

BROW OF THE HILL HOUSING CO-OPERATIVE

265 10th Street,
New Westminster, BC V3M 3Y1
browofthehillcoop@gmail.com

PLEASE DO NOT BUZZ CO-OP MEMBERS

Brow of the Hill Housing Co-Operative would like to extend a warm hello and our thanks for your interest in cooperative living. Our little community has been in existence since 1975. The Co-op consists of an Apartment Complex with 28 units and 14 Townhouse units. Our townhouses are for families of three or more occupants. Our community is run by its members and every member has a say in all that happens. Participation is mandatory and we expect participation from all our members over the age of 19 in one or more of our committees organized for the running of the Co-op. There is also participation involving the children. We hope that you will find our community to your liking and we look forward to hearing from you.

SHARE PURCHASE FEES AND MONTHLY HOUSING CHARGES

Last Updated: April 21/20

BEDROOMS	APPROX. SQ FT	SHARES	MONTHLY HOUSING CHARGES	INCLUDED	NOT INCLUDED
Apartments					
1 bedroom	612 ft ²	\$1500.00	\$954.00	heat; hot water; secured parking; locker	light; telephone; cable
1 bedroom (small – one only)	576 ft ²	\$1500.00	\$876.00		
1 bedroom/den	740 ft ²	\$1800.00	\$1002.00		
2 bedroom	753 ft ²	\$1800.00	\$1171.00		
Townhouses					
2 bedroom	1350 ft ²	\$3900.00	\$1220.00		
3 bedroom	1575 ft ²	\$4300.00	\$1422.00		

Fill out the application found below to apply for membership at the Co-Op. Please return the application via email (browofthehillcoop@gmail.com). Alternatively, it can be mailed to: Membership Committee, Brow of the Hill Housing Co-Op, 265 10th Street, New Westminster, BC, V3M 3Y1

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MEMBERSHIP APPLICATION FORM

Principal Applicant:

_____	_____	_____	_____
Last Name	First Name	M/F	Date of Birth
_____	_____	_____	_____
Phone (Main)	Phone (Alt)	Email	

Co-Applicant:

_____	_____	_____	_____
Last Name	First Name	M/F	Date of Birth
_____	_____	_____	_____
Phone (Main)	Phone (Alt)	Email	

Other Household Applicants:

_____	_____	_____	_____
Last Name	First Name	M/F	Date of Birth
_____	_____	_____	_____
Last Name	First Name	M/F	Date of Birth
_____	_____	_____	_____
Last Name	First Name	M/F	Date of Birth
_____	_____	_____	_____
Last Name	First Name	M/F	Date of Birth

Number of bedrooms required: 1 2 3

Note: You can have no less than one person per bedroom or more than two persons per bedroom.

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Emergency Contact:

Name	Address	Phone
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Does anyone have any medical conditions that would require assistance in an emergency evacuation?

Housing History:

Have you previously resided in a Housing Co-op? Yes No

Current Housing Type: Own Rent Co-op Other _____

Provide details for your personal housing history (include your current home and two previous homes):

_____	_____	_____	_____
Address (Current)	# of Years	Name of Landlord	Phone
_____	_____	_____	_____
Address (Previous)	# of Years	Name of Landlord	Phone
_____	_____	_____	_____
Address (Previous)	# of Years	Name of Landlord	Phone

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References:

May we use your present or previous landlord as a reference? Yes No

List two personal references (other than family):

_____	_____	_____	_____
Name	Address	Phone	Email
_____	_____	_____	_____
Name	Address	Phone	Email

Vehicles:

Do you own a vehicle? Yes No

License Plate Number

Note: All vehicles on Co-Op property must be insured at all times.

Pets:

Do you own a pet? Yes No

Note: All pets must be approved by the Board of Directors and abide by the pet policy.

Note: Pets must be registered at the time of move-in.

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Skills:

List any personal talents, skills, interests and/or hobbies

Check the applicable skills:

- Accounting
- Artwork
- Baby Sitting
- Baking
- Bookkeeping
- Carpentry
- Clerical
- Computer
- Electrical
- Fund Raising
- Instructing
- Interviewing
- Janitorial
- Legal
- Mechanical
- Minute Taking
- Music
- Plumbing
- Secretarial
- Small Appliances
- Technical

If you are accepted as a member, which committees would you be interested in joining?

- Board of Directors
- Block Watch
- Education
- Finance
- Grounds
- Maintenance
- Membership
- Newsletter
- Playground
- Policy Manual
- Social
- Security
- Other _____

Could you assist in language interpretation? Yes _____ No

If yes, please specify

Note: All members are required to participate in the Co-Op community. Participation includes completing assigned chores, involvement in work parties and committees, or serving a term on the Board of Directors.

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I UNDERSTAND THAT PARTICIPATION IN THE CO-OP IS MANDATORY.

Signature

Date