

ARTEMIS HOUSING CO-OP LTD.

APPLICATION FOR OCCUPANCY

(Please print)

NAME (S) _____ PHONE _____

PRESENT ADDRESS _____

PRESENT LANDLORD _____ PHONE _____ (Postal Code)

OCCUPIED SINCE: MONTH _____ YEAR _____ RENT AMOUNT \$ _____

PREVIOUS ADDRESS _____ OCCUPIED FROM _____ TO _____
(if above is less than three years)

PREVIOUS LANDLORD _____ PHONE _____

PERSONAL REFERENCE

NAME _____

ADDRESS _____ PHONE _____

EMPLOYMENT / INCOME INFORMATION

ADULT APPLICANT I ___ Employed ___ Self-Employed ___ Unemployed
 ___ Other, Describe _____

EMPLOYER'S NAME _____ PHONE _____

OR FINANCIAL WORKER _____ PHONE _____

ADDRESS _____

DATE EMPLOYED _____ MONTHLY INCOME _____

ADULT APPLICANT II ___ Employed ___ Self-Employed ___ Unemployed
 ___ Other, Describe _____

EMPLOYER'S NAME _____ PHONE _____

OR FINANCIAL WORKER _____ PHONE _____

ADDRESS _____

DATE EMPLOYED _____ MONTHLY INCOME _____

BANK _____ BRANCH _____

Why are you interested in the Committee(s) chosen? _____

What skills do you feel you have to contribute? _____

General Information:

How did you hear about Artemis Co-op? _____

Why do you want to move into the Co-op? _____

Have you lived in a Housing Co-op or been involved in any other type of Cooperative? If so, please give details _____

Are you now or have you been involved in any kind of volunteer activity? If so, what kind? _____

Do you have any questions about living in a Co-op that have not yet been answered? _____

****** DECLARATION ******

I understand that Artemis Housing Co-op Ltd., is formed for the purpose of providing housing for its members and that membership includes the responsibility of participating in the Co-op.

I understand that accommodation in Artemis Co-op Ltd. depends on being accepted for membership in the Co-op and that I will be interviewed by the Co-op Member Selection Committee.

I DECLARE THAT ALL INFORMATION IN THIS APPLICATION IS CORRECT AND HEREBY AUTHORIZE THE REPRESENTATIVES OF ARTEMIS CO-OP LTD. TO VERIFY ANY OR ALL OF THE INFORMATION CONTAINED HEREIN INCLUDING PERSONAL, EMPLOYMENT AND FINANCIAL INFORMATION.

INFORMATION REGARDING YOUR HEALTH STATUS WILL BE STRICTLY CONFIDENTIAL.

Signed this _____ day of _____ 20 ____, at the City of Winnipeg.

Signature

Signature

RETURN TO:

S.A.M. (MANAGEMENT) INC.
200 – 1080 PORTAGE AVENUE
WINNIPEG, MANITOBA R3G 3M3
(204) 942-0991