

**CASTLEFRANK COOPERATIVE HOME INC
1 TORCASTLE WAY, KANATA ON K2L2Y5
Telephone: 613-836-3235 / Email: castlef01@gmail.com**

Application for Membership

All information will be held in confidence and will be used by the Board of Directors.

PERSONAL & CONFIDENTIAL

Co-operative Information

Applicant:

Name: _____ Date of Birth: _____

Address: _____

Telephone #: Home: _____ Business: _____

Co-Applicant:

Name: _____ Date of Birth: _____

Address: _____

Telephone #: Home: _____ Business: _____

Other members of the household:

Surname	First Name	Gender	Birth Date	Relationship
1.				
2.				
3.				
4.				
5.				
6.				

Employment Applicant:

Employer Name: _____

Employer Address: _____

Position Held: _____

Type of Business: _____

Years with the employer: _____

Previous Employer & Address: _____

Previous position Held: _____

Type of Business: _____

Years with Employer: _____

Employment Co-Applicant:

Employer Name: _____

Employer Address: _____

Position Held: _____

Type of Business: _____

Years with the employer: _____

Previous Employer & Address: _____

Previous position Held: _____

Type of Business: _____

Years with Employer: _____

Residency Profile:

Please indicate three (3) previous address:

_____ How Long? _____

_____ How Long? _____

_____ How Long? _____

Transportation:

Number of vehicle in your Household: _____

Do you have any Pets: YES _____ NO _____

If yes, please fill in the pet information form. This form should be returned with your application.

In order to keep operating expenses to a minimum, Castlefrank Cooperative Homes will need a minimum of four (4) hours a month participation per member.

Which of the following would you best suited for:

- Serve on a committee
- Donate professional services
- Donate other skills
- Help with telephoning
- Help with typing
- Maintenance or outdoor work
- Other interests, please list:

Is there any other way you could help the Cooperative? i.e. special interest areas, access to resources, relevant skills.

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Pet care & Control Information Form

Type of Pet: Dog Cat Other

How many pets: Dog Cat Other

Owner's Name:

Owner's Address

Home Telephone #:

Office Telephone #:

Pet's Name:

Pet's Age:

Gender of Pet: Male: Female: Neutered:

License Tag(s) if applicable:

Most Recent Vaccination Date:

Name & Address Pet's Veterinarian:

Please describe as best you are able the description of your pet, any distinguishing markings and any other factors you feel are important (i.e. medication, fear of strangers, de-clawed, etc)

Note: If more than two (2) pets are residing in your household, please contact the office at 1 Torcastle Way, 613-826-3235 for additional forms.

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TREASURER / OFFICE ADMINISTRATION ONLY

Personal & Financial Information

Applicant Present salary:

Note: Enclose Employers letter of income verification

Co-applicant's present annual salary:

Note: Enclose Employers letter of income verification

Additional Income:

Applicant:

Co-applicant:

Total Household Gross Income:

Do you wish to apply for housing charge assistance? YES NO

Drive License:

Current Housing

Owner: Tenant:

Present Monthly Housing Costs:

Please specify average cost if above figure does not include:

Mortgage (P&I): Rent: Heat: Gas:

This is an application for membership in Castlefrank Cooperative. I understand that this application does not constitute an agreement on part of Castlefrank Cooperative Homes Inc. or its agents to provide me with the cooperative housing accommodations. I hereby authorise Castlefrank Cooperative Homes Inc. to make any inquires it deems necessary to consider this membership application.

There is a \$25.00 application fee for a credit check for applicants.

Applicant Signature: _____ Date:

Co-application Signature: _____ Date: