APPLICATION FORM

SOJOURN HOUSING CO-OPERATIVE

FOR

conduct a financial verification to confirm that the answer provided here is correct and that your household does meet the income requirement.

1763 NELSON STREET, VANCOUVER (BC) V6G 1M6

DATE (DD.MM.YYYY):

	DO YOU REQUIRE A WHEELCHAIR ACCESSIBLE UNIT ? YES NO								
	DO YOU REQUIRE PARKING? YES NO								
BEDROOM SUITE	DO YOU REQUIRE A SUBSIDY*? YES NO			*Applicants requiring subsidy are welcome to apply, however we currently have no subsidy units available. Subsidy units become available if we go below our current maximum of subsidized units and it's unfortunately impossible to predict when that will be.					
APPLICANT FOR PRINCI	PAL MEMBERSH	IP		PLICANT	FOR AS	SOCIATE	MEMBE	ERSHIP*	
Last Name:			Last Na	ime:					
First Name:	First Name:								
Age 19-30 31-40 41-50	Relationship to Applicant:								
Address (including postal code	 		Age 19-30	31-40	41-50	51-60	61-70	over 70	
Phone (personal):									
Email:			Phone	(personal):					
Source of Income (Ex.: GAIN, CPP,	Email:								
Employer:			Source	of Income(E)	k.: GAIN, CPP,	OAS):			
Employer City & Province:	Employer:								
Position:			Employ	er City & Prov	/ince:				
Phone (work):			Positio	ı:					
The minimum household incon 1-bedroom is \$40,480 and \$4			Phone	(work):					
Does your household meet the income requirements? IMPORTANT NOTE: Should you be constor a suite, the membership comittee we	*Associate member is required to purchase one non-refundable share and resides with the Principal Member. In the case of death or withdrawal of the Principal Member an Associate Member is no longer entitled to occupy the unit but can apply to become a Principal Member.								

OTHER HOL	USEHO	LD ME	EMBERS					
First and Last Name				Date of Birth (DD.MM.YYYY)	Relationship to Applicant			
					_			
PET POLICY Sojourn Housin		has a p	et policy that you view by	clicking	gthe link here .			
Do you have any pets? Please list the kind			Please list the kind, bree	ed and q	uantity of pet. Ex.: 1 german sheppa	ard dog, 3 cats, 4	hamsters	
YES	NO	0						
HOUSING B	BACKGF	ROUNI	D					
How long have you lived at your current address?					Are you currently living in a housing Co-op?	YES	NO	
Current rent or housing charges			\$		If yes, please provide the name of your Co-op :			
Current Landlord's Name		Phone Number		Co-op President's Name	Phone Nur	Phone Number		
If you have live your previous a		less tha	nn 2 years, please provide	<u> </u>				
CO-OP EXP	ECTATI	ONS &	& REQUIREMENTS					
are required to in work parties	serve or s, provide	n comm assista	ittees, attend monthly ge	neral m and ma	and the Occupancy Agreement of So eetings, attend annual board/memb aintenance of the building (work rost	ership meetings,	, participate	
Please indicate	e the type	e of con	nmittee work you would li	ke to do	:			
Membership	embership Board of Directors			Other (please specify):				
Maintenance			Lawn & Garden					

Re-Decoration

Odd-Jobs

Finance

Social

WHY DO YOU WANT TO LIVE IN A HOUSING CO-OP:

COMPLETED APPLICATION FORM CAN SENT VIA EMAIL AT: sojourn.membership@gmail.com

OR SENT VIA REGULAR MAIL AT:
ATT.: Membership Committee
1763 Nelson Street, Vancouver (BC) V6G 1M6

HOW TO KEEP YOUR APPLICATION ACTIVE

ONE IMPORTANT DATE TO REMEMBER: AUGUST 1st OF EACH YEAR

Please note: Every August, the membership committee does an audit of all the applications that were received throughout the past 12 months. To remain active on the waitlist, we ask that those who have applied on or before March 31st send an updated application form during the month of July, ensuring that it arrives by **August 1**st. Due to the volume of applications we receive, applicants who fail to send an updated application by that date, will unfortunately be removed from the waitlist.

SPECIAL EXCEPTION

Applications dated between March 31st and August 1st, will be kept on file until August 1st of the following year.

An updated application is only required by August 1st of the following year.