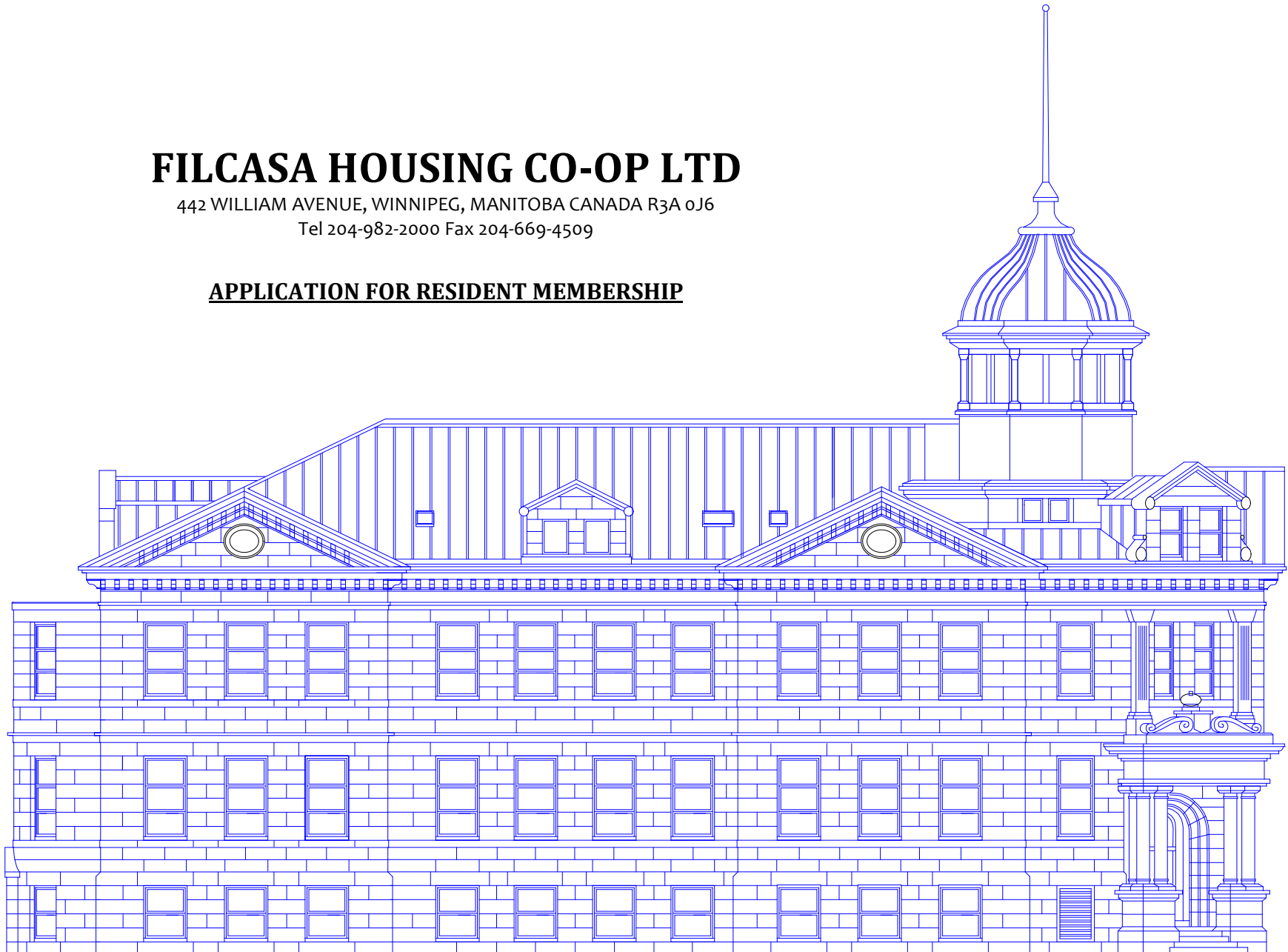


FILCASA HOUSING CO-OP LTD

442 WILLIAM AVENUE, WINNIPEG, MANITOBA CANADA R3A 0J6

Tel 204-982-2000 Fax 204-669-4509

APPLICATION FOR RESIDENT MEMBERSHIP



FILCASA HOUSING CO-OP LTD
442 WILLIAM AVE
C/O 757 HENDERSON HWY, WINNIPEG, MB R2K2K7
PHONE 204-982-2000 FAX 204-669-4509

APPLICANT:	CO-APPLICANT: (IF JOINT MEMBERSHIP)
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY/PROV: _____	CITY/PROV: _____
POSTAL CODE: _____	POSTAL CODE: _____
TELEPHONE #: _____	TELEPHONE #: _____
DATE OF BIRTH: _____	DATE OF BIRTH: _____

I/we the undersigne make an Application for Membership in FILCASA Housing Co-op Ltd. I/we understand that FILCASA Housing Co-op is a non-profit co-operative duly incorporated under the laws of Manitoba for the purpose of providing Housing on a co-operative basis to its members.

I/we acknowledge that the acceptance of this application for membership does not entitle me/us to occupancy of a housing unit or other services of FILCASA Housing Co-op Ltd. as may be provided from time to time by the Co-op AND that my/our entitlement to the Co-op's services are subject to the availability of those services from the Co-op under the bylaws and policies of the Co-op and the signing of the Housing Agreement with FILCASA Housing Co-op Ltd.

