



Cariboo Heights Housing Co-operative

57-7251 Cariboo Drive
Burnaby, BC, V3N 4Y3
Phone:(604) 526-5223 Fax:(604)526-5252



About Our Community

Cariboo Heights Housing Co-operative is a charming 56-unit townhouse family complex in East Burnaby situated just off the Highway #1 "Gaglardi" exit. Schools in the area include Armstrong Elementary, St. Michael's Elementary, Cariboo Highschool and Simon Fraser University. Public transportation via the no. 101 bus route provides access to SkyTrain and to shopping at nearby Lougheed Mall.

Applications are always welcome. Waiting Lists vary depending upon housing requirements. Applications will be held on file for **6 months** only.

Cariboo Heights Townhomes

Townhouse Type	Size	* Monthly Housing Charge (Market Value: Aug 2008-July 2009)	** Qualifying Income (Gross)
2 bedroom (1 bathroom)	1099 - 1164 sq. ft	\$ 1,014	\$40,920 - \$76,474
3 bedroom (1 ½ bath)	1293 - 1315 sq. ft.	\$ 1,157	\$46,640 - \$76,474
4 bedroom (1 ½ bath)	1452 square feet	\$ 1,288	\$51,880 - \$76,474
Wheelchair accessible	980 square feet	\$ 1,014	\$40,920 - \$76,474

* does not include utilities (hydro, cable, tel.) or Sector Support Fee of \$9.00 per unit, per month.

** if combined household income is below minimum, application for subsidy is required, but subject to availability.

MEMBER REQUIREMENTS:

1. TOTAL ANNUAL GROSS INCOME must NOT exceed \$76,474 – as per CMHC regulations.
2. Each household is required to purchase a share of \$1,500.
3. Home Insurance Policy with a liability of one-million dollars is mandatory upon move-in.
4. Pet Policy is one, domestic pet, per unit. (Cats and dogs must be spayed / neutered)
5. Participation Policy in effect.

TOWNHOUSE FEATURES:

- Wall-to wall carpeting
- Electric Heating: individually-controlled rooms
- Washer/Dryer Hook-up
- Kitchen appliances: electric stove and refrigerator included
- Window coverings: blinds and screens
- Storage Room
- One parking space (second parking space may be available on a first-come, first-serve basis)
- Cable modem compatible
- Digital cable compatible

COMMUNITY FEATURES

- Community Room/ Party Room with Kitchen and Bathroom
- Central Laundry Facilities
- Playground & Basketball Court
- Carwash Area
- Surrounded by trees and a designated Green Belt with walking / jogging trails.

PLEASE NOTE:

It is the Applicant's responsibility to notify the Co-op immediately of any changes to the information submitted. Your assistance in keeping our records up-to-date is appreciated.



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Part One: Application for Membership

A – Household Information

Household Composition: please print clearly and include ALL given names of income-earning applicants to ensure accuracy in credit approval process.

1. Primary Member Applicant	2. Associate Member Applicant
Name:	Name:
Address:	Address:
Occupation:	Occupation:
Work Telephone:	Work Telephone:
Home Telephone:	Home Telephone:
Birth date: (M/D/Y)	Birth date: (M/D/Y)

3. Other Members of Household

Surname	Given Name(s)	Birth date (M/D/Y)	Relationship to Primary Applicant
1.			
2.			
3.			
4.			

B – Housing Requirements

Note: Market Members can choose their unit size; those receiving rent supplement will be subject to BCHMC Occupancy Guidelines.

1. Number of bedrooms required:
2. Do you require a parking space: (yes/no) How many:
3. Pet Policy is one domestic pet per unit. Do you have a pet? (yes/no): Type: Is your pet spayed / neutered: (yes / no) (Copy of certificate required) Are immunization records up to date: (yes/no) (Copy of documentation required)
4. Do any members of your household have any health problems that affect their housing needs? If YES, please specify:
5. How long do you plan to live in the Co-op:

C – Participation

All Co-op members are expected to volunteer a minimum of 4 hours per month, per household, to help with the operation of the Co-op. Please specify your area of interest and note first and second preferences. Initial your choices if there is more than one adult applicant / volunteer in your household.

