

Klahanie Cooperative Housing Association  
Unit 71 – 4340 Steveston Hwy, Richmond BC V7E 4M5  
E-mail: to [klh@coho.bc.ca](mailto:klh@coho.bc.ca)

## **KLAHANIE CO-OPERATIVE HOUSING ASSOCIATION**

#71 – 4340 Steveston Highway, Richmond, BC V7E 4M5

Thank you for your interest in Klahanie Co-operative Housing Association.

Klahanie has 70 townhouses (2, 3 and 4 bedrooms) with carports and front/back yards, spread over five acres of common ground, including a children’s playground, basketball court and a Community Hall (available for private functions).

Each household is permitted 1 cat or 1 dog, as well as contained pets such as fish, birds, gerbils, hamsters or guinea pigs. All household animals must conform to the Pet Policy.

A share purchase is required on acceptance to membership and must be provided prior to move-in. On withdrawal from membership the shares are returned, interest-free, less any charges or arrears. Written notice of withdrawal from membership must be given two full months in advance.

While housing charges are lower than average, co-ops are not rent-controlled, and they are not rentals. Members have a say in the running of the Co-op and are expected to attend general meetings and participate in the life of the community. Housing charges may increase each year depending on the escalating cost of living and the level of repair required. There are many reasons for joining a co-op: Friendly neighbours, social interaction, and a safe environment for children.

Our units are not wheelchair accessible and most of the 2-bedroom units do not have a washroom on the ground floor.

Applications must be updated every twelve months in writing or by email if you wish to remain on the waitlist. The minimum income for market rates is set out below. If your income is less than minimum, you will be placed on the subsidy wait list.

UNIT	HOUSING CHARGES	SHARE PURCHASE	MINIMUM GROSS HOUSEHOLD INCOME
2 bedroom	\$1,195.00	\$1,800.00	\$57,360.00
3 bedroom	\$1,332.00	\$2,100.00	\$ 63,936.00
4 bedroom	\$1,471.00	\$2,400.00	\$ 70,608.00

Please submit completed application forms by email to [klh@coho.bc.ca](mailto:klh@coho.bc.ca), or by mail to:

Klahanie Co-operative Housing Association  
Unit 71 – 4340 Steveston Highway  
Richmond, BC, V7E 4M5

OFFICE USE ONLY:	DATE RECEIVED: _____
	UNIT SIZE: _____
	INCOME QUALIFIES: YES      NO

**KLAHANIE COOPERATIVE HOUSING ASSOCIATION  
 MEMBERSHIP APPLICATION FORM**

**1. APPLICANT (*Please Print*)**

Last name	First name
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Date of birth (D/M/Y)

Street address

City	Province	Postal code
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Phone (home)	Phone (cell or work)
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Email

**2. CO-APPLICANT (*Please Print*)**

Last name	First name
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Date of birth (D/M/Y)

Street address

City	Province	Postal code
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Phone (home)	Phone (cell or work)
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Email

***[Relationship to applicant:\_\_\_\_\_]***

**3. OTHER HOUSEHOLD MEMBERS**

Last name	First name	Female/male (F/M)	Date of birth (D/M/Y)
		F <input type="checkbox"/> M <input type="checkbox"/>	
		F <input type="checkbox"/> M <input type="checkbox"/>	
		F <input type="checkbox"/> M <input type="checkbox"/>	
		F <input type="checkbox"/> M <input type="checkbox"/>	
		F <input type="checkbox"/> M <input type="checkbox"/>	

**4. UNIT SIZE REQUIREMENTS**

What size Unit do you require? (Check whichever apply)

Two-Bedroom \_\_\_\_\_ Three Bedroom \_\_\_\_\_ Four Bedroom: \_\_\_\_\_

*(We do not offer wheelchair accessible units.)*

**5. HOUSING BACKGROUND –Please be advised that we do call your landlord for references.**

Have you lived at your current address for more than two years? Yes  No

Landlord’s name and phone number: \_\_\_\_\_

If you have lived at your current address two years or less, please give your previous address, landlord’s name and phone number.

