

## How to become a resident at

# HOMESTEAD HOUSING CO-OPERATIVE LTD.

[members@homesteadhousing.coop](mailto:members@homesteadhousing.coop)

NACHA: 780-482-6128

### 1. DO YOU QUALIFY?

<b><u># of Bedrooms</u></b>	<b><u>One</u></b>	<b><u>Two</u></b>	<b><u>Three</u></b>	<b><u>Four</u></b>
Monthly Housing Charges (Extra fees may apply)	\$1085	\$1185	\$1285	\$1385
Minimum Gross Monthly Household Income	\$3620	\$3950	\$4285	\$4620
Number of Residents	1-3	2-4	3-6	4-8

- a. We require all our approved members to allocate a **MINIMUM of 2 hours per month** to volunteer with the coop. This includes General Membership meetings, Board or Committee Service and general efforts.
- b. It is mandatory that you register for the NACHA information session before your application process can begin.  
Please register online at <https://nacha.ca/information-sessions/>  
>> The cost is \$20.00 per family to attend. <<

### 2. VISIT HOMESTEAD

- a. It is not mandatory to visit Homestead Cooperative before filling out an application, however if you wish to view a townhome, please send us an email at [members@homesteadhousing.coop](mailto:members@homesteadhousing.coop) to book a visit.

### 3. APPLY FOR MEMBERSHIP

- a. If you would like to apply, please email us with a brief summary of why you are interested in Cooperative living and we will forward an application to you.
- b. Once you have received your application, please fill it out and return it via email or drop it in the office mailbox at 5202 144 Avenue NW, Edmonton.

c. Things to Note

- The process can take up to one month to fully complete.  
A member of the membership committee will stay in touch with you during that time.
- We require each person over the age of 18 to apply for membership. Please have all adults fill out a separate application and attach all applications together.
- Place the income verification form and payment in a sealed envelope

d. Application Process

- ELIGIBILITY REVIEW
- REFERENCE CHECK
- You will be contacted to book an online INTERVIEW with 2 or 3 board or committee members from the coop
- Membership Committee will make a RECOMMENDATION to the board
- BOARD will REVIEW and either request additional information, approve or deny your application
- You will be NOTIFIED of the decision

3. UPON APPROVAL OF MEMBERSHIP

a. FEES:

- Upon approval a deposit of \$500.00 (certified cheque / money order) is required to hold the unit.
  - There is also a MEMBERSHIP LOAN of \$1,000.00 per household (similar to a damage deposit), this loan will be returned partially or in full after leaving Homestead depending on your move out inspection results.
  - Your housing charges will be due on the first of each month and a direct withdrawal form (void check) will be required for this from your bank.
  - Finally a \$1.00 fully refundable charge for the membership share for each approved adult member.
- b. Utility hookups must be changed into your name(s) by your move in date. This includes all 4 utilities; electricity, natural gas, water/sewage and garbage disposal.
- c. Tenants insurance must be active by your move in date and proof of insurance must be provided on an annual basis.
- d. A member from the membership committee will have you sign all appropriate paperwork including a move in inspection of the unit.

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Signature of Applicant

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Date

# HOMESTEAD HOUSING CO-OPERATIVE LTD.

## MEMBERSHIP APPLICATION CONSENT FORM

Under the Personal Information & Protection Act (PIPA) legislation, which came into effect on January 1, 2004 we are required to ask you for consent for the information we have requested on this application form. Please fill in your name and sign and date the statement below.

I, \_\_\_\_\_ give Homestead Housing Co-operative Ltd. my consent to collect the information requested on this membership application and to use it for the following purposes:

1. To determine my eligibility for membership in Homestead Housing Co-operative Ltd.
2. To determine my eligibility for rental assistance (subsidy) if applicable.
3. To determine whether or not I will be paying a housing charge surcharge.
4. To allocate the appropriate unit for my needs.
5. To identify my contribution to the co-op and to allocate parking, if required.

In addition, I understand that Homestead Housing Co-operative Ltd. may be required to disclose the information on this form to outside agencies such as any regulating bodies or our management company (as required through our agreements with them) or to our bookkeeper, accountant or other staff in accordance with standard management practices.

I understand that Homestead Housing Co-operative Ltd. will apply reasonable safeguards to protect my personal information and that only members of the Membership committee, Treasurer, Board of Directors and staff will have access to this application. The Membership Application Form will be destroyed once I have fulfilled all requirements of membership in the co-op.

If you want more information regarding the co-op's policies, bylaws, and procedures regarding PIPA, please contact Ayanna Inniss, by phone #780-482-6128 or by email [ainniss@nacha.ca](mailto:ainniss@nacha.ca).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# HOMESTEAD HOUSING CO-OPERATIVE LTD.

