

Membership Application

Membership Application Form

Please return the completed Membership Application Form and a non-refundable Application Fee of \$35.00 (per Applicant) to the above address. All Applicant(s) must provide a Receipt of Attendance to the Northern Alberta Cooperative Housing Association (NACHA) Information Session. See www.nacha.ca for more information.

1 APPLICANT(S)

Applicant Name: _____
Address: _____ Phone: _____
Previous address (if less than 2 years): _____
Email: _____

Joint Applicant Name: _____
Address: _____ Phone: _____
Previous address (if less than 2 years): _____
Email: _____

Dependent Name(s):	Relationship to Applicant(s):
_____	_____
_____	_____
_____	_____

Have all applicants attended the NACHA Information Session? Yes No
Please attach receipt to this application.

Have any applicants previously lived in cooperative housing? Yes No
If yes, may we contact them? Yes No

Cooperative Name: _____ Phone: _____

2 TRANSLATOR INFORMATION

Does any applicant(s) require a translator to complete the application or assist in the membership interview? Yes No

Name: _____ Phone: _____

3 ACCOMMODATION HISTORY

Current housing type

House <input type="checkbox"/>	Townhouse <input type="checkbox"/>	Condo <input type="checkbox"/>	Apartment <input type="checkbox"/>	Other:
# bedrooms:	# bathrooms:	Rent <input type="checkbox"/>	Own <input type="checkbox"/>	Other:
How many persons share the residence?			# Adults	# Children
Does the resident(s) contribute to the housing charges?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, does the resident(s) contribute in other ways?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please specify:				
Does any Applicant house any pets?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type:
Please note: Snakes are not permitted. The maximum size at maturity for any pet must be no more than twenty (20) inches at the shoulders.				

4 HOUSING REQUIREMENTS

Allocations of housing units will be done by using the formula of one (1) individual per bedroom plus one (+1). For more information on allocation requirements for subsidized housing units, please contact the Office.

Housing requirements

All housing units are equipped with a refrigerator and a stove. Townhouse units have an in-suite washer and dryer. Please indicate the type of housing unit and number of bedrooms required:

Highrise	2 <input type="checkbox"/>	3 <input type="checkbox"/>	Townhouse	2 <input type="checkbox"/>	3 <input type="checkbox"/>	5 <input type="checkbox"/>
Does any applicant(s) require parking?			Parkade <input type="checkbox"/>	Surface <input type="checkbox"/>	Both <input type="checkbox"/>	

Barriers free/Adapted units

Artspace Housing Cooperative, Ltd., provides an integrated living environment by ensuring that at least one-third ($\frac{1}{3}$) of the housing units are adapted for and occupied by people with physical disabilities. The Supports for Artspace Independent Living Inc., (SAIL) programs, supported and funded by Alberta Health Services, are designed to assist resident members with disabilities.

Does any applicant(s) require an adapted unit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does any applicant(s) require SAIL services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

5 DECLARATION & CONSENT

All applicants will initial indicating they understand and agree with each point below:

	I / We hereby apply for Membership in Artspace Housing Cooperative, Ltd.
	I / We declare that all the information provided in this Membership Application Package is correct and hereby authorize the Cooperative to verify any or all information contained within.
	I / We hereby acknowledge that the returned Membership Application Package will be destroyed once its intended use is no longer required as per the Personal Information Protection Act, S.A. 2003, c. P-6.5.

I / We hereby provide consent for Artspace Housing Cooperative, Ltd., to collect the information included on this form:

	to determine my / our eligibility for Membership in Artspace Housing Cooperative, Ltd.;
	to allocate the appropriate Housing Unit to suit my / our needs;
	to identify my / our ability to actively participate as a Member Resident;
	to ensure my /our pets comply to the Artspace Pet Policy;
	to prepare and initiate my / our requirement(s) for Supports for Artspace Independent Living (SAIL) home care services;
	to be used for the purposes of basic contact information (e.g., internal phone listing), and ensuring compliance with the Artspace Housing Cooperative, Ltd., Bylaws and associated Schedules and Policies upon acceptance; and
	to fulfill the information retention requirements of the Artspace Housing Cooperative, Ltd.'s Operating Agreements.

6 SIGNATURES

Applicant Name:

Date:

Joint Applicant Name:

Date:

FOR OFFICE USE ONLY

Received by Office:	Date:	Application Fee enclosed:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Copy to VP Membership:	Date:	Application Fee Processed	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Membership Participation Questionnaire

VOLUNTEER EXPERIENCE

Applicant Name:

Joint Applicant Name:

Membership is based on active participation. The Cooperative is open to all individuals who are willing to volunteer their efforts to help with its management. Members must be prepared to agree to the following basic principles:

- Attend meetings of the General Membership;
- Actively participate in the continued development of the Cooperative community; and
- Volunteer to serve on a Committee, which helps to reduce operating costs.