Previous Landlord \_\_\_\_\_

Previous Address: \_\_\_\_\_

Previous Landlord \_\_\_\_\_

Previous Address: \_\_\_\_\_

How much do you pay in rent each month? \_\_\_\_\_

If you pay for utilities, how much do you pay? \_\_\_\_\_

**Please Note: Klahanie housing charges do not include heat or electricity.**

**6. PARKING - Please list all vehicles belonging to the household**

<b>VEHICLE MAKE</b>	<b>COLOUR</b>	<b>LICENCE NUMBER</b>

**7. PETS: -**

The co-op has a pet policy that allows one (1) cat or one (1) dog, as well as contained pets such as rabbits, guinea pigs, birds, and fish. Cats and dogs must be spayed or neutered. You will be asked to provide proof of spaying, neutering and yearly vaccinations. ***NO REPTILES OR EXOTIC PETS.***

Please list your pets below:

<b>NAME</b>	<b>BREED</b>	<b>SPAY OR NEUTER Yes or No</b>

*Note: Please attach an extra page if you need more room to answer the following questions:*

**Have you ever lived in a housing co-operative? Please provide details:**

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**How did you hear about Klahanie Co-op?**

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**Do you know anyone who lives at Klahanie?**

**If so, please provide their name and unit number** \_\_\_\_\_

**What experience do you have working with others in a cooperative setting (i.e., have you ever volunteered with a church group, union, served on a Board, volunteered for a charity, or been involved in community groups. Please list your experience below:**

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**Why do you want to live in in a Co-op and why are you interested in Klahanie?**

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**Is there anything else you would like us to know about you?**

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OFFICE USE ONLY		
Bedrooms: _____	Name: _____	Date: _____

In accordance with P.I.P.A., this page is for CoHo Management Services Society ONLY

### PERSONAL INFORMATION PROTECTION STATEMENT

*All applicants are to sign this form at the same time as their application form.*

I (we) agree that Klahanie Co-operative Housing Association may keep the following information on me (us):

Housing background; Housing Income; Individual Member’s Income; Source of Income; Date of Birth; Vehicle License Number(s); Proof of Insurance (Home and Auto); Next of Kin, Relationship of Co-Applicants to Applicant

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I (we) agree that this personal information may be made available to people in the following positions:

- CoHo Management Services Society
- President, Board of Directors, Klahanie Co-op
- Treasurer, Board of Directors, Klahanie Co-op
- P.I.P.A. Officer, Board of Directors, Klahanie Co-op
- Auditor of Klahanie Co-op
- Klahanie Co-op’s Lawyer
- The Agency for Co-operative Housing or CMHC and
- Municipal Employees dealing with the Home Owner Grant

**Signatures of all household members who are nineteen (19) years of age or older:**

\_\_\_\_\_  
Applicant for Principal Membership (print name and sign)

\_\_\_\_\_  
Applicant for Associate Membership (print name and sign)

\_\_\_\_\_  
Applicant for Associate Membership (print name and sign)

\_\_\_\_\_  
Applicant for Associate Membership (print name and sign)

Date: \_\_\_\_\_

In accordance with P.I.P.A., this page is for CoHo Management Services Society ONLY

**HOUSEHOLD INCOME**

Applicant’s first and last name *(please print)* \_\_\_\_\_

Date of Birth: (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

Co-Applicant’s first and last name *(please print)* \_\_\_\_\_

Date of Birth: (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

Please give us the monthly *before-tax* (gross income) of each household member.

Name of household member	Source of income: check one			Gross income each month
	Income Assistance*	Self - employed**	Other***	

\*Co-op needs to know if you are receiving social assistance in order to calculate subsidy to which you are entitled. Subsidy is calculated differently for income assistance.

\*\* Co-op needs to know if you are self-employed in order to calculate subsidy, only some deductions from gross income are allowed.

