QNCH

Queens Neighbourhood Co-operative Housing Ltd.

BETTER COMMUNITIES BETTER LIVING

Trestle Way Neighbourhood

APPLICATION FOR MEMBERSHIP - HOUSING

Occupancy requirements:	
Location requested – please check:	◯ Trestle Way Neighbourhood
Unit size requested - please check:	◯ 1 bedroom ◯ 2 bedrooms ◯ 3 bedrooms
Secondary request unit size -please check: If you are eligible for more than one unit size, please complete this section. If the applicant's preferred unit is not available and they qualify for another unit size the second choice will be considered.	◯ 1 bedroom ◯ 2 bedrooms ◯ 3 bedrooms ◯ Do not want another unit size.
Do any persons living in your household require a wheelchair accessible unit? The Trestle Way Neighbourhood units are all fully universal and adaptable with two units being fully barrier free and include wheelchair accessible common spaces.	◯ Yes ◯ No
Do any persons living in your household require an assisted mobility unit?	◯ Yes ◯ No
Are all individuals applying for membership able to live independently without outside supports? If you require outside supports to live independently, please describe?	◯ Yes ◯ No
Queens Neighbourhood Co-operative Housing Ltd Trestle Way Neighbourhood is a non-smoking residence. Please check yes to acknowledging that there is no smoking indoors and smoking is only allowed at designated areas outdoors.	◯ Yes
Self-identification	
Do you or the co-applicant (if applicable) identify as an older adult or senior (55 Years of age or older)?	◯ Yes ◯ No

Personal information	
Applicant's full name: (first, initial, surname)	
Date of Birth (month, day, year)	
Email Address:	
Phone number:	
Social Insurance number:	
If applicable **Co-applicant's full name:** (first, initial, surname)	
Date of Birth (month, day, year)	
Email Address:	
Phone number:	
Social Insurance number:	

Household (include all people that will be living in the housing unit – including children)

Full name	Relationship	Date of Birth (month, day, year)
1.		
2.		
3.		
4.		
5.		
6.		

Pets

QNCH pet policy is as follows:

- Each household is allowed only one pet.
- Cats are permitted.
- Dogs 35 pounds and under are permitted.
- Dogs over 35 pounds are not permitted unless they are registered service animals. Proof of registration is required.
- All pets must be spayed or neutered.
- All pets must be up to date on vaccinations. QNCH may request a copy of an up-to- date vaccination record at any time.
- Member/residents must ensure their pets do not cause unreasonable disturbances to other households, such as continuous or excessive barking.
- Member/residents are responsible for the clean-up of their pets on the grounds of QNCH and are liable for any damage caused by their pets to their unit or the grounds.

Additionally, all pets must meet Region of Queens Municipality Animal By-Law for approved household pets. Please refer to the Bylaws in your Municipality for details on licencing, prohibited animals and ownership requirements:

www.regionofqueens.com/municipal-services/bylaws/dog-bylaws

Residents are required to provide property management with confirmation of the pet residing in the household.

Name and type of pet	Confirm pet is spayed or neutered	Confirm pet is up to date on vaccinations
1.	◯ Yes	◯ Yes

Residential History

Present address (street number, street name, town/ city, province, postal code)		
How long have you lived there	**Housing charge or rent amount**	**Landlord** (name and phone number)
Reason for leaving		

Residential History

Previous address (street number, street name, town/ city, province, postal code)		
How long did you live there	**Housing charge or rent amount**	**Previous Landlord** (name and phone number)
Reason for leaving		
Personal Reference (in the case of home ownership and/or no current landlord reference)		

Employment history

Applicant's employment – Include all sources of income (if you have multiple employers or income sources, please list below).

Occupation	**Employer** (name & contact including phone number and address)	**Length of employment**	**Gross monthly income** (monthly pay before tax)

Co-applicant's employment (if applicable) - Include all sources of income (if you have multiple employers or income sources please list below).

Occupation	**Employer** (name & contact including phone number and address)	**Length of employment**	**Gross monthly income** (monthly pay before tax)

Other household income – if other household members have income sources, please list them below.

