

APPLICATION FOR CO-OP HOUSING

APPLICANT

Last Name _____

First Name _____

Female ☐ Male ☐

Date of Birth _____

Address _____

Postal Code _____

Phone (home) _____

Phone (work) _____

e-mail _____

CO-APPLICANT

Last Name _____

First Name _____

Female ☐ Male ☐

Date of Birth _____

Address _____

Postal Code _____

Phone (home) _____

Phone (work) _____

e-mail _____

OTHER HOUSEHOLD MEMBERS

Please list all other household members who live with you (either full or part time)

Last Name	First Name	F/M	Date of Birth (day/month/year)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HOUSING REQUIREMENTS

Please check the unit type that you require?

☐ Bachelor ☐ 1 bedroom ☐ 2 Bedroom ☐ 3 Bedroom ☐ 4 Bedroom

Do you or any members of your household have mobility issues that affect your housing need?
Yes: ☐ No: ☐

PARKING

Do you require parking? Yes: ☐ No: ☐

PETS

Please tell us what pets you currently own: _____

Please note: Some co-ops have policies or rules restricting the number and/or type of pets that individuals may bring into the co-op.

HOUSING BACKGROUND

How long have you lived at your current address? _____

If you have lived there less than two years, please provide your previous address?

_____ Postal Code _____

Landlord's phone number _____

How much do you pay in rent each month? \$ _____

If you pay utilities, how much do you pay? \$ _____

REFERENCES

Most co-ops require two references. They prefer that at least one of your references is a current or previous landlord:

May we contact your current landlord for a reference? Yes ☐ No ☐

Name: _____ Phone Number: _____

If you do not want us to contact your current landlord, please explain the reason.

If we cannot contact your current landlord, please provide the name of your previous landlord:

Name: _____ Phone number: _____

HOUSEHOLD INCOME

Please give the monthly before-tax income of each household member.

Name of Applicant	Employer / Source of Income	Gross Monthly Income
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WHICH CO-OP(S) ARE YOU APPLYING FOR? (please refer to list of vacancies)

1: _____ 2: _____
3: _____ 4: _____

AUTHORIZATION FOR COLLECTION AND HOLDING OF PERSONAL INFORMATION PROTECTION STATEMENT

I agree that Pathways Housing Services may keep the information contained in this application and provide this application form to registered housing co-operatives with whom they are affiliated.

The sole purpose for collecting and sharing this information is to assist applicants in applying for co-op housing. Pathways Housing Services will use this information only for that purpose.

I also agree that the co-op(s) that receive this information may keep this information and share it with the following people/positions:

Co-op President, Treasurer, Secretary, Auditor, Bookkeeper, Committee Chairs
Department of Housing and Community Services, Co-op Coordinator or Management Company,
Co-op's Privacy Officer.

I understand that Pathways Housing Services or an affiliated registered co-op will use this information to:

- Contact me about housing
- Determine my eligibility for housing and membership
- Decide if I qualify for subsidy

I understand that Pathways Housing Services and affiliated co-ops will destroy personal information once it is no longer required.

By signing below, I acknowledge that I have read, understood and agree to the above statement. I further declare that the information provided on this application is correct to the best of my knowledge. I give the affiliated co-op permission to verify any or all of the information provided, and to complete a landlord check and credit check where permission has been given. **All members of the household 16 years of age and older must sign this statement.**

SIGNATURE

DATE

SIGNATURE

DATE

SIGNATURE

DATE

SIGNATURE

DATE

SIGNATURE

DATE

SIGNATURE

DATE

UPON RECEIPT OF YOUR APPLICATION PATHWAYS WILL

- Forward a copy of your application to our co-op clients for which you applied.
- Contact you by mail and confirm the receipt of your application. Please provide a stamped, self-addressed envelope for this purpose. Applications received without envelopes will not receive confirmation letters.

This application form is provided as a service to our co-op clients. Pathways does not have the ability to approve applications or provide housing to any individual.

MAIL OR FAX YOUR COMPLETED APPLICATION TO:

Pathways Housing Services
PO Box 152, DMPS
Dartmouth, NS
B2Y 3Y3

(902) 433-0105

Incomplete applications will not be processed

Information

The word “**Information**” means credit information, personal information, information about the services you use that are provided by **the Landlord** and information relating to your tenancy at **the Premises applied for in this application** including information regarding the duration of your tenancy, monthly rent, emergency contacts and any matters relating to your lease/tenancy agreement, including misrepresentations relating to, defaults under and/or breaches of your lease/tenancy agreement.

“**Credit Information**” means information about you, including your name, age, date of birth, occupation, place of residence, previous places of residence, occupancy length, co-occupant’s name and age, number of dependants, places of employment, previous places of employment, employment duration, estimated income, paying habits, outstanding debt obligations, cost of living obligations, involvement in bankruptcy proceedings or landlord and tenant disputes, assets, and banking information (including account and credit card information).

“**Personal Information**” means information about you other than credit information that is relevant to your suitability as a tenant, including your social insurance number (optional), driver’s license number and information from references which you provide about your character, reputation, physical or personal characteristics or mode of living or about any other matter concerning you that is relevant to your suitability as a tenant.

Collection, Use and Disclosure of Information:

In consideration for **the Landlord** accepting you as a tenant and entering into a lease/tenancy agreement with you, you expressly consent to and authorize the following:

1. **the Landlord** may obtain Information about you through a tenant check and/or credit or consumer report conducted by **Rent Check Credit Bureau** and as permitted or required by law. You expressly authorize **Rent Check Credit Bureau** to provide Information regarding you to **the Landlord**.
2. **the Landlord** may use Information about you to determine your suitability as a tenant and as permitted or required by law.
3. **the Landlord** may disclose Information about you as permitted or required by law and to **Rent Check Credit Bureau** in order to be included within a database of tenant information, and/or within a file on you, for purposes of:
 - establishing a credit history and a rental history;
 - comparing with aggregate statistical data for purposes of tenancy and credit scoring; and
 - supporting the credit approval process.
4. You expressly authorize **Rent Check Credit Bureau** to retain Information regarding you indefinitely for the purposes outlined in section 3 above, subject to any applicable legal restrictions.
5. You expressly authorize **Rent Check Credit Bureau** to disclose Information regarding you to its members and subscribers as required or permitted by law and for the purposes outlined in section 3 above.
6. You agree that you will not withdraw your authorization and consent to the collection, use and disclosure of Information about you by **Rent Check Credit Bureau** as outlined in sections 1 to 5 above.
7. You agree that all statements on this Application for Co-op Housing are true and you expressly authorize all references given to release information about you to **the Landlord** for verification subject to sections 1 to 5.

The undersigned applicant hereby confirms the “**Information**” set out on this Application for Co-op Housing.

Applicant(s) to complete:

Please provide your consent by checking the following box and signing in the appropriate space below,

☐ Yes, I/we have read, understood and voluntarily agree to the terms and conditions, and the collection use and disclosure of Information as outlined above.

Applicant’s signature

Co-applicant’s signature