\*\*\*Employment Income, CPP, OAS, or any other form of income

*NOTE: If the Co-op calls you for an interview, you will need to provide proof of income. Please bring a copy of your previous year’s income tax notice of assessment and documentation supporting your income in a sealed envelope at the time of your interview.*

In accordance with P.I.P.A., this page is for CoHo Management Services Society ONLY

**EMPLOYER AND PERSONAL REFERENCES FOR APPLICANT**

Name of Current Employer: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Contact name and telephone number: \_\_\_\_\_

Name of Previous Employer: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Contact name and telephone number: \_\_\_\_\_

Name of Personal Reference (not a relative) \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**EMPLOYER AND PERSONAL REFERENCES FOR CO-APPLICANT**

Name of Current Employer: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Contact name and telephone number: \_\_\_\_\_

Name of Previous Employer: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Contact name and telephone number: \_\_\_\_\_

Name of Personal Reference (not a relative) \_\_\_\_\_

Telephone Number: \_\_\_\_\_



**SIGNATURES**

We understand that only the members of Klahanie Co-operative Housing Association may live in the co-op, and we apply for membership, as set out below.

We understand that, if the co-op accepts us for membership and offers us a unit, we must buy a share purchase of:

Two Bedroom:	\$1,800.00
Three Bedroom:	\$2,100.00
Four Bedroom:	\$2,400.00

for the principal member and \$10 for each associate member. We understand that we must purchase these shares by certified cheque or money order within 48 hours of being offered membership in the Co-op.

If accepted into membership, we agree to be bound by and to comply with the Rules, occupancy agreement and policies of the co-op in force and as amended from time to time.

We declare that all the information in this application is correct. We give the co-op permission to verify any or all of this information, and to do a landlord check and a credit check. We understand that acceptance of membership depends on the co-op obtaining satisfactory results from a credit check.

We understand that this application will be kept on file for a maximum of twelve (12) months.

Signatures of all household members who are at least 19 years of age.

\_\_\_\_\_  
Applicant for **principal** membership

\_\_\_\_\_  
Applicant for **associate** membership

\_\_\_\_\_  
Applicant for **associate** membership

\_\_\_\_\_  
Date

**Please note: It is the applicant’s responsibility to contact the Co-op in writing prior to the end of 12 months if they wish to remain on the waitlist. Otherwise, their application will be shredded. Applicants are not contracted on receipt of application form.**

**Note:** The Personal Information Protection Statement and the Schedule A Rental Application Addendum are to be signed with this application form.



# Rental Application Addendum

## SCHEDULE "A"

(Each tenancy candidate must complete a separate application)\*

### Information\*\*

The word "Information" means credit information, personal information, information about the services you use that are provided by the Landlord as listed in this rental application and information relating to your tenancy at the Premises applied for in this rental 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, marital status, co-occupant's/spouse's/same-sex partner's name and age, number of dependants, particulars of education or professional qualifications, field of employment, places of employment, previous places of employment, employment durations, 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, vehicle license plate number, vehicle make and year, 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:
  - tenant reporting and credit reporting in accordance with the *Consumer Reporting Act* (Ontario);
  - 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 Residential Rental Application 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.

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

Yes, I have read and agree to the collection, use and disclosure of Information as outlined above.

Yes, I have read and agree to the collection, use and disclosure of Information as outlined above.

I have read, understood and voluntarily agree to the terms and conditions outlined above.

I have read, understood and voluntarily agree to the terms and conditions outlined above

Applicant's Signature	X	Co-Applicant's Signature	X
Print Name	X	Print Name	X
Date (yyyy / mm / dd)	X	Date (yyyy / mm / dd)	X

\*Signature space is provided for applicant and co-applicant however Rent Check suggests that if more than 2 applicants that the landlord provides each tenancy applicant with a separate copy of this Residential Rental Application for completion.

\*\*DISCLAIMER: Rent Check does not represent, warrant or guarantee that this Consent Statement will be valid or enforceable in all circumstances or for every landlord. Each individual landlord should modify the language of this Consent Statement to suit their individual circumstances, and should obtain legal advice regarding the appropriate consent to be obtained from their prospective tenants.