

**SUNRISE PLACE NON-PROFIT HOUSING CO-OPERATIVE INC.**  
 130 Centre Street South, Oshawa, Ontario, L1H 8R9  
 (905) 723-3128



**FOR OFFICE USE ONLY**

Date Application Received \_\_\_\_\_ Total Household Income \$ \_\_\_\_\_

Income Verification Done  Credit Check Done  Category \_\_\_\_\_

**Instructions:**

- Please print clearly & complete all sections of the Application. Indicate income for ALL adults in the household.
- Include your most recent Income Verification. i.e. income tax, bank statement etc.
- Ensure that the Application form is signed by all adults in the household.

**MEMBERSHIP INFORMATION**

**Sunrise Place Co-op** was formed to provide non-profit co-operative housing for its members. Membership involves contributing to the management and operation of the co-operative. A lifetime membership fee of \$5.00 per applicant will be required if approved for membership by the Co-op.

Please check areas of Committee Interest

- Board of Directors
- Member Selection
- Finance

What community activities are you/have been involved in?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HOUSEHOLD INFORMATION**

Do you have any special needs that affect your housing? \_\_\_\_\_

\_\_\_\_\_

Desired occupancy date

\_\_\_\_\_

- Unit desired (circle one)**
- 1 Bedroom Apartment
  - 2 Bedroom Apartment
  - 1 Bedroom Accessible Apartment

Reason for wanting to move

\_\_\_\_\_

The Co-op Pet Policy prohibits pets. List all currently owned pets.

\_\_\_\_\_

Will you require parking for an automobile

Yes  No

Sunrise Seniors Place dining room is available for use by Co-op Members. Would you use it?

- Regularly
- Occasionally
- Not at all

**Applicant**

**Spouse**

FULL NAME \_\_\_\_\_ male   
female

FULL NAME \_\_\_\_\_ male   
female

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

Unit No. \_\_\_\_\_ No. & name of street \_\_\_\_\_

Unit No. \_\_\_\_\_ No. & name of street \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Birth date \_\_\_\_\_  
(day/month/year)

Birth date \_\_\_\_\_  
(day/month/year)

Home Phone \_\_\_\_\_ Social Insurance No. \_\_\_\_\_

Home Phone \_\_\_\_\_ Social Insurance No. \_\_\_\_\_

**CURRENT TENURE**

Own  Co-op  Rent  Share

Own  Co-op  Rent  Share

If you rent, indicate Landlord or Superintendent's

If you rent, indicate Landlord or Superintendent's

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Length of stay at current address \_\_\_\_\_

Length of stay at current address \_\_\_\_\_

Current rent \$ \_\_\_\_\_ Utilities \$ \_\_\_\_\_  
(per mo.) (per mo.)

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**FINANCIAL INFORMATION**

Source(s) of income \_\_\_\_\_

Source(s) of income \_\_\_\_\_

Gross monthly income \$ \_\_\_\_\_

Gross monthly income \$ \_\_\_\_\_

Net monthly income \$ \_\_\_\_\_

Net monthly income \$ \_\_\_\_\_

Account no. \_\_\_\_\_

Account no. \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Phone No. \_\_\_\_\_

**Is there a need for other person(s) to occupy the unit other than those applicants named above?**

Yes  No  If yes, give name & details \_\_\_\_\_

**In Case of emergency**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

All information on this form will be kept strictly confidential.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I declare the above information is correct.  
I agree that the information may be used for a credit check.

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