortgage \$ _____ Utilities \$ _____

Applicant #1 - Line 15,000 on your Income Tax Return Assessment \$ _____

Applicant #2 - Line 15,000 on your Income Tax Return Assessment \$ _____

Total Annual Gross Income \$ _____

Vehicle Information (One parking stall per unit)

Make _____ Model _____ License Plate _____

Make _____ Model _____ License Plate _____

Pet and Emotional Support Animal (ESA) Information

Do you currently have a pet? ☐ Yes ☐ No

If yes, please specify the type of animal: _____

The Co-op has a **no-pet policy**. Animals are only considered where an applicant has provided acceptable documentation confirming a disability-related need for an Emotional Support Animal. Applications involving animals **without appropriate documentation** will not be considered at this time

Is the animal an **Emotional Support Animal (ESA)**? ☐ Yes ☐ No

If yes: The Co-op will require documentation from a licensed health care or mental health professional confirming the need for an Emotional Support Animal (ESA).

Do you have valid documentation? ☐ Yes ☐ No

Applicants Declaration and Consent

Please read all the following statements carefully check each statement after reading then sign below if you agree:

- ☐ We confirm that We are **55 years of age or older**.
- ☐ We declare that all information provided in this application is **true, complete, and accurate** to the best of our knowledge.
- ☐ We acknowledge that the collection, use, verification, retention, disclosure, and destruction of our personal information is governed by the **Personal Information Protection Statement** provided with this application, and we consent to the processes described therein, including reference, landlord, and credit checks where applicable.
- ☐ We understand that submitting this application and participating in an interview **does not guarantee acceptance** for membership. Eligibility is subject to meeting criteria established by the Membership Committee, approval by the Board of Directors, and the availability of suitable accommodation.

If we are accepted for membership and offered and accept a unit, we understand that we will be required to:

- ☐ Purchase shares in the amount of **\$2,500.00 for a two-bedroom unit**
- ☐ Provide Personal Tax Assessment annually
- ☐ Provide **proof of personal contents insurance annually**.
- ☐ Provide **proof of vehicle insurance annually**, if applicable.
- ☐ Comply with the Co-op's **no-smoking and no-pet policies**.
- ☐ Be bound by and comply with the **Co-operative Act**, the **Model Rules**, the **Occupancy Agreement**, and all **House Policies** of the Co-op, as currently in force and as amended from time to time.

Applicant Signature

By signing below, we acknowledge that we have read and understood the statements above and that our signatures constitute our declaration that all information provided is accurate and that we accept the terms outlined above

Name

Signature

Name

Signature

Date

Personal Information Protection Statement for Applicants

(To be signed with membership application form)

☒ **Consent to Collection and Retention**

We consent to the Mission Co-operative Housing Association (“the Co-op”) collecting and retaining our application and personal information for the purpose of assessing our eligibility for membership. We understand that if we do not check in or update our application within one (1) year, our application and all associated personal information will be securely shredded in accordance with legal and operational requirements.

☒ **Purpose of Collection**

We understand that the personal information we provide may be used for the following purposes:

1. **Date of birth** – to determine whether we meet the age requirement for membership (55+).
2. **Financial information** – to determine whether we meet the financial requirements for membership.
3. **References** – to assess personal, volunteer, and landlord history.
4. **Work and volunteer experience** – to determine skills or experience that may be an asset to the Co-op.

☒ **Disclosure of Information**

We agree that our personal information may be disclosed, on a need-to-know basis only, to individuals in the following roles:

1. Employees of the BC Federation of Co-ops (Community Land Trust)
2. The Co-op’s legal counsel
3. Designated committee members with official duties related to applications, membership recruitment, or census information
4. The Membership Committee, for the purpose of contacting references, credit reporting agencies, and landlords
5. Management, for the secure storage of personal information (hard copy)
6. Office staff, for maintenance coordination and check-ins (computer records only)
7. The Board of Directors, when our application is being presented for consideration as a potential member

All personal information is kept in strict confidence in accordance with the **Personal Information Protection Act (PIPA)**. Application materials and personal information are stored in a locked file cabinet within a secure office, with electronic records protected by appropriate safeguards.

Signed _____ Date: _____

Signed _____ Date: _____

We want to thank all applicants for their interest in our Co-op, however, only those candidates selected for the pre-selection interviews will be contacted.