



**CANADIAN HISPANIC VILLAGE
HOUSING CO-OPERATIVE LTD.**

89 Las Americas Villas N.E.

Calgary, Alberta T1Y 6^6

Ph: (403) 590-0868

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e-mail: Lasamericasvillas@Shaw.ca

APPLICATION FORM

Attached please include the following information:

1. Verification of Income (Pay Stubs) together with the most recent *Tax Assessment of the Applicant and Co-Applicant.
2. Current Letters of Employment of the Applicant and Co-Applicant.
3. Photocopies of the Legal Status in Canada of the Applicant and Co-Applicant.

DATE OF APPLICATION: _____

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*Tax Assessment can be obtained by calling the toll free number 1-800-959-8281.

FOR OFFICE USE ONLY	
Application received by:	
Date received:	Reviewed by:
Fee:	No. of Bedrooms: 3 4 5 6
Date of interview:	Move in date:

TO BE COMPLETED BY THE APPLICANT, please print		
APPLICANT'S PERSONAL DATA		
Applicant's Name:		
Applicant's Address:		
City:	Postal Code: -	Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/> Other: <input type="checkbox"/>
S.I.N.:	Home Phone number: ()	Business Phone number: ()

CO-APPLICANT'S PERSONAL DATA	
Co-Applicant's Name:	
Relationship to Applicant:	If different than applicant Home Phone number: () Business Phone number: ()

DEPENDENTS (Other than Co-Applicant)				
Name	Sex	Age	Relationship	Occupation

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LANDLORD'S ADDRESS:				Phone number: ()	
Type of accommodation:			Do you:		
Apartment <input type="checkbox"/> θ	Townhouse <input type="checkbox"/> θ	Share accommodation <input type="checkbox"/> θ	Rent <input type="checkbox"/> θ		
Duplex <input type="checkbox"/> θ	House <input type="checkbox"/> θ	Live overcrowded <input type="checkbox"/> θ	Own <input type="checkbox"/> θ		
Other: <input type="checkbox"/> Specify:			Length at present address:		

EMPLOYMENT HISTORY	
APPLICANT'S PRESENT EMPLOYER:	
Address of present Employer:	Postal Code:
Phone number:	Contact name:
Length of Employment:	Gross Salary: \$
APPLICANT'S PREVIOUS EMPLOYER:	
Phone number:	Contact name:
Length of Employment:	Gross Salary: \$

APPLICANT'S PRESENT EMPLOYER (If a second Job):	
Address of present Employer:	Postal Code:
Phone number:	Contact name:
Length of Employment:	Gross Salary: \$

CO-APPLICANT'S PRESENT EMPLOYER:	
Address of present Employer:	
Phone number:	Contact name:
Length of Employment:	Gross Salary: \$

CO-APPLICANT'S PRESENT EMPLOYER (If a second Job):	
Address of present Employer:	Postal Code:
Phone number:	Contact name:
Length of Employment:	Gross Salary: \$

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OTHER SOURCES OF INCOME: (Please be specific)					
0	Unemployment	\$	0	Social Services	\$
0	Student Loan	\$	0	Child Allowance	\$
0	Other	\$	Specify:		

VEHICLE INFORMATION			
Vehicle 1	Make:	Year:	Model:
Vehicle 2	Make:	Year:	Model:
Vehicle 3	Make:	Year:	Model:
Vehicle 4	Make:	Year:	Model:

ADDITIONAL INFORMATION

- Do you or any member of your family have any health or physical problem that will affect your housing needs?

- How did you know about this Co-Op? Please give us names.

- Why would you like to live in a Housing Co-Operative?

- Do you or your spouse have any skills that you feel may be of benefit to this Co-Operative?

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PLEASE LET US KNOW TO WHICH COMMITTEE YOU WOULD LIKE TO BELONG?

Social	0	Finance	0	Education	0
Maintenance	0	Membership	0		

I hereby declare the above information to be correct. I understand that this application does not constitute an agreement to provide me with accommodation, and I further acknowledge that this application will be kept confidential and is the property of the Canadian Hispanic Village Housing Co-operative.

Applicant's Signature

Co-Applicant's Signature

***In respect to pets, please check policies**