

Fee Paid:
Receipt No.:
Application No.:

**South Osborne Housing Co-op Ltd.
Application for Housing at South Osborne Place
360 Osborne Street, Winnipeg MB**

**c/o Brydges Property Management
Unit 2-1271 Sargent Avenue, Winnipeg MB R3E 0G3
Phone 204-489-9510 Fax 204-975-1540
Email: cherylh@brydgespm.com
Website: www.brydgespm.com**

To apply for housing at South Osborne Place, forward the following listed documents and fee to Brydges Property Management by mail, fax or email. Applications will only be processed after receipt of all documents and fees.

- Completed and signed Application.
- \$50.00 non-refundable application fee.
- Proof of Income Statement (option "C" print) for all applicants.
To obtain a Proof of Income Statement, call Canada Revenue Agency (CRA) at 1-800-959-8281 and ask for a statement to be mailed; or by logging into your CRA's [My Account](#), click on "Proof of Income Statement" to view and print a statement right away. (copies of your income tax return or T4's will not be accepted as proof of income.)

Anyone aged 55 years or over (South Osborne Place is a 55+ building) can apply to be a member of the Co-op.

South Osborne Housing Co-op gives priority to people whose annual gross income (pre-tax income) falls below the maximums set by the Manitoba Government's Elderly and Infirm Persons Housing Program. Those maximums are five times the annual housing charges for a unit.

A limited number of subsidized units are available from time to time.

South Osborne Housing Co-op Ltd.
Application for Housing at South Osborne Place
360 Osborne Street, Winnipeg MB

Hereinafter referred to as "SOP"

Application for Membership:

I/We hereby make an application for membership in South Osborne Housing Co-op Ltd. and for housing at South Osborne Place, 360 Osborne Street, Winnipeg, Manitoba.

I/We understand that the SOP building and entire property is SMOKE FREE.

I/We understand that SOP has a LIMITED PET POLICY that allows small caged birds and small fish aquariums (no live-in cats or dogs) that is strictly enforced.

I/We understand that membership includes some expectation of members to volunteer and participate in the Co-op's activities and committees.

I/We understand that:

- There is a non-refundable payment in the amount of \$50.00 to apply for Membership and Housing Accommodation.
- There is a payment in the amount of \$1,000.00 to purchase shares in the corporation and to become a member of SOP.
- All information on the application must be true and correct and I/we hereby authorize SOP or the representative of SOP to verify any and all of the information herein, including information relating to family members, spouses and/or other occupants as listed herein. Any reproduction of this authorization will be considered sufficient for the stated purpose of confirmation/verification.
- Any misrepresentation will give SOP valid reason to rescind, revoke or terminate my/our membership with SOP.
- SOP does not provide insurance of any kind for your personal contents in your unit. This is a member responsibility.
- Proof of liability insurance is required on or before the date of possession of a housing unit and further that it must be kept current so long as I/we are members of SOP.

Housing Information:

Do you currently own _____ or rent _____?

Present Landlord or Mortgage Company: _____

Address

Telephone

Previous Addresses (list all to provide history for the past 3 years):

I, _____, give permission for Brydges Property Management (on behalf of South Osborne Housing Co-op Ltd.) to provide and/or obtain a rental reference to and/or from any prospective/ previous/ current landlord. I understand that the following information will be discussed:

- How much my rent is and if I pay on time.
- How long I have been a tenant.
- Has proper notice been given to vacate.
- Have I had any NSF cheques and/or rent arrears.
- Have there been any complaints of nuisance and disturbance.
- Have there been any problems with my tenancy.

What is your preferred type of housing? Rank them in order of preference and exclude those types you would not accept.

___ 1 Bedroom

___ 2 Bedroom 1 Bathroom

___ 1 Bedroom Mobility

___ 2 Bedroom 1 Bathroom Mobility

___ 2 Bedroom 2 Bathroom

When would you ideally be looking to move?

___ Between now and one year

___ 1 – 2 years

___ 2 – 5 years

___ Over 5 years

Are you able to move on short notice?

Yes

No

Co-op Volunteer Information:

Co-op living, unlike regular apartment living, means sharing of common areas and treating common areas like extensions of your home; and being involved in or partaking in programs and activities. Strong membership involvement makes the Co-op successful. If you become a member of SOP, you may want to contribute some amount of time to the Co-op’s programs and activities. Some of the more common activities and member involvement include:

- Social Committee Activities
- Gardening
- Tuck Shop
- Board of Directors
- Library
- Composting/Recycling

Co-op Lifestyle Involvement:

How did you hear about South Osborne Place?

Why did you choose to apply for residency at South Osborne Place?

Have you ever lived in a housing co-op before? Yes No

If yes, where? _____

Personal Information:

Do you require parking? There is a maximum of one parking spot per unit.

Yes No

PARKING – VEHICLE INFORMATION		
Make/Model	Year/Colour	License Plate

DO YOU REQUIRE A MOBILITY SUITE?
Yes _____ No _____
If yes, please describe the nature of the disability:

APPLICANT #1	APPLICANT #2
Name: Surname Given Names	Name: Surname Given Names
Date of Birth (MM/DD/YYYY):	Date of Birth (MM/DD/YYYY):
Social Insurance Number (SIN):	Social Insurance Number (SIN):
Address:	Address:
Postal Code:	Postal Code:
Telephone: Home: Cell: Work:	Telephone: Home: Cell: Work:
Gross (Pre-tax) Monthly Income:	Gross (Pre-tax) Monthly Income:

EMERGENCY CONTACT	
Name:	Phone Number:
Address:	Relationship:

Applicant #1 Signature

Applicant #2 Signature

Date

Date