What attracts you/your family to living at Artspace Housing Cooperative?

What is your understanding of the Cooperative's structure & management? List advantages / disadvantages?

What type of skills or volunteer experience do you have that would enable you to contribute to Artspace? (e.g., accounting, interior design, event planning, policy development, social, etc.)

Could you assist in language interpretation? If so, which languages?

Which Committee(s) would you be interested in volunteering with? Check all that apply:

Membership Committee

Maintenance Committee

Decorating Committee

Finance Committee

Social Club

Bylaw Review Committee

Member Relations Committee

Financial Information Form

Please return the Financial Information Form to the above address. If more room is required to answer these questions, please add additional sheets to this form. If applying for subsidized housing charges, please ensure to complete sections 3-5 of this form.

1 APPLICANT

Applicant Name:	Date of Birth:
Address:	Postal Code:
Email:	Phone:
Social Insurance Number (Optional)	Are you bondable? Yes <input type="checkbox"/> No <input type="checkbox"/>

Employment History

1	Employer Name:	Phone:
	Address:	Start date:
2	Employer Name:	Phone:
	Address:	Start date:

Statement of Income

Please note: Other forms of income may include child support/alimony, government pensions or benefits, royalties, etc. Non-taxable benefits are not considered income.

Gross Monthly Income:	Gross Annual Income:	
Other income amounts:	Monthly:	Annual:
Total household Annual Income:		

2 JOINT APPLICANT

Applicant Name:	Date of Birth:
Address:	Postal Code:
Email:	Phone:
Social Insurance Number (Optional)	Are you bondable? Yes <input type="checkbox"/> No <input type="checkbox"/>

Employment History

1	Employer Name:	Phone:
	Address:	Start date:
2	Employer Name:	Phone:
	Address:	Start date:

Statement of Income

Please note: Other forms of income may include child support/alimony, government pensions or benefits, royalties, etc. Non-taxable benefits are not considered income.

Gross Monthly Income:

Gross Annual Income:

Other income amounts:

Monthly:

Annual:

Total household Annual Income:

3 TRANSLATOR INFORMATION

Does any applicant(s) require a translator to complete the application or assist in the membership interview? Yes No

Name:

Phone:

Please complete Sections 3 to 5 of this Financial Information Form if you are applying for subsidized housing charges.

3 STATEMENT OF INCOME

If any other Household Member has received any other sources of income in the past twelve (12) months, please indicate the Gross amount. If not applicable, please mark the section with N/A. Only taxable income earnings are required.

	Source of Income	Applicant	Joint Applicant	Date to/from	Monthly total (\$)
A.	Student Grants, Allowances				
B.	Unemployment Insurance				
C.	Workers' Compensation				
D.	Social Assistance				
E.	Child Support/Alimony (voluntary or court awarded)				
G.	Public Pensions				
	Old Age Security (OAS)				
	Canda Pension Plan (CPP)				
	CPP Disability Benefits				
	Survivor Benefit				
H.	Dept. of Veteran Affairs Benefit(s)				
I.	Guaranteed Income Supplement				
J.	Alberta Income Supplement				
K.	Company or Group Pension				
L.	Assured Income for Severely Handicapped (AISH)				
M.	Self Employment Income				
N.	Other (i.e. tips, royalties)				
	TOTAL (Monthly Gross Income)				

4 DECLARATION OF ASSETS

If any other Household Member has received any other sources of income in the past twelve (12) months, please indicate the gross amounts. If not applicable, please mark the section with N/A. Only taxable income earnings are required.

Source of Income	Applicant	Joint Applicant	Date to/from	Monthly total (\$)
A. Balance of Cash on Hand				
B. Balance of Savings				
C. Investment(s):				
D. GIC/RRSP				
E. Stocks				
G. Bonds				
Mutual Funds				
Real Estate Value				
Mortgage(s)				
Motorized Vehicle(s)				
H. Other Asset(s)				
TOTAL AMOUNT:				

5 DEPENDENT INFORMATION

All full-time students over the age of eighteen (18), provide a letter from the Office of the Registrar verifying current registration to be claimed as a dependent(s).

