

As of August 1, 2016 membership applications are subject to a \$25 one-time processing fee. Please see inticoop.com for details.

INTI HOUSING CO-OPERATIVE

1675 Cypress Street
 Vancouver BC
 V6J 3L4

NO SUBSIDY AVAILABLE	APPLICATION DATE:
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I. Personal [please print clearly]

Name: _____

Address: _____

Tel Home: _____ Tel Work: _____

Email Address: _____

Date of Birth: _____ Male/Female: _____

Name: _____

Address: _____

Tel Home: _____ Tel Work: _____

Email Address: _____

Date of Birth: _____ Male/Female: _____

II. Financial [please print clearly]

Present Rent: \$ _____

Yearly gross income (state sources; e.g., employment, child support, investment income, etc.):

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

5. GAIN/HPIA \$ _____

Total: \$ _____

If on GAIN, what is shelter allowance? \$ _____

Present Rent: \$ _____

Yearly gross income (state sources; e.g., employment, child support, investment income, etc.):

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

5. GAIN/HPIA \$ _____

Total: \$ _____

If on GAIN, what is shelter allowance? \$ _____

III. Other Household Members [include children]

A.	Name	Relationship to You	Age & Year of Birth	Monthly Income (if applicable)
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$

B. How many bedrooms are needed?		How many parking spaces?	
C. Are any household members disabled?		If yes, who?	
What is the nature of the disability?			

IV. Co-op Experience & Expectations

A. Describe your experience with Co-ops, community organizations, and volunteer work:

Name of Organization	Dates From – To	Type of Involvement

B. The minimum contribution is eight hours of your time per month. Please check the Committees you are interested in joining and describe what you can contribute to them:

Check	Co-op Committees	Describe Your Contribution
<input type="checkbox"/>	Board of Directors	
<input type="checkbox"/>	Social Committee	
<input type="checkbox"/>	Finance Committee	
<input type="checkbox"/>	Membership Committee	
<input type="checkbox"/>	Maintenance Committee	

C. Check the skills you can share with the Co-op:

<input type="checkbox"/> record keeping	<input type="checkbox"/> minute taking	<input type="checkbox"/> gardening	Specify other skills:
<input type="checkbox"/> electrical	<input type="checkbox"/> plumbing	<input type="checkbox"/> carpentry	
<input type="checkbox"/> bookkeeping	<input type="checkbox"/> home repair	<input type="checkbox"/> painting	

V. References [please print clearly]

A. Residences — List all residences during the past five years:

Name of Owner/Manager	Address	Telephone

B. Employment — List all employers during the past five years:

Name of Employer	Address	Telephone

VI. General Information

A. How did you find out about INTI Housing Co-op?

B. Please use the following space to explain why you would be an asset to the INTI Housing Co-op community:

VII. Emergency Contact [please print clearly]

Name:	Relationship:
Address:	Tel/Home:
	Tel/Work: