

ALL APPLICATIONS MUST BE SUBMITTED WITH THE FOLLOWING:

1. PROOF OF INCOME

Each adult in the household (16 yrs. of age and older) who is not attending secondary or post-secondary school on a full-time basis must provide information regarding his/her income as follows:

- If you are regularly employed, please submit a confirmation letter from your employer, stating gross wages and hours of annual salary / or consecutive pay stubs for eight weeks.
- If you are receiving social assistance, please submit a letter from your caseworker or the social agency indicating the size of your family and the amount of benefits received or a stub from your cheque.
- If you are receiving pension, please submit either a confirmation letter / or copies of your monthly pension cheques or the slips sent to you with the cheques.
- If you are currently unemployed, please submit copies of your unemployment insurance payment stubs.
- If you are self-employed or seasonally employed, please submit a signed financial statement showing your anticipated income and expenses for the current year along with a copy of your income tax return for last year.

2. PROOF OF CITIZENSHIP

Please provide proof of citizenship for all members of your household (i.e. birth certificate, Canadian Citizenship card, passport, refugee status, landed immigrant). This documentation must be submitted along with our income verification and completed application.

3. APPLICATION SUBMISSION

Please include a money order or certified cheque in the amount of \$20 per applicant. Applications can be dropped off or mailed to the Co-op at:

Lom Nava Co-Op.
5955 Glen Erin Drive
Mississauga, Ontario
L5M 5N9

Should you require further information, please contact the management office at (905) 821-7622.

APPLICATION FOR HOUSING

1. HOUSEHOLD INFORMATION – PLEASE PRINT LEGIBLY

APPLICANT

Male Female

NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

TELEPHONE: (HOME): _____

(WORK): _____

CO-APPLICANT (OR SPOUSE)

Male Female

NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

TELEPHONE: (HOME): _____

(WORK): _____

Complete for all tenants of the household

2. ALL OTHER TENANTS OF HOUSEHOLD

1. _____	_____	_____	_____	_____
Surname	Given Names	Date of Birth	Relationship	Sex f/m
2. _____	_____	_____	_____	_____
Surname	Given Names	Date of Birth	Relationship	Sex f/m
3. _____	_____	_____	_____	_____
Surname	Given Names	Date of Birth	Relationship	Sex f/m
4. _____	_____	_____	_____	_____
Surname	Given Names	Date of Birth	Relationship	Sex f/m
5. _____	_____	_____	_____	_____
Surname	Given Names	Date of Birth	Relationship	Sex f/m

3. HOUSING REQUIREMENTS

Size of unit (number of bedrooms) you need or require: 1 bdrm 2 bdrm 3 bdrm 4 bdrm

How many days notice do you require to move?

30 days 60 days 90 days

Do any members of household have any health problems, which affect your housing needs?

Do you have any pets? _____ What kind and how many? _____

4. FINANCIAL AND EMPLOYMENT INFORMATION

APPLICANT

CO-APPLICANT (OR SPOUSE)

Are you currently employed? Yes No

Are you currently employed? Yes No

Occupation: _____

Occupation: _____

Employer's Name: _____

Employer's Name: _____

and Address: _____

and Address: _____

City: _____ Postal Code: _____

City: _____ Postal Code: _____

Telephone: _____

Telephone: _____

Gross Monthly Income: \$ _____

Gross Monthly Income: \$ _____

ADDITIONAL INCOME (of other members of the household)

Name of Household Member	Employer's Name / Address	Gross Monthly Income
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER SOURCES OF INCOME (i.e. Pensions, Bonds, Property, Child Support)

5. REFERENCE INFORMATION

APPLICANT

CO-APPLICANT (OR SPOUSE)

Social Insurance #: _____

Social Insurance #: _____

Date of Birth: _____

Date of Birth: _____

Bank / Credit Union: _____

Bank / Credit Union: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Account #: _____ Account #: _____

6. HOUSING BACKGROUND

PRESENT LANDLORD

PRESENT LANDLORD

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

CITY: _____ POSTAL CODE: _____

TELEPHONE: _____

TELEPHONE: _____

Rental: Monthly Rent: \$ _____

Rental: Monthly Rent: \$ _____

Are utilities included? _____

Are utilities included? _____

Length of time at this address: _____

Length of time at this address: _____

If less than 2 years, please provide

If less than 2 years, please provide

PREVIOUS LANDLORD

PREVIOUS LANDLORD

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

CITY: _____ POSTAL CODE: _____

TELEPHONE: _____

TELEPHONE: _____

Length of time at this address: _____

Length of time at this address: _____

7. PARKING

List all vehicles belonging to the household

Make / Model / Year	Colour	License Number

1. How did you hear about Lom Nava Co-Op?

2. Why do you want to move into Lom Nava Co-Op?

3. Have you ever lived in another housing co-op or been involved in any other form of Lom Nava Co-Op?

4. Please relate any experiences and/or skills that you feel you could contribute to Lom Nava Co-op?

I/We understand that only tenants of Lom Nava Co-op may occupy a unit and I/we hereby apply for membership in the Co-op

I/we declare all the above information to be correct and complete in every respect and fully disclose gross income from all sources.

I/we understand that all information in this application is confidential.

I/we understand that this application must be accompanied by the following:

>Income verification (by letter from employer(s), four pay stubs, or notarized statement).

We declare that all the information in this application is correct. We give the Co-op permission to verify any or all of this information, and to do a landlord check and a credit check.

Signatures of all household members over 16 years of age:

Applicant Signature

Co-Applicant Signature

Applicant Signature over 16 years of age

Applicant Signature over 16 years of age

Date (dd/mm/yy)

Date (dd/mm/yy)

Please note that, if this application is not fully completed it will be returned to you.

Return this application to:

LOM NAVA CO-OP INC.
5955 Glen Erin Drive
Mississauga, Ontario
L5M 5N9

Tel: (905) 821-7622
Fax: (905) 821-1432