Dependent Name	Relationship to Applicant(s)	Age	Occupation

6 DECLARATION & CONSENT

All applicants will initial indicating they understand and agree with each point below:

	I / We declare that all the information provided in this Financial Information Form is correct and hereby authorize the Cooperative to verify any or all information contained within.
	I / We acknowledge that I am / we are obligated to advise Artspace Housing Cooperative, Ltd., or its agents, in writing, of any changes in family composition, gross family income, assets, employment, or change of address, should they occur.
	I / We also agree that the information provided pertains to all persons named within this Financial Information Form.
	I / We hereby acknowledge that this Financial Information Form will be retained in our Confidential Member File if I / we become Member Residents of Artspace Housing Cooperative. Ltd.
	I / We further acknowledge that this Financial Information Form will be destroyed once its intended use is no longer required if I / we do not become Member Residents of Artspace Housing Cooperative, Ltd., as per the Personal Information Act, S.A. 2003, c. P-6.5..
	Subsidy Applicant(s) Only: I am / We are required to provide to Artspace Housing Cooperative Ltd., all information presented on the Subsidy Requirement Checklist attached to this Form within two (2) weeks of applying for Membership. I / we further understand that after two (2) weeks, if the information is not received, the Membership Application will be cancelled.

7 SIGNATURES

Applicant Name:

Date:

Joint Applicant Name:

Date:

FOR OFFICE USE ONLY

Applicant	Credit Check:	Date:	Risk:	Low <input type="checkbox"/>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>
	Landlord Check:	Date:	Subsidy requested?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Joint Applicant	Credit Check:	Date:	Risk:	Low <input type="checkbox"/>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>
	Landlord Check:	Date:	Subsidy requested?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Copy to Treasurer		Date:	Subsidy requirements met?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

SUBSIDY REQUIREMENT CHECKLIST

In order for all applicants to obtain the necessary information required for this form, your membership application and/or subsidy application will be held for two (2) weeks. After two (2) weeks, if the information is not received, the membership and/or subsidy application will be cancelled.

You are required to provide the following for EACH applicable household member:

Provide a letter from Employer(s) stating:

- rate of pay;
- number of hours worked per week;
- total earnings;
- commencement date of current employment.

Provide copies of all:

- most recent pay cheque(s)/pay stub(s);
- benefit cheque(s);
- pension cheque(s); etc.

If receiving the following benefits, provide a letter from the appropriate official stating the benefit amount:

- Unemployment Insurance;
- Workers' Compensation; or
- Social Assistance

Documentation to verify all other sources of income, ie: child support, royalties, etc. (Child & Family Benefits is not included)

For all full-time Students over the age of eighteen (18), provide a letter from the Office of the Registrar verifying current registration.

Copy/Copies of valid Alberta Health Care (AHC) card(s).

Landlord Reference Release Form

1 DECLARATION & CONSENT

By signing below, you grant your previous landlord's permission to answer the questions listed as they pertain to their experience with you as a tenant. This form is for Office Use Only and will be destroyed once its intended use is no longer required as per the Personal Information Act, S.A. 2003, c. P-6.5.

Applicant Name: _____ Date: _____

Joint Applicant Name: _____ Date: _____

2 LANDLORD INFORMATION

Name: _____

Address: _____ City: _____ Postal Code: _____

Phone: _____ Email: _____

FOR OFFICE USE ONLY - REFERENCE QUESTIONS

Was the Tenant a responsible party on the Rental/Lease Agreement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were there other names listed on the Rental/Lease Agreement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did the Tenant make any late payments?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were any payments returned for non-sufficient funds?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the Tenant still have a balance owing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were any notices served for non-compliance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are / Were there any problems or complaints about the named Tenant on file? If Yes, please explain.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the Tenant harbour any pets? If Yes, what type?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was the Tenant served with a Notice to Evict?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would this Tenant be eligible to re-lease on your property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Artspace Cooperative Housing Overview

1 COOPERATIVE HOUSING

Housing cooperatives are associations of individuals who have come together to provide quality, affordable housing. Membership in a housing cooperative is available to anyone who is willing to participate in and take the responsibility of the cooperative's management and operations. Cooperative housing provides an alternative to renting and individual ownership because they are a form of housing in which the members jointly own and manage the complex they live in.

The Cooperative Model is a business management strategy used by financial institutions, farming companies, daycares and other businesses, i.e. Mountain Equipment Coop (MEC). For cooperative housing, the cooperative secures the mortgage financing necessary to develop the housing project. Members become shareholders and make a monthly housing charge payment, which covers their household's portion of the cooperative's actual expenses, e.g., costs in or profits accumulated from a member's housing charge.

