

BROW OF THE HILL HOUSING CO-OPERATIVE

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

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 2021

BEDROOMS	APPROX. SQ FT	SHARES	MONTHLY HOUSING CHARGES	INCLUDED	NOT INCLUDED
Apartments					
1 bedroom	612 ft ²	\$1500.00	\$983	heat; hot water; secured parking; locker	light; telephone; cable
1 bedroom (small – one only)	576 ft ²	\$1500.00	\$903		
1 bedroom/den	740 ft ²	\$1800.00	\$1032		
2 bedroom	753 ft ²	\$1800.00	\$1206		
Townhouses					
2 bedroom	1350 ft ²	\$3900.00	\$1257		
3 bedroom	1575 ft ²	\$4300.00	\$1465		

Fill out the application found below to apply for membership at the Co-Op. Please return the application via email to browofthehillcoop@gmail.com. Applications that are mailed to us will not be considered.

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MEMBERSHIP APPLICATION FORM

Principal Applicant:

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

Co-Applicant:

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

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 any applicable skills:

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

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

- Board of Directors
- Grounds
- Maintenance
- Finance
- Grounds
- Maintenance
- Housing
- Playground
- Policy
- None of the above

Could you assist in language interpretation? Yes: _____ No

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

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

Signature

Date

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INCOME INFORMATION

Employment History (3-Year):

Principal Applicant

_____	_____	_____
Company	Role	# of Years
_____	_____	_____
Company	Role	# of Years
_____	_____	_____
Company	Role	# of Years

Co-Applicant

_____	_____	_____
Company	Role	# of Years
_____	_____	_____
Company	Role	# of Years
_____	_____	_____
Company	Role	# of Years

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List all sources of GROSS household income per month:

	Applicant	Co-Applicant
Salary/Commission		
Self Employed		
Other Sources		
Total		

Are you receiving BC Benefits, EI or Other Assistance: **Yes** **No**

Any applicant requiring subsidy must declare it at the time of application and cannot then apply for ONE YEAR from move-in date. The Co-Op will require that you fill in a detailed income verification form at a later date if subsidy is necessary.

To ensure financial confidentiality for all applicants, the Co-Op's management conducts all credit checks.

Date: _____ **Applicant Signature:** _____

Co-Applicant Signature: _____

PERSONAL INFORMATION PROTECTION STATEMENT

I agree that the New Westminster Co-Operative Housing Association may keep the following information about me, as long as I am a member:

- Name of applicant and co-applicant and date of birth of other occupants (if this is required to establish the size of unit for my household, based on Co-Op occupancy standards;
- I meet the age of requirement for membership (19) as set out in the Co-Op Rules.
- Have safe evacuation of all households in case of emergency

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

- Co-Op auditor
- Employees of CMHC
- Municipal employees dealing with the Home Owner Grant
- Co-Op lawyer Security committee (for Co-Op census)
- Co-Op staff and COHO Management
- Designated staff (or committee members)
 - Application for membership – Housing Committee, Board
 - Income review and setting housing charges – COHO Management
 - Applications for the Home Owners Grant – City Hall, COHO Management and members designated to collect signatures
 - Collecting Co-Op census information
 - Credit checks – COHO Management
 - Landlord and other reference checks – Housing Committee
 - Maintaining secure filing and storage of personal information – COHO Management and Treasurer
- Board of Directors
 - Only if it is in connection with the Board's official duties
- Credit Check Agency (for credit check only when I/We first apply for membership)

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FOR OFFICE USE ONLY

Interviewed: Yes No Date: _____

Application approved: Yes No Date: _____

Credit Check: Yes No Date: _____

Date Informed of Acceptance: _____

Date Place on Waiting List: _____

Move in Date: _____

Name of housing committee Member assigned for liaison with new member:

Comments:
