

CARIBOO HEIGHTS HOUSING CO-OPERATIVE

57 - 7251 Cariboo Drive, Burnaby BC V3N 4Y3

PHONE (604) 526 5223, FAX (604) 544 5152



About Our Community

Cariboo Heights Housing Co-operative is a charming 56-unit townhouse family complex in Burnaby situated just off the Highway#1 "Gaglardi" exit. Schools in the area include Armstrong Elementary, St. Michael's Elementary, Cariboo High School and Simon Fraser University. Public transportation via the No. 101 bus route provides access to Skytrain and to shopping at nearby Lougheed Mall.

Applications are always welcome.

Applicants should keep their information updated every 6 months. If membership committee doesn't hear from them they are removed from the waitlist and would need to resubmit an application.

Cariboo Heights Townhomes

UNIT SIZE	SQFT.	MONTHLY HOUSING CHARGES: AUGUST 1, 2018	**GROSS ANNUAL QUALIFYING INCOME
2 bedroom (1bath)	1,099 – 1164 sqft.	\$1,362.00	\$49,000.00 - \$97,659.00
*2 bedroom (1 ½ bath)	1,099 – 1164 sqft.	\$1,362.00	\$49,000.00 - \$97,659.00
3 bedroom (1 ½ bath)	1,293 – 1315 sqft.	\$1,542.00	\$56,000.00 - \$97,659.00
4 bedroom (1 ½ bath)	1,452 sqft.	\$1,704.00	\$62,280.00 - \$97,659.00
Wheelchair Accessible	980 sqft.	\$1,362.00	\$49,000.00 - \$97,659.00

SHARE PURCHASE : \$2,000.00

* Second ½ bath added to assist members over 65 years of age – when interviewing for these units, priority will be given to seniors if they meet all the other criteria.

** Does not include utilities (hydro, cable or phone) or the **Sector Support Fee** of **\$9.00** per unit per month (see back of application form).

NOTES:

If you make less than the gross qualifying income, then you will qualify for subsidy. Subsidy will be rewarded on a first come, first serve basis, and only if there are vacant subsidies available.

If combined gross income is above the ceiling (\$97,659.00) the application cannot be accepted. If the gross income reaches the ceiling at anytime after becoming a member, there will be an additional fee added to the housing charges that is returned to CMHC.

Member Requirements

1. 50% of the units are available for members needing subsidy.
2. Each household is required to purchase a share of \$2,000.00 that is refunded when membership is terminated.
3. A Home Insurance Policy with 3rd party liability of \$1,000,000 is **mandatory** upon move-in.
4. Pet Policy is **one indoor pet** per unit (**cats and dogs must be spayed/neutered**)

Townhouse Features:

- Wall to wall carpeting in bedrooms
- Laminate flooring through Living room
- Electric heating with individual controlled rooms
- Washer/dryer hookup
- Kitchen appliances: electric stove and refrigerator
- Window coverings: blinds and screens
- Storage room
- One parking space with a second available on first come, first serve basis
- Cable modem compatible
- Digital cable compatible
- Patio space

Community Features:

- Community room/party room with kitchen and bathroom
- Central laundry facilities
- Playground
- Carwash area
- Surrounded by trees and green belt with walking trails

Please note:

It is the applicant's responsibility to notify the co-op immediately of any changes to the information submitted. Please contact the co-op at least every 6 months to indicate if you are still interested or this application will be discarded.

Your assistance in keeping our records up-to-date is appreciated.

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Part One: MEMBERSHIP APPLICATION FORM

A – Household Information

Household Composition: please print clearly and include ALL given names of income-earning applicants to ensure accuracy in credit approval process.

1. Primary Member Applicant	2. Associate Member Applicant
Name:	Name:
Address:	Address:
Occupation:	Occupation:
Work Phone#	Work Phone#
Home Phone#	Home Phone #
Birth Date: (M/D/Y)	Birth Date: (M/D/Y)

3. Other Members of Household

Surname	Given Name(s)	Birth Date (M/D/Y)	Relationship to Applicant
1.			
2.			
3.			
4.			

B – Housing Requirements

Market members can choose their unit size; those receiving rent supplement will be subject to BCHMC Occupancy Guidelines.

1. Number of bedrooms required:
2. Do you require a parking space: (yes/no) How many?
3. Pet policy is one domestic pet (indoor pet only) per unit. Do you have a pet? (yes/no) Type: Is your pet spayed/neutered? (yes/no) Copy of certificate required Are immunizations up to date? (yes/no) Copy of documentation required
4. Do any members of your household have any health problems that affect their housing needs? If YES, - please specify:
5. How long do you plan to live in the co-op?

C – Participation

All co-op members are expected to volunteer a minimum of 4 hours per household, to help with the operation of the co-op. Please specify your area of interest and note first and second preferences. Initial your choices if there is more than one adult applicant/volunteer in your household. This is a list of our committees:

Board of Directors		Emergency Preparedness		Landscaping	
Laundry/Office Cleaning		Maintenance		Membership	
Move-in/Move-out		Newsletter		Parking	
Policy		Recycling		Social	
Website Maintenance					

D – General Information

1. How did you hear about Cariboo Heights Housing Co-operative?
2. Have you lived in a housing co-op before and been involved in any other form of co-operative?
3. Are you now, or have you in the past, been involved with any volunteer organizations, such as a community group, charity, service club, or trade union? Please elaborate:

E – Reference Information

Accommodation History: If the information requested below is not the same for each applicant, please provide additional information concerning each adult on a separate sheet.

1. How long have you lived at present address (years/months)	2. Current monthly payments:
3. Current number of bedrooms:	4. Average monthly hydro payments:
5. Do you currently own? (yes/no)	6. (if renting) Landlord's name:
7. Landlord's phone #:	8. Landlord's address:
(please indicate if there is a problem disclosing your intention to move)	
9. Your previous address:	10. How long at previous address:

I/We certify that the information given in this application is correct and complete.

Print name:	Signature:	Date:
Print name:	Signature:	Date:

- \$20 cheque – payable to Cariboo Heights Housing Co-operative – to process a credit check is collected at the time of the interview

PART TWO: FINANCIAL INFORMATION

Applicants with gross annual income over \$97,659.00 will not be accepted. If your income reaches this limit after you are admitted as a member, please be aware there will be an extra amount added to the housing charges that does not go to the co-op but rather back to CMHC.

1. Primary Member Applicant	2. Associate Member Applicant:
Name: _____	Name: _____

1. In all categories of income, use **CURRENT GROSS ANNUAL FIGURES**
2. List **ALL** sources of household income.
3. Include any income earned by members of household aged 19 or older.

Type of Income	Primary Applicant	Associate Applicant	Other Household Member
Position			
Salary/Commission			
Self-employed			
Pension			
Gain			
Child Support/Alimony			
Unemployment Insurance			
Other income (specify)			
TOTALS			

Other Information:

Will there be significant changes in household income during the next 12 months? Yes _____ No _____ If Yes, please give approximate date and reason(s):
Will there be significant changes in future to the number of occupants in household? Yes _____ No _____ If Yes, please explain:

Are you willing to pay the current MARKET HOUSING CHARGE?

Yes _____ No _____

Employment Information

Primary Applicant	Associate Applicant
Employer (Company)	Employer (Company)
Contact Person	Contact Person
Phone #	Phone #
Address:	Address:
Start date at this employment:	Start date at this employment:

Declaration

I/We declare that all the information in this application is correct. I/We authorize the Co-operative to verify any or all of the information in my/our application and give consent to the Co-operative, its employees or agents, to receive credit information from any credit agency or other person(s) having such information, using whatever means the Co-operative deems necessary and appropriate. The terms and conditions set-forth above are acknowledged and agreed upon by:

Primary Applicant's Name:	Signature:	Date:
Associate Applicant's Name:	Signature:	Date:

Sector Support Contribution Consent

I/We hereby confirm that I/we agree to payment by the Co-operative of a sector support contribution equal to one percent of the capital cost of the project to the Co-operative Housing Federation of Canada. I/We will pay each month in addition to the housing charge, an amount representing my/our share of the mortgage repayment in respect of the sector support contribution.

Acknowledged and agreed upon by:

Primary Applicant's Name:	Signature:	Date:
Associate Applicant's Name:	Signature:	Date:

Please retain a copy of your completed application form for your reference. Submit original to the Co-operative