



Ashworth Square Co-op

APPLICATION FOR MEMBERSHIP

Please complete the application and return it to the office at 101-3180 Kirwin Ave, Mississauga. If you have any questions feel free to contact the office.

APPLICANT #1: Everyone over the age of 16 is considered an applicant for membership

Mr Mrs Ms. Last Name: _____ First Name: _____

Marital Status Single Divorced Common-Law Married Widow Other: _____

Date of Birth (yyyy/mm/dd): _____ Sex: Male Female

Status in Canada: Canadian Resident Landed Immigrant Other: _____

S.I.N. #: _____ Drivers License #: _____

Present Address _____
Address Apt # City Province Postal Code

Telephone: Home _____ Work _____ Other _____

Present Accommodation: Own Rent Temporary Co-own

Landlord: _____
Name Address Phone #

Have you ever received an eviction notice? Yes No Eviction Date: _____

Reasons: _____

APPLICANT #2: (who will be a lease holder and live with you)

Mr Mrs Ms. Last Name: _____ First Name: _____

Marital Status Single Divorced Common-Law Married Widow Other: _____

Date of Birth (yyyy/mm/dd): _____ Sex: Male Female

Status in Canada: Canadian Resident Landed Immigrant Other: _____

S.I.N. #: _____ Drivers License #: _____

Present Address _____
Address Apt # City Province Postal Code

Telephone: Home _____ Work _____ Other _____

Present Accommodation: Own Rent Temporary Co-own

Landlord: _____
Name Address Phone #

Have you ever received an eviction notice? Yes No Eviction Date: _____

Reasons: _____

Unit Size

What size of unit do you need?

One Bedroom Two Bedroom Three Bedroom Four Bedroom

Do you require a accessible unit? Yes No

When would you be able to move? _____



ASHWORTH SQUARE CO-OPERATIVE APPLICATION FOR MEMBERSHIP - PAGE 2 -

APPLICANT #3: (who will be a lease holder, but will live with you)

Relationship to Applicant: _____ Student: Yes No

Mr Mrs Ms. Last Name: _____ First Name: _____

Marital Status Single Divorced Common-Law Married Widow Other: _____

Date of Birth (yyyy/mm/dd): _____ Sex: Male Female

Status in Canada: Canadian Resident Landed Immigrant Other: _____

S.I.N. #: _____ Drivers License #: _____

Present Address _____
Address Apt # City Province Postal Code

Telephone: Home _____ Work _____ Other _____

Present Accommodation: Own Rent Temporary Co-own

Landlord: _____
Name Address Phone #

Have you ever received an eviction notice? Yes No Eviction Date: _____

Reasons: _____

APPLICANT #4: (who will be a lease holder, but will live with you)

Relationship to Applicant: _____ Student: Yes No

Mr Mrs Ms. Last Name: _____ First Name: _____

Marital Status Single Divorced Common-Law Married Widow Other: _____

Date of Birth (yyyy/mm/dd): _____ Sex: Male Female

Status in Canada: Canadian Resident Landed Immigrant Other: _____

S.I.N. #: _____ Drivers License #: _____

Present Address _____
Address Apt # City Province Postal Code

Telephone: Home _____ Work _____ Other _____

Present Accommodation: Own Rent Temporary Co-own

Landlord: _____
Name Address Phone #

Have you ever received an eviction notice? Yes No Eviction Date: _____

Reasons: _____

Persons Under the age of 16

	First Name	Last Name	Date of Birth: (yyyy/mm/dd)	Gender
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____



ASHWORTH SQUARE CO-OPERATIVE APPLICATION FOR MEMBERSHIP - PAGE 3 -

PREVIOUS TENANCY

Name: _____

Previous Address _____
Address Apt # City Province Postal Code

Landlord: _____
Name Address Phone #

Subsidized: Yes No Arrears: Yes No

Occupancy: From: _____ To: _____

PREVIOUS TENANCY

Name: _____

Previous Address _____
Address Apt # City Province Postal Code

Landlord: _____
Name Address Phone #

Subsidized: Yes No Arrears: Yes No

Occupancy: From: _____ To: _____

PREVIOUS TENANCY

Name: _____

Previous Address _____
Address Apt # City Province Postal Code

Landlord: _____
Name Address Phone #

Subsidized: Yes No Arrears: Yes No

Occupancy: From: _____ To: _____

If you do not want us to contact your landlord, please explain why.