I/we do solemnly declare that throughout the term of my/our lease at Filcasa Housing Co-op Ltd I/we will not have a principal place of residence elsewhere in Canada.

I/we agree that at the time of move in I/we will be expected to purchase \$600.00 worth of shares in the cooperative plus an additional voting share at the cost of \$10.00.

I/we authorize FILCASA Housing Co-op Ltd., and or it's Agent to conduct a complete personal and credit investigation for the purpose of processing this application, all information to be held in the strictest of confidence.

SIGNATURES:

 APPLICANT

 CO-APPLICANT

 DATE

 DATE

HOUSEHOLD SIZE AND GROSS MONTHLY HOUSEHOLD INCOME:

Please provide below information on all family members within your household intending to move into the project. In order for us to assess your eligibility for monthly rent subsidy all questions must be answered for each person.

NAME	DATE OF BIRTH	SEX	RELATIONSHIP	INCOME
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The income amounts to be shown in the table above should INCLUDE the following items:

Salary, Wages, Commissions, Rents, Investments, Interest, Bursaries, Student Support, Part Time Earnings, Tips, Alimony Maintenance Payments, Child Support, Unemployment Insurance Benefits, Social Assistance, Mother's Allowance, Welfare, Survivor's Pension, Orphan's Allowance, All and any Pensions and/or Annuities.

The income amounts to be shown in the table above should EXCLUDE the following items:

Family Allowance.

RENTAL INFORMATION:

Are you currently a HOME OWNER? Yes ___ No ___

Do you currently live in GOVERNMENT SUBSIDIZED HOUSING? Yes ___ No ___

If you are a RENTER but do not live in government subsidized housing, please provide below the NAME, ADDRESS, and TELEPHONE NUMBER of your current landlord along with that of your previous landlord.

CURRENT LANDLORD:

Name: _____ Address: _____

Postal Code: _____ Telephone #: _____

How Long: _____

PREVIOUS LANDLORD:

Name: _____ Address: _____

Postal Code: _____ Telephone #: _____

How Long: _____

PARKING:

Surface parking with a plug in will be available at a charge of \$12.00 per month on a first come first served basis until all the stalls have been designated.

Do you require Parking? Yes____ No____

Number of stalls needed:_____

PARTICIPATION:

It is the intention of the sponsoring organization that this project should be able to offer to its residence the option to assist in the development of and/or to participate in social, recreational, and educational activities should the so desire. Do you wish to participate in all of the following committees?

New Member Orientation Committee: Yes____ No____

Newsletter Committee: Yes____ No____

Social/Educational Committee: Yes____ No____

Children's Committee: Yes____ No____

Other:_____

EMERGENCY CONTACT:

Name:_____ Address:_____

Telephone #:_____

When your application has been accepted you will need to provide the following:

- A Certified Copy of your Income Tax
- A copy of your last two (2) pay stubs that show the company name, address, and work phone number.
- If on social assistance we will need a budget letter that has your workers name and names of the people on the claim.

<u>FOR OFFICE USE ONLY</u>	
Application Received:_____	Application Accepted:_____
Membership #:_____	Authorized Officer:_____

MURDOCH



MANAGEMENT

757 Henderson Highway, Winnipeg, Manitoba R2K 2K7
Tel 982-2000 Fax 669-4509

PERMISSION TO RELEASE PERSONAL INFORMATION

As Property Managers we wish to advise you that the Personal Information Protection and Electronic Documents Act (PIPEDA) is a federal law that protects the privacy of personal information. The Act regulates the collection, use and disclosure of personal information by organizations. Organizations that collect personal information are responsible for what they collect and how they use it.

I agree that Murdoch Management may collect personal information about me, which may include the following:

Contact information, household size and composition, household income and source of that income, place of employment, credit report, housing charge payment or rental payment record, age, birthdates, social insurance number, gender, medical information, any incidents of property damage, complaints filed by others concerning the household, pet information, vehicle information, next of kin and emergency contact information.

By signing this consent form, I agree that Murdoch Management Inc. may keep this information, and agree that this information may be made available to the following:

Office staff; Board of Directors; Member Selection Committee, Parking and Pet Committees; Utility Companies; Auditors; C.M.H.C.; Manitoba Housing and Renewal Corporation and Manitoba Family Services and Housing.

I understand that Murdoch Management may use this information to:

- Contact me about this application
- Determine my eligibility for housing
- Comply with the group's operating agreement or program rules
- Decide if I qualify for a subsidy and the calculate the subsidy
- Decide if I qualify for an internal move
- Compile reports for C.M.H.C. and Manitoba Family Services and Housing

The PIPEDA requires us to designate a person responsible for handling questions or complaints about how we use and protect personal information. If you have any questions or concerns, please contact the Personal Information Protection Officer, Shirley Shelest at 982-2004.

I understand that Murdoch Management will destroy personal information it no longer needs as legislated by the PIPEDA, and I have read and received a copy of this statement. All Members of the household 16 years of age and older are required to sign this statement.

Applicant

Date

Applicant

Date

Applicant

Date