



Briar Rose Co-operative Homes Inc.  
575 Southworth Street, Welland, ON L3B 2A1  
Phone: 905-788-9130 Fax: 905-788-9142  
[www.briarroseco-op.com](http://www.briarroseco-op.com)

### PERSONAL INFORMATION CONSENT FORM

I/We have provided Briar Rose Co-operative Homes with personal information. I/We consent to the Co-op using it for the purposes stated and sharing it with the organizations specified.

The Co-op will use the information as follows:

- To contact me about this application.
- To determine my eligibility for housing and membership in Briar Rose Co-operative Homes.
- To determine my eligibility for relocation.
- To meet the requirements of federal or provincial laws, the Co-op's by-laws or occupancy agreements or any legally binding contracts.

The Co-op will share the information with the following other organizations when necessary:

- The auditors of the Co-operative.
- The Co-operative's lawyer.
- Government departments or agencies, as required by law.
- Credit Bureau

I/We understand that the Co-op will destroy personal information that it no longer needs.

I/We understand that if I/We have any former arrears owing to any non-profit or co-operative housing provider and have not made acceptable payment arrangements or are not maintaining those arrangements, I/We will be deemed ineligible for rent-geared-to-income (RGI) assistance. I/We further consent to the sharing of any former tenant/member arrears with on-profit housing corporations/co-operatives and other municipal, provincial and federal departments and agencies that assist in the provision of affordable housing.

I/We have read and received a copy of this statement.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

Unit Interested In: \_\_\_\_\_

Preferred Move-In Date: \_\_\_\_\_



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**APPLICATION FOR MEMBERSHIP**

**APPLICANT:**

**CO-APPLICANT:**

\_\_\_\_\_  
Surname                      First Name

\_\_\_\_\_  
Surname                      First Name

\_\_\_\_\_  
Address                                      Apt. #

\_\_\_\_\_  
Address                                      Apt. #

\_\_\_\_\_  
City, Province, Postal Code

\_\_\_\_\_  
City, Province, Postal Code

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Work Phone Number

\_\_\_\_\_  
Work Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
e-mail

\_\_\_\_\_  
e-mail

**OTHER MEMBERS OF HOUSEHOLD:**

Surname	First Name	Relationship to Applicant	Date of Birth	M/F
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**APPLICANT**

**CO-APPLICANT**

Length of stay at present address:

\_\_\_\_\_

\_\_\_\_\_

Do you own present dwelling?

\_\_\_\_\_

\_\_\_\_\_

Monthly rent:

\_\_\_\_\_

\_\_\_\_\_

Are utilities included?

\_\_\_\_\_

\_\_\_\_\_

If so, average monthly utility charge:

\_\_\_\_\_

\_\_\_\_\_

**PRESENT LANDLORD OR MORTGAGE COMPANY:**

**APPLICANT:**

**CO-APPLICANT:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

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

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

**PREVIOUS ADDRESS:**

**APPLICANT:**

**CO-APPLICANT:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Length of stay: \_\_\_\_\_

Length of stay: \_\_\_\_\_

**PREVIOUS LANDLORD:**

**APPLICANT:**

**CO-APPLICANT:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

May we use your present landlord and/or previous landlord as a reference? YES / NO

If no, please explain: \_\_\_\_\_

Does any member of your household have any health problems that may affect your housing needs?  
YES / NO

If yes, please explain: \_\_\_\_\_

Do you require parking space(s) for a car(s): YES / NO If yes, how many? \_\_\_\_\_

Make: \_\_\_\_\_ Licence #: \_\_\_\_\_ Year: \_\_\_\_\_

Make: \_\_\_\_\_ Licence #: \_\_\_\_\_ Year: \_\_\_\_\_

Do you own any other vehicles? (trailer, ski-doo, boat, motorcycle) \_\_\_\_\_

Do you own any pets? YES / NO *Pet Policy states 1 dog per family up to 35 lbs. or a maximum of 2 cats. Cats must be litter box trained. Exotic animals not allowed.*

Dog Breed: \_\_\_\_\_ Weight: \_\_\_\_\_

Cat How many? \_\_\_\_\_

Please note any skills or interests that you would like to share with the Co-op:

\_\_\_\_\_

Do you know anyone living in this or any other Co-operative?

\_\_\_\_\_

How did you hear about BRIAR ROSE CO-OPERATIVE HOMES INC.?

\_\_\_\_\_

**VERIFICATION OF INCOME:**

**If there are more than two people receiving income, list additional information on a separate page. Please attach appropriate proof of income to this application (last 3 consecutive pay stubs or letter from employer).**

	<b>APPLICANT:</b>	<b>CO-APPLICANT:</b>
Gross Monthly Income:	_____	_____
Income from Other Sources:	_____	_____
Total Household Income:	_____	_____
List All Assets:	_____	_____
	_____	_____
Occupation:	_____	_____
Employer:	_____	_____
How long with present employer:	_____	_____

**CREDIT INFORMATION:** The following information is required in order to conduct credit checks. Each applicant will have the opportunity to discuss any unfavourable information that may be uncovered.

	<b>APPLICANT:</b>	<b>CO-APPLICANT:</b>
Date of Birth:	_____	_____
Social Insurance Number:	_____	_____
Driver's Licence Number:	_____	_____
Outstanding Loans/Debts (excluding mortgage)		
Lender:	_____	_____
Address:	_____	_____
Lender:	_____	_____
Address:	_____	_____

List others on separate page. If you are aware of any outstanding credit problems which may affect your credit reference, please provide any information which may help in the assessment of your application.

**I/We declare that all the information on this applicant is correct.**

**I/We understand that only members of BRIAR ROSE CO-OPERATIVE HOMES INC. may occupy a housing unit and I/We hereby apply for membership in the Co-op.**

**I/We understand that this application must be accompanied by the following:  
Income verification in a form suitable to the Co-op for each member of the household who receives an income.**

**I/We understand that the Co-operative is formed for the purpose of providing housing at a cost to its' members and that the membership includes the responsibility to participate in the Co-operative.**

**I/We understand that accommodation in the Co-operative depends on being accepted for membership in the Co-operative, by the Board of Directors.**

**I/We understand that if accepted for membership and offered a unit, a one-time membership fee of five dollars (\$5.00) per adult will be required. The undersigned consents to the obtaining of credit and/or personal information as may be required at any time in connection with the home hereby applied for, or any renewal of extension thereof, and to the disclosure of any credit information concerning the undersigned to any credit report agency or to any person with whom the undersigned has, or proposed to have, financial relations.**

Applicant (signature): \_\_\_\_\_ Date: \_\_\_\_\_

Co-applicant (signature): \_\_\_\_\_ Date: \_\_\_\_\_