How much rent do you currently pay a month? _____

How much notice do you need to give to move out of your current accommodation? _____

If you pay extra utilities , how much do you pay per month? _____

All applicants for membership must provide proof of income when they apply. The checklist at the end of this application will help you to decide what is considered income. Proof of income can be copies of recent pay stubs, the most recent tax assessment or a letter from your employer which says how much your earn. If you are receiving Ontario Works or Ontario Disability Support, proof of income is your statement of assistance and your drug card.

ALL FINANCIAL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.



ASHWORTH SQUARE CO-OPERATIVE APPLICATION FOR MEMBERSHIP - PAGE 4 -

HOUSEHOLD INCOME

We need to know about everyone's income. Please give the before-tax income (gross income) per month.

Adult 1 - Income All Sources (Please attach verification for each source of Income)

Employment: Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Employer
Social Assistance: Yes <input type="checkbox"/> No <input type="checkbox"/>	Type: <input type="checkbox"/> Ontario Works <input type="checkbox"/> Ontario Disability Support Plan (ODSP)
Self-Employment: Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Business
Pension Yes <input type="checkbox"/> No <input type="checkbox"/>	Type(Attach Copy or Stub)
Other Income Yes <input type="checkbox"/> No <input type="checkbox"/>	Type Source
Assets Yes <input type="checkbox"/> No <input type="checkbox"/>	Type Value \$
Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of School or Institution:

Adult 2 - Income All Sources (Please attach verification for each source of Income)

Employment: Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Employer
Social Assistance: Yes <input type="checkbox"/> No <input type="checkbox"/>	Type: <input type="checkbox"/> Ontario Works <input type="checkbox"/> Ontario Disability Support Plan (ODSP)
Self-Employment: Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Business
Pension Yes <input type="checkbox"/> No <input type="checkbox"/>	Type (Attach Copy or Stub)
Other Income Yes <input type="checkbox"/> No <input type="checkbox"/>	Type Source
Assets Yes <input type="checkbox"/> No <input type="checkbox"/>	Type Value \$
Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of School or Institution:

Adult 3 - Income All Sources (Please attach verification for each source of Income)

Employment: Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Employer
Social Assistance: Yes <input type="checkbox"/> No <input type="checkbox"/>	Type: <input type="checkbox"/> Ontario Works <input type="checkbox"/> Ontario Disability Support Plan (ODSP)
Self-Employment: Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Business
Pension Yes <input type="checkbox"/> No <input type="checkbox"/>	Type (Attach Copy or Stub)
Other Income Yes <input type="checkbox"/> No <input type="checkbox"/>	Type Source
Assets Yes <input type="checkbox"/> No <input type="checkbox"/>	Type Value \$
Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of School or Institution:



ASHWORTH SQUARE CO-OPERATIVE APPLICATION FOR MEMBERSHIP - PAGE 5 -

GENERAL INFORMATION:

Members at Ashworth Square Co-operative have the right and responsibility to get involved at the Co-op. Please describe any volunteer experience you may have:

How do you see yourself becoming involved at Ashworth Square Co-op?

Why would you like to live at Ashworth Square Co-op?

How Did you hear about Ashworth Square Co-op? Member who lives at Ashworth Square Advertising Drive by PHCHF Website Other: _____

Do you have any questions about Ashworth Square Co-op or Co-operative living?

- I/We understand that to live in Ashworth Square Co-op we must become members and must sign an occupancy agreement.
- I/We understand that Ashworth Square Co-op provides housing at cost to its members.
- I/We understand that the Co-op expects members to share the responsibility of running the co-op.
- I/We understand that we must be interviewed for membership and can become members only if the Co-op accepts us. Applying does not mean that we will be accepted.
- I/We understand that if we are accepted for membership and are offered a unit, that we must pay a one-time membership fee of \$15.00 per adult member.
- I/We declare that all the information in this application is correct. We give the co-op permission to verify any or all of the information, and to do a credit check.

Signatures of everyone over 16 who is applying:

Name: _____ Signature: _____ Date: (yyyy/mm/dd) _____

Name: _____ Signature: _____ Date: (yyyy/mm/dd) _____

Name: _____ Signature: _____ Date: (yyyy/mm/dd) _____

