



APPLICATION FOR AN APARTMENT

I register my application for an apartment
because I wish to get involve as a member of the Cooperative

Signature of the candidate

REQUESTED APARTMENT

1-1/2

3-1/2

4-1/2

1^{er} choice

2nd choice (if any)

TOTAL NUMBER OF PERSONS TO OCCUPY APARTMENT

Adult(s) _____ Children _____

List all persons who will occupy the apartment other than the candidates

NAME

Year of birth

Relation to candidate

CANDIDATE

CO-CANDIDATE

NAME

Address – App

City – Postal code

HOME phone

CELL phone

EMAIL

Since when at this address?

End date of actual lease

Previous address

DATE OF BIRTH

EMPLOYMENT REFERENCES

PRESENT EMPLOYER

Since when?

Address

Work phone

Occupation

Gross annual income

OTHER INCOMES

FORMER EMPLOYER

Employment period

Salary

Salary

CANDIDATE

CO-CANDIDATE

Income without working (Retired, students, others...)

Gross annual income _____
Source of income _____

FINANCIAL OBLIGATIONS

Alimony _____
Other payments / Debts _____

OTHER REFERENCES

Present landlord _____
Tel _____ Tel _____

<p>How did you hear about our coop ?</p> <p>_____</p> <p>Do you know any persons who reside in the coop ?</p> <p>Nom _____ Adresse _____ Tel _____</p>

PETS

Do yo have pets ? YES _____ NO _____
If YES, how many ? Cats _____
Dogs _____ Breed _____ Weight _____

VÉHICLES

Number of cars _____ Number of motorcycles _____
Do you intend to acquire more vehicles ? YESI _____ NO _____

<p align="center">IMPORTANT INFORMATION</p> <ul style="list-style-type: none"> • Smoking is prohibited in apartments and balconies. • Washing machines, dishwashers and clothes dryers are prohibited in apartments. • Garage rental is mandatory when available. • Tenant insurance (personal liability) is mandatory as a member.

- It is understood that any breach of your contractual obligations (member’s contract, lease, building regulations, all other rules or policies of the cooperative) can result in the loss of the rental discount provided to members of the coop.
- It is understood that the present application does not constitute an obligation for Terrasse Soleil to rent me an apartment.
- I agree and understand that an investigation on my solvency my be made at any time concerning the above request and to assume the administration fees (non refundable).
- I also accept that the references given be verified.
- I hereby certify that the information given in this request is correct and complete. Any false information given will result in the reject of this request.

DATE _____

SIGNATURES

CANDIDATE

CO-CANDIDATE

NAME _____

Address _____

Phones _____

You must answer all questions

AVAILABILITY

√ Check the days and times that you can contribute.

If you have no availability, the coop is not for you !

	Day	Evening
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

SKILLS

√ Check and describe the activities for which you can give time.

Manual works, maintenance, painting : _____

Gardening, grounds maintenance : _____

Office work, filing, data entry : _____

French to English translation : _____

Computer skills, specify the software in which you are competent : _____

Organisation/supervision of human resources, team leader : _____

Building management, finances, project coordinator, member of the board of directors: _____

What kind of work do you do ? _____

What are your talents ? _____

Which talents would you like to share with the coop ?

