

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: February 28, 2023

BEDROOMS	APPROX. SQ FT	SHARES (ONE TIME PAYMENT)	MONTHLY HOUSING CHARGES	INCLUDED	NOT INCLUDED
Apartments					
1 bedroom (small – one only)	576 ft ²	\$1,500.00	\$945	heat; hot water; secured parking; locker	light; telephone; cable
1 bedroom	612 ft ²	\$1,500	\$1,028		
1 bedroom with den	740 ft ²	\$1,800	\$1,078		
2 bedroom	753 ft ²	\$1,800	\$1,261		
Townhouses					
2 bedroom	1350 ft ²	\$3900	\$1,314		heat; hot water; light; telephone; cable
3 bedroom	1575 ft ²	\$4300	\$1,532		

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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.

MEMBERSHIP APPLICATION FORM

Principal Applicant:

_____	_____	_____
Last Name	First Name	Date of Birth
_____	_____	_____
Phone / Mobile	Email	Occupation

Co-Applicant:

_____	_____	_____
Last Name	First Name	Date of Birth
_____	_____	_____
Phone / Mobile	Email	Occupation

Other Household Applicants:

_____	_____	_____
Last Name	First Name	Date of Birth
_____	_____	_____
Phone / Mobile	Email	Occupation

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

Phone / Mobile

Email

Address

Housing History:

Do you now own your own residence? Yes No

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)

Number of years
at this address

Name of Landlord

Phone Number

Address (Previous)

Number of years
at this address

Name of Landlord

Phone Number

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Address (Previous)

Number of years
at this address

Name of Landlord

Phone Number

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

Relationship

Name

Address

Phone

Email

Relationship

Do you own a vehicle? Yes No

Make / Model

Licence Plate

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

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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.

Skills:

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

Circle 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 • Social
- Housing • Playground • Policy • Recycling
- None of the above

Could you assist in language interpretation? Yes No

If yes, which language? _____

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

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

Applicant's signature _____
Date

Co- Applicant's signature _____
Date

INCOME INFORMATION

Employment History (3-Year):

Principal Applicant:

Company _____
Role _____
of years

Company _____
Role _____
of years

Co-Applicant:

Company _____
Role _____
of years

Company _____
Role _____
of years

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List all sources of GROSS household income per month:

	Applicant Monthly Income	Co-Applicant Monthly Income
Salary / Commission		
Self Employed		
Other Sources		
Monthly 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.

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

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

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- 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)

Applicant's signature

Date

Co- Applicant's signature

Date

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:
