



**EDMONDS PLACE HOUSING CO-OPERATIVE**  
**52 - 7220 Edmonds Street**  
**Burnaby, B. C. V5N 4T9**  
**Telephone: 604.521-8766**

Dear Prospective Member:

Thank you for taking an interest in Edmonds Place Co-op.

We have 51 one, two and three bedroom townhouse units. The one-bedroom units are available to handicapped individuals and are wheelchair accessible.

Each unit comes with wall-to wall carpets, vertical blinds, built-in dishwasher, frost free refrigerator, self-cleaning ovens (not available in one-bedroom units), washer and dryer hook-ups, in-unit-storage and a patio or sundeck.

There is also secured underground parking, one storage locker, and playgrounds for children.

Our share purchase is \$2,500.00.

#### MARKET HOUSING

#### MINIMUM GROSS INCOME REQUIREMENT

Size	Market Rate	Monthly	Yearly
1 Bedroom	\$ 1,061	\$ 3,540	\$ 42,440
2 Bedroom	\$ 1,274	\$ 4,250	\$ 50,960
3 Bedroom	\$ 1,416	\$ 4,720	\$ 56,640

Hydro, cablevision and telephone are not included.

We do allow pets; one four legged pet per unit (cat or dog).

**At the present time there are no vacancies.** However, if you would like to be placed on the waiting list, please fill out the attached application and mail it to the above address. **Your application will be kept on file for up to one year from the date that we receive it.** If you have not found accommodation in that time and wish to remain on our list, please write us a note asking us to retain your application and update your phone and address if necessary. It is **important** that you include **information** pertaining to the **gross annual income of each adult** who would be living in the unit.

**This application will only be considered if complete.**

Yours truly,  
Edmonds Place Co-op  
Membership Committee

Updated: March 27, 2020

## ***EDMONDS PLACE HOUSING CO-OPERATIVE***

**Name:** \_\_\_\_\_  
(family name) (first names)

**Address:** \_\_\_\_\_

\_\_\_\_\_  
(city) (province) (postal code)

**Telephone:** \_\_\_\_\_  
(home) (work)

**Date of Birth:** \_\_\_\_\_

List all other persons that will be residing with you:

	<i>Name</i>	<i>Sex</i>	<i>Date of Birth (d/m/y)</i>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

**Number of bedroom** required (mark **ONE** only)      1 ☐      2 ☐      3 ☐

You can have no more than two persons per bedroom

**Special needs** or requirements (e.g physical) \_\_\_\_\_

**Number of vehicles:** \_\_\_\_\_ **Pets:** \_\_\_\_\_

**Have you previously resided in a housing co-operative?**

Yes ☐      No ☐      If so, when and where: \_\_\_\_\_

**Current housing:**      own ☐      rent ☐      co-op ☐      Other: \_\_\_\_\_

**List the last two places you have lived:**

<i>Address</i>	<i>How Long?</i>	<i>Landlord</i>	<i>Telephone #</i>
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\_\_\_\_\_

\_\_\_\_\_

**List two personal references (other than family)**

Name	Address	Telephone #
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<hr/>		

According to the structure of co-op living and the lease you will sign before you move in, you will be expected to attend General meetings and contribute to the successfully running of the co-op by joining a committee and/or assisting in the general maintenance of Edmonds Place Housing Co-operative.

**Please indicate your skills and/or areas of interest:**

**Skills**

Accounting	<input type="checkbox"/>	Minute Taking	<input type="checkbox"/>
Carpentry	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	Interviewing	<input type="checkbox"/>
Yardwork	<input type="checkbox"/>		

**Committees**

Finance	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>
Membership	<input type="checkbox"/>	Social	<input type="checkbox"/>

**Could you assist in language interpretation:** \_\_\_\_\_

If so, which language(s)\_\_\_\_\_

**THANK YOU FOR TAKING AN INTEREST IN EDMONDS PLACE**

**IF ANY OF THIS PACKAGE (INCLUDING THIS PAGE) IS INCOMPLETE  
WE CANNOT ACCEPT YOUR APPLICATION!**

**EDMONDS PLACE HOUSING CO-OP  
MEMBERSHIP REQUIREMENTS**

A Co-op is managed by the members and the participation of all members is needed to make it a good place to live. Before you apply for membership, please be sure you are willing to comply with these requirements.

1. General Meetings:

There are at least two regular general meetings each year where financial and other decisions are made that affect all members. At least two weeks before the meeting, a notice is sent out advising of the date and time. Members are expected to plan to attend unless it is impossible for them to do so.

Special meetings are called from time to time when the Board requires the members' agreement on a major spending decision. Your attendance is expected.

2. Insurance

Members must show proof of liability insurance before moving into a unit. The policy must provide for \$1 million in liability coverage. The amount on contents is up to the member. The Co-op's insurance covers problems inside the unit. It is particularly important where a problem in a unit causes damage to a neighbouring unit. Proof must be provided to the office every year when the premium is paid. This is checked.

3. Housekeeping Chore

Each unit is assigned a housekeeping chore to ensure that the Co-op is kept clean, healthy and attractive. Chores must not be neglected.

Members are expected to instruct their children to use the garbage cans for food wrappers and containers of items eaten outside or in the common areas of the Co-op. This is important as garbage attracts rodents and other pests.

4. Committee Participation

When you are accepted as a member, you are asked which committee you would prefer to join. Membership on a committee is required. You are expected to attend meetings of the committee that you have agreed to serve on. If everyone participates, the workload is not excessive.

I accept and will comply with these requirements.

**Signed:**\_\_\_\_\_

**Date**\_\_\_\_\_

**Signed:**\_\_\_\_\_

**Date**\_\_\_\_\_

## ***EDMONDS PLACE HOUSING CO-OPERATIVE***

*confidential*

### **INCOME INFORMATION:**

Please list the gross annual income of all family members other than those who are under 19 years of age and in attendance at a recognized institute of learning. If you total Gross Annual Income that does not meet minimum market requirements (on cover letter) your application will be placed on the subsidy waiting list.

<b>Name</b>	<b>Relationship</b>	<b>Gross Annual Income</b>
1. _____		\$ _____
2. _____		\$ _____
3. _____		\$ _____

Total Annual Income (Household) \$ \_\_\_\_\_

Are you receiving GAIN, EI or other assistance? \_\_\_\_\_

The co-op will require that you fill in a detailed income verification form at a later date.

Applicant's Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

Contact: \_\_\_\_\_ # of years: \_\_\_\_\_

Co-Applicant's Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

Contact: \_\_\_\_\_ # of years: \_\_\_\_\_

I/We confirm that the information contained in this application is accurate. I/We hereby give Edmonds Place Housing Co-operative the Authority to verify or seek corroboration, in whatever way or form they deem appropriate.

\_\_\_\_\_  
*Applicants' Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Co-Applicants' Name*

\_\_\_\_\_  
*Date*