Occupation	**Employer** (name & contact including phone number and address)	**Length of employment**	**Gross monthly income** (monthly pay before tax)

Income verification – applications will not be complete until the below proof of income is provided.

Automobiles

*Note: the co-op does not guarantee parking and parking spots will be limited to one per household

Make	Year / Color	License Plate Number	Province
1.			

Needed Documentation:

☐ I have attached one of the following documents to provide proof of income:

- Most recent paystub with year-to-date income.
- 3 most recent paystubs. .
- Letter from employer confirming annual salary.
- Proof of other income:
  CPP, OAS, GAINS, Pension, RIF Income, Disability Benefits

☐ I have attached my notice of assessment (NOA) for the 2024 or 2025 tax year.

If you do not have your notice of assessment, please contact Canada Revenue agency either online or by phone:

https://www.canada.ca/en/revenue-agency/services/tax/individuals/topics/about-your-tax-return/a-copy-your-notice-assessment-reassessment.html

Phone: 1-800-959-8281

Applicant confirmation

☐ I/we know that I/we have the right to verify the information about me/us held by credit reporting agencies, that the landlord and its agents are entitled to rely on such credit reports as being correct, and I/we release any claim I/we may have arising from reliance on that information. I/we hereby give irrevocable permission to the Landlord or its agents to obtain at any time a consumer/credit report about me/us, to contact previous landlords to obtain information about my/our previous tenancies, to contact agencies that provide landlord information, to contact my references, and to take any other reasonable steps necessary to assess this rental application or for any amendment or renewal of my/our tenancy.

I hereby certify that the above information is true and complete and that I have not withheld any information relevant to this application. It is also understood that the property management and/or owner reserve the right to reject this application. I have read and understand these conditions.

_____ _____
Applicant Signature **Date** (day, month year)

_____ _____
Co-applicant Signature (if applicable) **Date** (day, month year)

Privacy and Confidentiality

Each applicant must sign a form that gives permission for the Co-op to conduct a credit check and landlord check. The co-op will use the information obtained only in connection with the application and the details will be kept confidential *subject to the consent and direction the applicant has provided under the Applicant Confirmation section of the Application for Membership. Additional consent to disclose information may be required to facilitate any coordination of supports or assessments needed for to support a successful residency.*

Personal information gathered by QNCH is kept in confidence. The Board, committee members, and contracted staff are authorized to access personal information based only on their need to deal with the information for the reason/s for which it was obtained. Safeguards are in place to ensure that the information is not disclosed or shared more widely than is necessary to achieve the purpose for which it was gathered. QNCH also takes measures to ensure the integrity of this information is maintained and to prevent its being lost and/or destroyed. Please see full QNCH Privacy Statement at: https://qnch.ca/privacy-policy/

Credit report authorization and release

Authorization is hereby granted to Queens Neighbourhood Co-operative Housing to obtain a standard factual data credit report through a credit reporting agency. My signature below authorizes the release to the credit reporting agency a copy of my credit application and authorizes the credit reporting agency to obtain information regarding my employment and outstanding credit accounts (mortgages, auto loans, personal loans, charge cards, credit unions, etc.). Authorization is further granted to the reporting agency to use a photocopy reproduction of this authorization if necessary to obtain any information regarding the above-mentioned information. Any reproduction of this credit report authorization and release made by reliable means (for example. Photocopy, facsimile, or email) is considered an original.

Applicant's Name:	**Co-Applicant's Name:**
Applicant's Date of Birth:	**Co-Applicant's Date of Birth:**
Applicant's SIN #:	**Co-Applicant's SIN #:**
Applicant's Address:	**Co-Applicant's Address:**

_____
Applicant Signature

_____
Date (day, month year)

_____
Co-applicant Signature (if applicable)

_____
Date (day, month year)

Please submit application or request additional information to:

P.O. Box 99 Liverpool
Nova Scotia
B0T 1K0
Email : applications@qnch.ca

If you have any questions regarding the eligibility requirements or the application process please contact: 902-343-1012