



## APPLICATION TO RESIDE IN AN EXISTING MEMBER UNIT HARRIS ROAD HOUSING CO-OPERATIVE

For Unit: \_\_\_\_\_

Date: \_\_\_\_\_

Our Co-op policies state that any person residing in any unit for longer than 6 weeks must apply for residency through our Board of directors, and be added to the unit's paperwork. As such, you must complete this form, which is to be returned to the on-site caretaker.

All new residents and members must provide a recent (within the past 6 months) criminal record check for every applicant over age 19), to be submitted with this form.

If you are also applying to be an associate member within the unit, in addition to the criminal record check, you must also provide 3 consecutive paystubs and a \$10 associate member fee. You will also be required to fill out an associate member form with the on-site caretaker.

This application will be reviewed by the Harris Road Board of Directors, and your residence/membership will be decided on based on the documents and application provided.

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to Unit Member: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone (home): \_\_\_\_\_

Telephone (mobile): \_\_\_\_\_ Telephone (work): \_\_\_\_\_

### OTHER RESIDENTS MOVING IN WITH YOU (Children / boarders, etc.)

<u>Name:</u>	<u>Age:</u>	<u>M/F/Other:</u>	<u>Relationship to Unit Member:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### VEHICLES (all vehicles must be insured and be in running condition)

Number of vehicles: \_\_\_\_\_ Make of vehicle: \_\_\_\_\_

Model of vehicle: \_\_\_\_\_ License plate: \_\_\_\_\_



Harris Road Housing Co-Operative  
19225 119 Avenue, Pitt Meadows, BC V3Y 2B2  
Phone: 604-465-1938

### **EMERGENCY CONTACT**

(Individual not residing with you, in case of emergency)

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

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

Telephone (home): \_\_\_\_\_ Telephone (mobile): \_\_\_\_\_

### **EMPLOYMENT**

Employer name: \_\_\_\_\_

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

Length at Employer: \_\_\_\_\_

Do you expect any changes to your income in the next 12-month period? \_\_\_\_\_

#### **For the completion of your application, you are required to provide the following:**

I am aware that the Harris Road Housing Co-operative abides by policies, procedures, rules, and regulations put in place by Provincial/Territorial Housing Co-op regulations, the BC Cooperative Association Regulation, and the CHF BC (Co-operative Housing Federation of BC) rules, and the Co-op's membership policies and procedures. Additionally, I understand that the Co-op has a crime-free housing policy, which all residents are subject to.

I hereby authorize Harris Road Housing Co-operative to verify and confirm the enclosed income information in whatever way they may deem appropriate as well as for the purpose of a credit check.

I certify that the information given in this application form and in the attached documentation is true, complete, and correct in every detail, and I fully disclosed our income from all sources. I understand this declaration has the same force and effect in law as a sworn statement under the Canada Evidence Act.

I also hereby consent to Harris Road Housing Co-op its agents or employees receiving information concerning my current or past residences from persons having such information. All such information shall be considered confidential and shall not be revealed to anyone except for the purpose of application for membership in Harris Road Co-operative.

Date: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Harris Road Housing Co-Operative, as managed by New Life  
Harrisroad@newlifemgt.com