The basic structure of a cooperative provides members with additional benefits not offered in other forms of multiple ownership housing. A cooperative is a democratic organization where each individual unit has one (1) vote thereby ensuring the cooperative cannot be controlled by a small number of shareholders. A cooperative consists of individuals working together to achieve the common objectives of the community. All Members share with each other full, equal membership and responsibility of the cooperative.

2 HISTORY OF ARTSPACE

Artspace Housing Cooperative Ltd., was formed by a group of individuals directly involved in the arts community who had a number of objectives that they wanted to realize. The first was to develop a housing cooperative located in the downtown area to provide affordable, quality housing. In addition, the group desired to provide a proportion of Artspace's housing units accessible to individuals with physical disabilities. Artspace began as a warehouse-style apartment complex that evolved into a sixty-six (66) unit high rise and twenty-two (22) unit townhouse complex with twenty-nine (29) of those units adapted for persons with disabilities.

Artspace strives to be a tool for effective integration of persons with disabilities into mainstream society. Supports for Artspace Independent Living Inc., (SAIL) provides home care programs designed to assist people with physical disabilities. This program is supported and funded by Alberta Health Services and is able to provide 24 hour support to members, amongst other home care supports.

Artspace Housing Cooperative, Ltd., was incorporated in March 1989 and the highrise officially opened November 1, 1990.

3 ACTIVE PARTICIPATION

Membership is based on active participation. The Cooperative is open to all individuals who are willing to volunteer their efforts to help with its management. Members must be prepared to agree to the following basic principles:

- Attend meetings of the General Membership;
- Actively participate in the continued development of the Cooperative community; **and**
- Volunteer to serve on a Committee, which helps to reduce operating costs.

Artspace Committees

Board of Directors	The Board governs the Cooperative according to the Bylaws and Policies approved by the Members, and according to Federal and Provincial laws. The Board manages the day-to-day operations and sets priorities based on resolutions passed by the Members at the Annual General Meeting. The standing committees of the Cooperative are responsible to the Members through the Board.
Membership Committee	The Committee conducts interviews and recommend Applicants to the Board of Directors for Membership. It helps to integrate new Members into the community and promotes social participation.
Maintenance Committee	The Committee ensures that buildings, housing units and grounds are kept in marketable condition. It also addresses any security issues that may adversely affect Members.
Decorating Committee	The Committee maintains the interior and exterior aesthetics of the buildings of Artspace. It assists in enhancing all Members' living environment.
Finance Committee	The Members on this committee are responsible for monitoring housing charges, subsidy disbursements and assist in the planning of the annual budgets.
Social Club	The Club organizes and hosts social and recreational activities for the Members.
Member Relations Committee	Each year, Members are elected to serve on this Committee to help mediate disputes and relations between Members.
Bylaw Review Committee	This Committee reviews and provides recommendations on amendments to the Bylaws, policies and official.

4 PURCHASING SHARES

In contrast to other forms of renting or leasing of a residence, when an approved applicant buys into a cooperative, they become a shareholder. As a shareholder, members are entitled to exclusive use of a housing unit and all the amenities included on the property. Each member household will purchase forty (40) shares with a par value of twenty-five dollars (\$25) each, or one-thousand dollars (\$1000) in total. Payment plans for the share costs can be discussed with the Office Coordinator.

As a member of the cooperative, each household is entitled to one (1) vote at all membership meetings giving them an equal voice in the management and affairs of the cooperative. If a member household decides to terminate their membership, the cooperative will deduct any amount owing from the shares if the unit is not in marketable condition or there is an outstanding balance in housing charges.

5 HOUSING CHARGES

Housing charges are variable throughout the Cooperative for it depends what type of unit and where in the complex the unit is located. For all units, the cost of heat and water is inclusive.

Each Member will ensure that the household provides makes arrangements for monthly Electronic Funds Transfers with the Office Coordinator. Housing charges are comprised of the following:

- a. Monthly housing charges (less applicable subsidy);
- b. Sector support contribution fee: \$6.00
- c. Cable TV services: \$39.00
- d. Parking fees (if applicable): \$20.00 for surface or \$40.00 for parkade

New hook-up charges for cable TV through Shaw Cable Services is free of charge. All Members are entitled to one (1) HDPVR which must remain in the unit upon termination of membership. It is the member's responsibility to set up cable services.

There is a fifty dollar (\$50) charge for the parkade door opener if lost or damaged.

Housing charges do not include the following costs to the Member, if applicable:

- a. Wifi services;
- b. Electricity;
- c. House telephone or cell phone;
- d. Additional cable hook-ups or services.

