

**ALBRO COURT HOUSING CO-OPERATIVE
APPLICATION FOR MEMBERSHIP
Cedar Court, Dartmouth N.S. B3A2K2**

1. APPLICANT

Last Name	First	Date Of Birth
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Current Address	Postal Code
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Home Phone	Cell	Work
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Please Check Here If Your Number Is Unlisted

E-Mail Address

2. CO-APPLICANT

Last Name	First	Date Of Birth
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Current Address	Postal Code
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Home Phone	Cell	Work
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Please Check Here If Your Number Is Unlisted

E-Mail Address

3. OTHER HOUSEHOLD MEMBERS

Last Name	First	D.O.B.	M/F
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Last Name	First	D.O.B.	M/F
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Last Name	First	D.O.B.	M/F
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Last Name	First	D.O.B.	M/F
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If You Need More Space, Please Use Back Of Page

4. Have You Applied To Albro Court Housing Co-Operative In The Past? YES NO

If yes, When? _____

Do you know anyone currently residing in the co-op?

YES NO

If yes, Who? _____

5. Housing Background:

Name and number of current land-lord/superintendent

How long have you lived at this location? _____

If less than 2 years, please provide previous land-lord/superintendent credentials

Please list any pets you may have: _____

Please list any skills/hobbies that you have: _____

6. Household Income:

Please list your monthly source and gross for each Household member.

The Membership Committee along with the Board of Directors are the only people that will see this information.

Name Employer/Source Of Income Gross (Per Month)

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Name Employer/Source Of Income Gross (Per Month)

- **Housing charges include Heat, Hot Water, and two parking spaces**
- **Members are required to supply their own refrigerator, stove, washer and dryer.**
- **Once you become a member of ACHC you are required to purchase tenants insurance and provide proof of coverage upon acceptance.**
- **Members participation is required (Min. Of 4 hours per month, this does not include General Meetings)**
- **If accepted into ACHC a one-time membership fee of \$5.00 per person is required for all Members above the age of 18.**
- **Any information given on this application that is proven to be untrue will result in non-consideration.**

7. Privacy Act:

- **All information on this application is property of Albro Court Housing Co-Operative, and will not be revealed to anyone outside of said Co-Op without consent of said applicants.**

8. References:

- **Please provide at least two references, other than family members.**

Name	Phone Number	Relationship to applicant
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Name	Phone Number	Relationship to applicant
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Name	Phone Number	Relationship to applicant
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Applicants Signature	Date:
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Applicants Signature	Date:
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This application will be kept on file for a total of one calendar year and then will be shredded, at that point you can re-apply.

Albro Court Housing Co-op “A Nice Place To Live”