## MEMBERSHIP APPLICATION FORM

PLEASE PRINT CLEARLY

### CONTACT INFORMATION

Name of Applicant: \_\_\_\_\_

Current Full Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Email: \_\_\_\_\_  
(Mandatory for communication)

### CREDIT CHECK INFORMATION

Date of birth: \_\_\_\_\_

(To ensure that we will be able to locate your credit history. Additional charges may apply if we cannot find your credit information)

### RENTAL INFORMATION

Please list your residence(s) for the past five years starting with the most recent:

**Present Address:** \_\_\_\_\_  
\_\_\_\_\_

How long have you lived there: From: \_\_\_\_\_ To: \_\_\_\_\_

Landlord name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Have you given notice to your present residence? YES / NO

May we contact your current landlord for a reference? YES / NO

If no, please explain and provide an alternate landlord reference:

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

**Previous Address:** \_\_\_\_\_  
\_\_\_\_\_

How long have you lived there: From: \_\_\_\_\_ To: \_\_\_\_\_

Landlord name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Previous Address:** \_\_\_\_\_  
\_\_\_\_\_

How long have you lived there: From: \_\_\_\_\_ To: \_\_\_\_\_

Landlord name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Previous Address:** \_\_\_\_\_  
\_\_\_\_\_

How long have you lived there: From: \_\_\_\_\_ To: \_\_\_\_\_

Landlord name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**PERSONAL REFERENCES**

No Relatives Please

Name: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Phone: \_\_\_\_\_

Length of time they have known you: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Phone: \_\_\_\_\_

Length of time they have known you: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Phone: \_\_\_\_\_

Length of time they have known you: \_\_\_\_\_

**EMPLOYER INFORMATION AND INCOME**

Employer: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Gross Annual Income: \_\_\_\_\_ Gross Monthly Income: \_\_\_\_\_

**If less than two years list previous employers**

Employer: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Gross Annual Income: \_\_\_\_\_ Gross Monthly Income: \_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Gross Annual Income: \_\_\_\_\_ Gross Monthly Income: \_\_\_\_\_

**List other current sources of income**

Source: \_\_\_\_\_  
Annual Income \_\_\_\_\_ Monthly Income \_\_\_\_\_

Source: \_\_\_\_\_  
Annual Income \_\_\_\_\_ Monthly Income \_\_\_\_\_

Source: \_\_\_\_\_  
Annual Income \_\_\_\_\_ Monthly Income \_\_\_\_\_

Source: \_\_\_\_\_  
Annual Income \_\_\_\_\_ Monthly Income \_\_\_\_\_

Source: \_\_\_\_\_  
Annual Income \_\_\_\_\_ Monthly Income \_\_\_\_\_

**Add all current sources for a total monthly income** \_\_\_\_\_

**PARKING INFORMATION**

Number of power parking stalls required: \_\_\_\_\_ non-powered: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ License Plate: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ License Plate: \_\_\_\_\_

**PETS**

We require your pets to be up to date on vaccinations and licensed through the city of Edmonton. (We do have a maximum allowance of pets depending on type and size.)

Number of pets: \_\_\_\_\_

Type of pet: \_\_\_\_\_

License#: \_\_\_\_\_

Sex: M / F

Spayed/Neutered: YES / NO

Are the immunizations up to date? YES / NO

Type of pet: \_\_\_\_\_

License#: \_\_\_\_\_

Sex: M / F

Spayed/Neutered: YES / NO

Are the immunizations up to date? YES / NO

Type of pet: \_\_\_\_\_  
License#: \_\_\_\_\_

Sex: M / F      Spayed/Neutered: YES / NO  
Are the immunizations up to date? YES / NO

Type of pet: \_\_\_\_\_  
License#: \_\_\_\_\_

Sex: M / F      Spayed/Neutered: YES / NO  
Are the immunizations up to date? YES / NO

**APPLICANTS**

Are there other adults applying to reside with you?  
Are there applications attached?

**Dependants (children under the age of 18)**

Full Name(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ORIENTATION**

**NACHA Information Session**

Have you attended:      YES / NO (If yes, attach Certificate of Completion)  
If no, have you registered      YES / NO (If yes, attach receipt)  
If no, please explain; provide when you will be registering and date to be completed.

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

**APPLICATION CHECKLIST**

- Completed application(s)
- Income Verification (in a sealed envelope)
- \$20 cash or check for credit check per person over 18 years of age
- Proof of registration for NACHA Information Session; receipt or Completion Certificate

**YOUR CONTRIBUTION TO THE CO-OP**

Please describe your previous volunteer experience:

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I am interested in Cooperative living because:

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List your relevant skills that could be useful to our community:

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