



**WITS' END HOUSING CO-OPERATIVE**  
**1592 S.W. Marine Drive Vancouver,**  
**B.C., V6P 6M1**

Dear Applicant:

Thank you for contacting Wit's End Housing Co-op. We are sending you some information, an income form and an application form.

Please complete and return the application form by mail or drop it in our mailbox (located on the basement level in the office door). After receiving your completed application form, we will contact you when a suitable vacancy arises. You will be invited to visit the co-op and be interviewed by the membership committee.

We will keep your application in our active file for **six months**. If after six months you are still interested in our co-op, please let us know. Just write us a note or postcard saying you are still interested. You should also write us to update any information, which has changed: contact information or family size. Please contact us at the address below.

**THE MEMBERSHIP COMMITTEE**  
**WIT'S END HOUSING CO-OP**

**Please remove this page and keep it for your records.**

Co-op address:	Wit's End Housing Co-operative Membership Committee #409 – 1592 S.W. Marine drive Vancouver, BC V6P 6M1
Phone number:	603-263-0898
Fax number:	604-267-9487
Email address:	witsendcoop@shawbiz.ca
Website address:	www.witsendco-op.com

# WIT'S END HOUSING CO-OP

## FACT SHEET

Wit's End is a housing co-operative of 52 apartments in a four-story building. There is a common meeting room, two laundry rooms and a courtyard with an outdoor play area.

<u>Number of Units</u>	<u>Approximate size:</u>
12 one-bedroom units	500-625 sq ft
24 two-bedroom units	700-900 sq ft
11 three-bedroom units	875-1000 sq ft
5 four-bedroom units	1000-1100sq ft

Each unit has a living/dining room, bedroom(s), bathroom, kitchen and storage room. Each unit has either a patio/garden or a balcony. Underground parking stalls are available upon request (as per the parking policy) for an annual fee and a deposit for the garage gate FOB; each unit is assigned one storage locker. Hot water is included; all other utilities are paid for by the members.

## SUBSIDY APPLICATION FILE IS PERMANETLY CLOSED

**PLEASE NOTE: New members are not allowed to own dogs.**

### Current Market Housing Charge – 2017-2018

### The share purchase requirements are:

1 Bedroom	\$ 840	\$1,600.00
2 Bedroom	\$ 1,036	\$1,900.00
3 Bedroom	\$1,212	\$2,200.00
4 Bedroom	\$1,304	\$2,400.00

**Note: Housing Charges are subject to change every Fiscal Year (Sept.-Aug.)**

The share purchase must be made prior to move-in and will be repaid (without interest) at the time of move-out. If you owe the co-op money for: i.e., housing charges, fines, damage to your unit, etc, it will be deducted from your share purchase before it is paid back to you.

### The membership requirements are:

1. A commitment to the co-op principles and a willingness to participate in co-op activities and decisions (i.e.: attend meetings, participate in discussions and decision making, take on tasks and responsibilities).
2. Demonstration of financial responsibility.
3. An indication of permanency or long-term commitment to Wit's End.
4. An indication of co-operative attitude towards others.
5. No indication of prejudicial attitudes towards persons on the basis of race, religion, sex, age, income, ability, or sexual orientation.
6. At the time a vacancy occurs, household size and income must meet the needs of the coop at that time. Priority will be given to families and seniors.
7. **Pet Policy: No dogs allowed. Members may have 2 indoor cats.**
8. **Members must have household insurance with 3<sup>rd</sup> person liability.**

# APPLICATION FOR MEMBERSHIP

## 1. PERSONAL INFORMATION

<b>Member Applicant</b>	<b>Associate Member Applicant</b>
Name:	Name:
Address:	Address:
Telephone:	Telephone:
e-mail address:	e-mail address:
Birth Date (m/d/y):	Birth Date (m/d/y):
Occupation:	Occupation:
Employer:	Employer:
Address:	Address:
Contact:	Contact:
Telephone:	Telephone:
Length of Service:	Length of Service:

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Unit Type:	Application Received:
1 Bedroom    3 Bedroom	Visited Co-op:
2 Bedroom    4 Bedroom	Interviewed:
	Orientation:
MIN                      SUB	LEM                      MARKET
Recommended by Membership:	Unit Offered:
Recommended by Finance:	Date:
Recommended by Board:	Outcome:

**Other Residents:**

Name	Relationship to Applicant	Birth Date (m/d/y)

**Housing Needs:** 1 Bedroom 2 Bedroom 3 Bedroom 4 Bedroom

**Current Housing:**

Number of Bedrooms: \_\_\_\_\_ Length of Residence: \_\_\_\_\_

Reasons for Moving: \_\_\_\_\_

**Co-op Living:**

Please tell us more about what you know or have experienced with housing co-ops.  
What do you feel are the advantages and drawbacks of living in a co-op?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you prepared to contribute at least 6 hours per month to the co-op? \_\_\_\_\_

Please check the Committees you would be willing to participate on:

Finance	Maintenance
Membership	Board of Directors

References:	Name	Phone
Current or Previous Landlord:		
Work Supervisor:		
Personal # 1:		
Personal # 2:		

**Signature of Applicant(s):**

I hereby confirm that the information provided in this membership application is true and accurate. I understand that any false statements could be reason for the cancellation of this application and eviction from the co-op.

\_\_\_\_\_  
Print Name of Applicant Date

\_\_\_\_\_  
Print Name of Associate Applicant Date

SOURCES OF INCOME

Documentation for each source of income will be required prior to being accepted as a member. Please do not send your documentation with this form.

Source	Member	Associate Member	Other
Employment Earnings			
Self-employed Earnings			
Unemployment Insurance (EI)			
GAIN/Social Assistance (shelter allowance)			
Pension (OAS, CPP, or private pension)			
Workers' Compensation/WCB			
BC Family Bonus			
Foster Care Support			
Investment Income (interest and dividends)			
Child Support and/or Spousal support			
Any other income EXCLUDING: GST rebates, capital gains insurance settlements, inheritances, disability awards, sale of effects, gifts			
<b>TOTAL GROSS MONTHLY INCOME</b>			

I hereby confirm that the above information is true and accurate. I understand that any false statements could be reason for the cancellation of this membership application and eviction from this co-op.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Associate Applicant \_\_\_\_\_  
Date