Dear Applicant:

Enclosed is your Housing Application Form and Income Verification Form; **complete both and return them to:**

<table>
<thead>
<tr>
<th>By Mail:</th>
<th>By Email</th>
</tr>
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<tbody>
<tr>
<td><strong>Links Housing Co-operative</strong>&lt;br&gt;402B Tower Road&lt;br&gt;Nelson, BC V1L 3K6</td>
<td><strong><a href="mailto:admin@linksco-op.com">admin@linksco-op.com</a></strong></td>
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</tbody>
</table>

You will only be contacted when we have a vacancy and if you meet the income level the co-op needs for that vacant unit.

You must contact us in writing every six months to keep your application active.

Should any information on your application change once you have been put on our Waiting List (i.e. address, income, phone numbers, family size) you must contact us in writing to inform us of the changes. If we have a vacancy and we cannot reach you by telephone, your name will be removed from our Waiting List.

The average waiting time is up to two years, although a vacancy can occur at anytime.

We look forward to hearing from you.

Co-operatively,

Member Selection Committee
LIST ALL PERSONS WHO WILL BE RESIDING WITH YOU:

Name | Date of Birth (dd/mm/yy)
--- | ---
1. | 
2. | 
3. | 
4. | 
5. | 

Type of housing unit you require:

- Market
- Subsidized (30% of gross income)
- 1 Bedroom
- 2 Bedroom Wheelchair Accessible
- 2 Bedroom
- 3 Bedroom
- 4 Bedroom
Number of motor vehicles ________________

If you own a pet(s), please state how many and what kind:

____________________________________________________________________________

What is your current housing situation?   Rent   ☐  Own   ☐  Co-op   ☐  Other   ☐  specify:

____________________________________________________________________________

Have you ever resided in a housing co-operative?   ____________________________

If yes, which co-op(s) and where:

____________________________________________________________________________

List your last three residences (your former landlord may be contacted as a reference):

1. Address

____________________________________________________________________________

Landlord   _________________________________  Current phone number  ____________

Length of residence there  ______________

Reason for leaving  ____________________________________________________________

____________________________________________________________________________

2. Address

____________________________________________________________________________

Landlord   _________________________________  Current phone number  ____________

Length of residence there  ______________

Reason for leaving  ____________________________________________________________

____________________________________________________________________________

3. Address

____________________________________________________________________________

Landlord   _________________________________  Current phone number  ____________

Length of residence there  ______________

Reason for leaving  ____________________________________________________________
What type of community volunteer work have you done recently?  _______________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Why do you think living in our co-op would be better than where you are currently residing?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

What do you think some of the disadvantages might be living in a co-op?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

What personal attributes and skills do you possess that would make you a valuable co-op
member?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

On which committee(s) will you volunteer?

Newsletter ☐  Social ☐  Maintenance☐  Member Selection☐
Emergency Preparedness☐  Playground ☐

If I (and my family) am/are accepted as members of The Links Housing Co-operative I/we
promise to participate by volunteering a minimum of 4 hours per month and attending semi-
annual general meetings.

Signed,

______________________________________  Date:  ______________________________
______________________________________  Date:  ______________________________
Personal Information Protection Statement
[to be signed with application form]

I agree that The Links Housing Co-operative may keep the following information about me:

- financial information to set initial housing charges based on household income. [If I do not qualify for subsidy, the co-op will destroy this information]
- financial information yearly to set housing charges based on household income [for households receiving subsidy]
- eligibility information to qualify for the supplementary Home Owner Grant
- co-op census information, including a record of all residents in each unit for security
- relationship of co-applicant to applicant and date of birth of other occupants - if this is required to establish the size of unit for my household, based on co-op occupancy standards, or to establish subsidy and housing charges.
- date of birth, only for purposes of conducting a credit check and reporting unpaid debts to a collection agency or credit bureau.
- whether I meet the age requirements for membership [16, 17, 18 or 19 as set out in the co-op's Rules]

I agree that this personal information may be made available to people in the following positions:

- co-op auditor, employees of CMHC and or BC Housing
- municipal employees dealing with the Home Owner Grant (for grant application)
- co-op lawyer
- security committee (for co-op census)
- contracted management service and staff
- designated Member Selection Committee Members – Interviewers, Membership Chair and people responsible for
  - applications for the Home Owner Grant
  - collecting signatures for the Home Owner Grant
  - collecting co-op census information
  - landlord and other reference checks
  - maintaining secure filing and storage of personal information (both hard copy and computer)
- Board of directors
  - only if it is in connection with the Board's official duties

I understand that The Links Housing Co-operative will use the information to

- contact me about this application
- determine my eligibility for housing and membership in the Co-op
- establish the size of unit for my household, based on co-op occupancy standards
- decide if I qualify for subsidy and to calculate the subsidy and housing charges yearly
- determine eligibility for supplementary Home Owner Grant
- ensure safe evacuation of all household members in case of emergency
- conduct a credit check before accepting my application
- comply with the co-op's operating agreement or program rules with CMHC (Canada Mortgage and Housing Corporation) and/ or BC Housing
- decide on any request for an internal move

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: ____________________________
Signed: ___________________________ Date: ____________________________
Signed: ___________________________ Date: ____________________________

All members of the household 16 years of age and older must sign this statement.
**LINKS HOUSING CO-OPERATIVE**

**INCOME VERIFICATION FORM**

Name of Principal Member/Applicant ____________________________

Number of adults in family _______

Number of children residing with you ____________________________

**Please note** that in all categories of income you must use the **present gross monthly figures**. You must list all **sources of income** except the Canada Child Tax Benefits, the BC Family Bonus, and Grants. (Please note – the **Co-applicant** is your spouse/partner).

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<thead>
<tr>
<th></th>
<th>APPLICANT</th>
<th>CO-APPLICANT</th>
<th>OTHERS</th>
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<tbody>
<tr>
<td>SALARY &amp;/OR COMMISSION</td>
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<tr>
<td>SELF-EMPLOYED INCOME</td>
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<td>EMPLOYMENT INSURANCE</td>
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<td>PENSIONS</td>
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<td>SOCIAL ASSISTANCE</td>
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<td>CHILD SUPPORT OR ALIMONY</td>
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<td>OTHER:</td>
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**TOTAL FROM ALL SOURCES**

Please indicate if you expect any significant changes in your income during the next 12 months, giving date, approximate increase or decrease and reason for such (i.e. retiring, having a baby, promotion, etc.).

**NAME OF CURRENT EMPLOYER:**

For the Applicant: ___________________________ For the Co-applicant ___________________________

I/ We do hereby confirm that all income for all adult household members has been declared.

Signed by all household members declaring income:

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<th>Print name in full</th>
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