



**COOPERATIVE D'HABITATION
TERRASSE SOLEIL**

11 550 boul. Pierrefonds _ suite 102 _ Pierrefonds _ H8Y 2Y9

Tél. (514) 683-4112

Fax. (514) 683-6042

APPLICATION FOR AN APARTMENT

SIZE OF APARTMENT REQUESTED

1-1/2

3-1/2

4-1/2

1st CHOICE

[]

[]

[]

2ND CHOICE (if any)

[]

[]

[]

TOTAL NUMBER OF PERSONS TO OCCUPY DWELLING:

_____ ADULT (S)

_____ CHILDREN

**List all persons to occupy dwelling
other than candidates**

Year of birth

Relation to candidate

CANDIDATE

CO-CANDIDATE

NAME

ADDRESS

CITY/POSTAL CODE

HOME PHONE NUMBER

CELLULAR

How long have you resided at this address?

Availability

End of present lease:

EMPLOYMENT REFERENCES

PRESENT EMPLOYER

SINCE WHEN

ADDRESS

WORK PHONE NUMBER _____
OCCUPATION _____
GROSS ANNUAL INCOME _____
OTHER INCOMES _____

INCOME IF YOU ARE NOT WORKING (RETIRED, STUDENT, OTHER...)

GROSS ANNUAL INCOME _____
SOURCE OF INCOME _____

DO YOU HAVE A PET: Yes _____ No _____

WHAT KIND OF PETS AND HOW MANY?

(IF YOU HAVE A DOG PLEASE INDICATE BREED, WEIGHT OR BOTH:

HOW MANY VEHICLES DO YOU OWN? _____

What kind of vehicle (car, motorcycle, etc.)

Do you have the intention of acquiring more vehicles? : yes _____ no _____

Tenant insurance is mandatory (personal liability) and in accordance with your member's contract you are obligated to provide us with a proof of your insurance. Do you accept to provide a proof of your tenant insurance each year?

Yes ____ No ____

OTHER REFERENCES

PRESENT LANDLORD _____
PHONE NUMBER _____

HOW DID YOU HEAR ABOUT OUR COOP? _____

DO YOU KNOW ANYONE THAT LIVES HERE?

NAME _____ **ADDRESS** _____ **TEL** _____

APPLICANT'S AVAILABILITY & SKILLS

Availability: Check the days and times for which you could contribute time to the co-op. Indicate all your availability knowing that you will not be expected to contribute all times. IF YOU HAVE NO AVAILABILITY THE COOP IS NOT FOR YOU

	AM	AFTERNOON	EVENING
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Skills: check the box of the activities for which you could volunteer

Manual labour, cleaning, painting: _____

Gardening, maintaining the grounds: _____

Office work, filing, data entry: _____

Translating documents from French to English: _____

Building management, finances, personnel management, being part of the Board of Directors: _____

Organization/supervision human resources, team leader: _____

Computer skills: _____

Comments or any other information you want to add: _____

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 cooperative. 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 may be made at any time concerning the above request and to assume the administration fees (non-refundable if you are accepted). 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 annul this request.

SIGNATURES: DATE _____

CANDIDATE

CO-CANDIDATE