Welcome

Thank you for your interest in applying for membership with the Arlington Grove Housing Co-operative. Please read the information on this page carefully before filling out our membership application form.

Instructions

- 1. Print out this document
- 2. Fill out and sign the form
- 3. Mail the form in or drop it off in person at our co-op office
- 4. Keep your application current by notifying us every six months of your continuing interest in becoming a member of our co-op

Mailing Address

Arlington Grove Housing Co-operative 3433 Burkholder Drive Vancouver BC V5S 4M9

What Happens Next

Our co-op takes membership applications at all times and keeps them on file for a minimum of six months. You can keep your application on file indefinitely by notifying us at six month intervals of your continuing interest in our co-op.

When a unit becomes available we initiate an interview process with applicants selected from our wait-list. The successful applicant will be contacted by our membership committee. At that point we initiate a verification of employment status and perform credit and reference checks. If the applicant is successful an offer of membership will be extended and the move-in process will begin.

Application for Membership

Title	First Name	I	Last Name	
Street Address	3			
City		Province	Postal Code	
Home Phone	Mobile	Birt	Birthdate (mm-dd-yy)	
Email Address				
List All Persons W	/ho Will Live In the U	nit		
First Name	Last Name	Birthdate (mm-dd-yy)	Relationship to Applicant	
Size of Unit				
Minimum numbe	er of bedrooms you r	equire		

Current Residence	(check o	one)		
Own Rei	nt _	How long have yo	u lived there?	
Landlord's Info if ap	plicable	:	Phone Number	
Address				
Co-operative Living	3			
Have you ever bee operative?	n a men	iber of a housing co-	Yes N	0
Name of the Co-op			Year	
Special Needs Info	rmation			
	Yes		Comments	
Wheelchair Access	;			
No Stairs				
Live In Attendant				
Other				
Other Information				
No. of Vehicles:		No. of Dogs:	No. of Cats:	

Employment Information

	Applicant	Spouse/Co-Applicant
Occupation:		
Employer Name:		
Phone Number:		
Years Employed:		
Financial Informatio	n	

The following table summarizes current housing charges (March 2016) for various unit sizes at Arlington Grove. Include is market rate, gross monthly income required for market rate, and also the minimum charge for the unit *if subsidy is available*. Rates are subject to change.

Unit Size *	Market Rate	Gross Monthly Income Required	Minimum Charge
1 bdr/apt	\$ 717	\$ 1992	\$ 502
2 bdr/apt	\$810	\$ 2250	\$ 567
2 bdr/twn	\$877	\$ 2436	\$814
3 bdr/twn	\$ 939	\$ 2608	\$ 657
3 bdr/twn/bsmt	\$ 1099	\$ 3053	\$ 769
4 bdr/twn/bsmt	\$ 1143	\$ 3175	\$800

^{*} bdr = bedrooms, apt = apartment, twn = townhouse, bsmt = basement included

	Name	Date (mm-dd-yy)	
Appli	cant's Signature		
	My household gross monthly income is less than the gross monthly income required for market housing charges and I require subsidy.		
	My household gross monthly income meets or excunit I am applying for.	ceeds the market rate for the	
Pleas	e check ONE of the following boxes:		