

Frank McLoughlin Co-operative Homes Inc. Phone: 905 450-6085
 55 Maple Leaf Circle Fax: 905 450-6116
 Brampton, Ontario
 L6Y 4M9
 email: fgmcoop@yahoo.com

Application for Membership Check which size unit you would like Membership Fee: \$15 per adult	<input type="checkbox"/>	2 bedroom
	<input type="checkbox"/>	3 bedroom
	<input type="checkbox"/>	4 bedroom

Attention: This application is for market units only. We are not accepting applications for subsidy at this time.

When do you want to move:	How much notice to you have to give?
---------------------------	--------------------------------------

APPLICANT #1

Name:	Birthdate:
-------	------------

Maiden name or previous last names (if applicable):

Address:

City:	Province:	Postal Code:
-------	-----------	--------------

Phone:	Cell:	Work:
--------	-------	-------

Landlord's Phone Number:	Person to Contact?
--------------------------	--------------------

We require all landlords names & phone numbers for the past 3 years. Please list them below

S.I.N.	How long have you lived at this address?
--------	--

Employer	Employer's Phone Number:
----------	--------------------------

Job Title	Gross Income
-----------	--------------

Other Income	Other Income:
--------------	---------------

I/we declare that the information on this application form is correct and that the information given will be used to perform a credit check and any other search, for the purpose of establishing a credit check.

Signature	Date:
-----------	-------

Office Use Only:

Office Use Only:

Date application received:	Income Verification Provided:
----------------------------	-------------------------------

Membership fee paid:	Combined Income:
----------------------	------------------

--	--

Frank McLoughlin Co-operative Homes Inc.

Application for Membership

page two

Each additional adult moving into the unit, must complete this form

Co-Applicant

Attention: This application is for market units only. We are not accepting applications for subsidy or rent supplements at this time.

When do you want to move: _____ How much notice to you have to give? _____

APPLICANT #2

Name: _____ Birthdate _____

Maiden name or previous last names (if applicable): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Cell: _____ Work: _____

Landlord's Phone Number: _____ Person to Contact? _____

We require all landlords names & phone numbers for the past 3 years. Please list them below

S.I.N. _____ How long have you lived at this address? _____

Employer _____ Employer's Phone Number: _____

Do you have any pets? _____ Gross Income: _____

If so, what type & how many do you have? _____ Other Income: _____

I/we declare that the information on this application form is correct and that the information given will be used to perform a credit check and any other search, for the purpose of establishing a credit check.

Signature _____ Date: _____

Office Use Only:

Date application received: _____ Income Verification Provided: _____

Membership fee paid: _____ Combined Income: _____

Please list all children or others moving in with you:

	Name:	Birthdate	M/F	Relationship to Applicant
1				
2				
3				
4				
5				
6				

Please list all vehicles:

Make	Model	Year	VIN #	Colour	Plate #

**Only 2 parking spaces are available, 1 on the driveway, 1 in the garage.
There is no parking on the road or in the Visitor's parking area**

Please list all pets:

Type of Pet	Colour	Neutered/spayed	License
1			
2			
3			

**Please note: only 2 pets per household. No Breeding of Pets Allowed
No exotic pets without prior approval.**