



1 Unity Court, Lwr. Sackville, NS.
B4E 2R9

Phone 864-4648 Fax 864-4717

Email: crossroads.housing.co.op@gmail.com

I understand that **CROSSROADS NON-PROFIT HOUSING COOPERATIVE** will use the information to:

Contact me about this application.

Determine my eligibility for housing and membership in the co-op.

I understand that the co-op will destroy personal information that it no longer needs.

I have read and received a copy of this statement.

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

(All members of the household 16 years of age and older must sign this statement)

Application Date: _____

Date of Information Meeting Attended: _____



The following application is to be filled out by all persons wishing to become members of the Co operative. Information given will only be used internally by the operative and will be treated in a confidential manner. When completed by the prospective member, this application will be forwarded to the Membership Committee to help determine the applicant's eligibility for membership. If you need any extra space (e.g. for Additional names if more and two applicants), simply add the information on another sheet of paper.

Every adult (19 and over) in your household is eligible— and is encouraged — to apply for membership.

1. HOUSEHOLD INFORMATION - PLEASE PRINT LEGIBLE

Applicant

Applicant

Name: _____ Name: _____

Address: _____ Address: _____

Postal Code _____

Telephone: (H) _____ Telephone (H) _____

(W) _____ (W) _____

Next of Kin : _____ Telephone _____

Address: _____

OTHER MEMBERS OF HOUSEHOLD:

Surname Given Name(s) Relationships Birthdate

HOW MANY CARS WILL YOUR HOUSHOLD HAVE: 0 _____ 1 _____ 2 _____

OTHER CHILDREN OR ADULTS WHO YOU EXPECT TO STAY WITH YOU

REGULARLY OR FOR A LONG TTME EACH YEAR (eg each weekend or 4 months of year etc)

Surname GivenName(s) Relationships Birthdate Visiting Times



2. HOUSING INFORMATION

Type of Unit desired in Co-op:

Stacked Townhouse (i.e. 1 level above another)

1 Bedroom _____

2 Bedroom-wheelchair accessible _____

Townhouse (i.e. 3 level row house-basement, ground and second floor)

2 bedroom _____ 3 bedroom _____ 4 bedroom _____ 5 bedroom _____

Number of persons to occupy unit: _____ Permanent: Part Time: _____

If difference from number listed on front page, please explain:

Does a member of your family use a wheelchair? Yes _____ No _____

3. ACCOMODATION HISTORY

Length of stay at present address: _____ Number of bedrooms _____

OWNERSHIP: Do you own your present dwelling? _____

If yes, estimate your monthly housing costs (mortgage, taxes, utilities, heat, maintenance, etc) \$ _____

RENTAL:

Monthly rent \$ _____ Does this include Heat? _____; Water? _____ Power? _____

If no, estimate average monthly cost for Heat: _____ Water _____ Power _____

TYPE OF DWELLING (check one)

Single family _____ Apartment: _____ Duplex _____ Mobile Home _____

4. REFERENCE INFORMATION

This information is required in order to conduct credit checks and landlord checks. At the membership interview each applicant will have the opportunity to discuss any unfavorable information, which may be uncovered.

Applicant Name (include middle initial)

Applicant Name (include middle initial)

Address

Address

Previous Address (if less than 3 years)

Previous Address (if less than 3 years)

Date of Birth:

Date of Birth:

Sin #

Sin #

Present Landlord

Present Landlord

Address

Address

Telephone

Telephone

Previous Landlord

Previous Landlord

Address

Address

Telephone

Telephone

May we use your present land as a Reference?

May we use your present land as a Reference?

Yes _____ No _____

Yes _____ No _____

If no, please explain:

If no, please explain:



5. CROSSROADS Membership Application

I/We understand that only members of Cross-roads Housing Co operative may occupy a housing unit and I/We hereby apply for membership in the co op.

I/We understand that Crossroads Housing Coop is formed for the purpose of providing housing at cost to its members and that membership includes the responsibility to participate in the cooperative.

I/We understand and accept that Crossroads Housing Co op is a Non-Profit Co-op) and that any property related tax rebate, grant or gift shall be considered to belong to all members of Crossroads Housing Co operative for use solely for Co operative purposes, and that the use of such funds shall not include any or all of it being paid to Members for personal use, under any circumstances and that the appropriate member(s) of every unit of the Co op shall be required to apply with the coop for such rebates, grants or gifts.

I/We further understand that the Crossroads Housing Co operative has recognized the involvement of the Co operative Housing Foundation of Canada in designing the new Co-operative Housing Program and in providing on-going services to Crossroads Housing Co operative by authorizing payment of a Sector Support Fee of 1% of the capital cost which will be paid by a charge to the monthly housing charge of approximately \$10 per month

I/We declare that all the information in this application is correct and hereby authorize the Co-operative to verify any or all of the information contained herein and to perform a credit check at the discretion of the Co operative.