Board of Directors		Membership Committee		MAINTENANCE COMMITTEE
Finance Committee		Social Committee		1. General Maintenance (eg. Paint & Repair)
Newsletter Committee		Participation Committee		2. Lawn & Gardening

Please retain a copy of your completed application form for your reference. Submit original to the Co-operative.

D – General Information

1. How did you hear about Cariboo Heights Housing Co-operative?
2. Have you lived in a housing Co-op before and been involved in any other form of Co-operative?
3. Are you now, or have you in the past, been involved with any volunteer organizations, such as a community group, charity, service club, or trade union? Please elaborate:

E – Reference Information

Accommodation History: If the information requested below is not the same for each applicant, please provide additional information concerning each adult on a separate sheet.

1. How long have you lived at present address: (years/mos.)	2. Current monthly payments:
3. Current number of bedrooms:	4. Average monthly Hydro payments:
5. Do you currently own? (yes or no):	6. (If renting) Landlord's name:
7. Landlord's telephone: <small>(please indicate if there is a problem disclosing your intention to move)</small>	8. Landlord's address:
9. Your Previous address:	10. How long at previous address:

I / We certify that the information given in this application is correct and complete.

Print name:	Signature:	Date:
Print name:	Signature:	Date:

*** \$15 cheque – payable to “Cariboo Heights Housing Co-operative” to process credit check is collected at time of interview only**

***FIFTEEN DOLLAR (\$15.00) CHEQUE FEE RECEIVED BY:**

Print name:	Signature:	Date received:

For office use only:

Date applicant contacted:	Comments:
Date applicant contacted:	Comments:

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Part Two: Financial Information

1. Primary Member Applicant	2. Associate Member Applicant
Name:	Name:

1. In all categories of income, use **CURRENT GROSS ANNUAL FIGURES**.
2. List **ALL** sources of household income.

TYPE OF INCOME	PRIMARY APPLICANT	ASSOCIATE APPLICANT	OTHER HOUSEHOLD MEMBER(S)
Position			
Salary / Commission			
Self-Employed			
Pension			
Gain			
Child Support / Alimony			
Unemployment Insurance			
Other Income (specify)			
TOTAL(S)			

Other Information

Will there be significant changes in household income during the next 12 months? Yes _____ No _____
If YES, please give approximate date and reason(s):

Will there be significant changes in future to the number of occupants in household? Yes _____ No _____
If YES, please explain:

Are you willing to pay the current MARKET HOUSING CHARGE? Yes No

Employment Information

PRIMARY APPLICANT	ASSOCIATE APPLICANT
Employer (Company):	Employer (Company):
Contact Person:	Contact Person:
Telephone:	Telephone:
Address:	Address:
Start date at this employment:	Start date at this employment:

Declaration

I/We declare that all the information in this application is correct. I/We authorize the Co-operative to verify any or all of the information in my/our application, and give consent to the Co-operative, its employees or agents, to receive credit information from any credit agency or other person(s) having such information, using whatever means the Co-operative deems necessary and appropriate.

The terms and conditions set-forth above are acknowledged and agreed upon by:

Primary Applicant's name:	Signature:	Date:
Associate Applicant's name:	Signature:	Date:

Sector Support Contribution Consent

I / We hereby confirm that I / We agree to payment by the Co-operative of a sector support contribution equal to one percent of the capital cost of the project to the CO-OPERATIVE HOUSING FEDERATION OF CANADA. I / We will pay each month in addition to the housing charge, an amount representing my /our share of the mortgage repayment in respect of the sector support contribution.

Acknowledged and agreed upon by:

Primary Applicant's name:	Signature:	Date:
Associate Applicant's name:	Signature:	Date:

For office use only:

Credit check performed (Date):	Comments:
Other verification (if applicable):	Comments:

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