SIGNATURE

Applicant(s)

DATE: _____

SIGNATURE

Applicant(s)

DATE: _____

PLEASE NOTE:

Your applications may be returned if this form is not fully completed It will not be processed unless accompanied by Proof of Income and unless you have attended an Information Meeting or received a waiver due to previous experience in Co op.



6. Crossroads Membership Application

The following information will be reviewed by members of the Income Sub-Committee and held in strictest confidence by that Committee.

Those applicants who are eligible for Rent Supplement (see covering letter) should carefully review the Income Definition on the back of the Proof of income page when calculating their income.

7. HOUSEHOLD INCOME

If there are more than two people receiving income, list additional information a separate page. Please attach appropriate proof of income to this application (see accompanying sheets for an Income Verification form and a description of other acceptable proof of income.) Include income from all sources to all household members-except family allowance and income of children who are full time students.

Applicant

Occupation: _____

Employer: _____

Address: _____

Years with firm: _____

Gross Monthly Income: \$ _____

Income from Other Sources: \$ _____

Total income \$ _____

_Applicant

Occupation: _____

Employer: _____

Address: _____

Years With firm: _____

Gross months Income: \$ _____

Income from Other Sources: \$ _____

Total Income \$ _____

8. PROOF OF INCOME

All forms of income (except family allowance and income of children who are full time students) to all members of your household are to be included in your income. Each one needs to be backed up a "Proof of Income"

Income Verification

Your employer can fill out the attached copy, if you receive a regular wage of salary.

Only one per person. A spare copy is on the back of this sheet if a 2nd person in your family needs one.

Pension

Send photocopies of three (3) consecutive pay periods or a letter from the issuing office.

Social Assistance

Send a letter from you case worker or the office which sends out your cheque. The letter must state how much shelter allowance you are eligible for (this could be more than you are receiving.)

Self Employed

Send a letter of financial statement prepared by a recognized chartered accountant. If this is not possible, a statutory declaration sworn before a Notary Public (a lawyer) will be acceptable.

Income Which Goes Up & Down

Examples: seasonal work, self employed, income by commission. Send a statement of your estimated annual income before taxes. At the end of the year you can verify your income with a copy of your tax declaration or a statutory declaration, based on your actual year's income.

Thank you,

Membership Committee



PLEASE NOTE

If application is returned not completely filled out, or is not accompanied with a proof of income. (ie: recent pay stubs, the application will not be processed).

Thank you for expressing interest in Crossroads Housing Co-operative, our 50-unit townhouse development in Millwood Village. Most of our members are families, and at least 25% of our membership is single parents. We also have some senior, and three disability units.

Following is a list of unit sizes and housing charges as of July 1, 2023

<u>Size</u>	<u>Housing Charge</u>	<u>Support Fee</u>	<u>Total</u>
1 Br Stacked	\$718.00	\$10	\$728.00
2 Br Accessible	\$838.00	\$10	\$848.00
2 Br Townhouse	\$901.00	\$10	\$911.00
3 Br Townhouse	\$1010.00	\$10	\$1020.00
4 Br Townhouse	\$1060.00	\$10	\$1070.00
5 Br Townhouse	\$1100.00	\$10	\$1110.00

Being a member of a co-operative will give you the opportunity to get involved in running our \$3.7 million business - our homes. If you are interested, please fill in the enclosed application form for our consideration. Crossroads Housing Co-operative requires all applicants to attend our information meeting; interviews between the Membership Committee and prospective members will also be carried out. As well as paying monthly housing charges, members of the co-op assume all responsibility for decision making and the operation of the co-op. Everyone is expected to participate in their own way, taking part in committee work or other tasks, which may be necessary. The minimum participation requirement is at least four (4) hours per month in addition to attending member's meetings. The members will run our co-op and your participation will be important to us if you apply and are accepted in Crossroads. We appreciate your interest and look forward to receiving your application.



PROOF OF INCOME

Dear Supervisor/Employer,

We are a non-profit housing cooperative located in the Sackville area and one of your employees is interested in becoming a resident **member** of our co-op. As part of the policy established by our Board of Directors, we request your cooperation in providing us information in the following areas:

Your Company Name

Position Held by Employee

Gross Monthly Income of Employee

Please fill in the information on the attached sheet and return same to your employee at your earliest convenience. Thank you.

Membership Committee
Crossroads Housing Co operative.

Membership Committee
Crossroads Non-Profit Housing Co operative
Sackville, N. S.

Dear Sir/Madame,

This is to verify that _____ is an employee of

_____.holding the position of _____

having a gross monthly income of approximately \$ _____

Employment commenced _____ (date)

Signature: _____

Title: _____

Date: _____