

**RAINBOW HOUSING CO-OPERATIVE**  
**72-302 BERINI DRIVE, SASKATOON, SK S7N 3P4**  
**Tel: 306-242-0604 Fax: 306-249-4010**  
**Email: [rhc@sasktel.net](mailto:rhc@sasktel.net)**  
**Web site:**

***\* All information contained in this application form is confidential.***

APPLICATION FOR MEMBERSHIP & ACCOMMODATION

**PART I: Household Composition**

**1. Name & Address**

**Applicant 1**

Name: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_

(W) \_\_\_\_\_

Next of Kin: \_\_\_\_\_

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

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

Marital Status: \_\_\_\_\_

**Applicant 2**

Name: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_

(W) \_\_\_\_\_

Next of Kin: \_\_\_\_\_

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

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

Marital Status: \_\_\_\_\_

**Other Members of Household:**

| Surname | Given Name | Relationship to Applicant(s) | DOB MM/DD/YYYY | Gender   |
|---------|------------|------------------------------|----------------|--|
|         |            |                              |                | <input type="checkbox"/> Male<br><input type="checkbox"/> Female |
|         |            |                              |                | <input type="checkbox"/> Male<br><input type="checkbox"/> Female |
|         |            |                              |                | <input type="checkbox"/> Male<br><input type="checkbox"/> Female |
|         |            |                              |                | <input type="checkbox"/> Male<br><input type="checkbox"/> Female |

**2. Housing Required:** Choose housing option – based on how many bedrooms your family units **would qualify for:**

- 1 bedroom apartment       2 bedroom townhouse       4 bedroom townhouse  
 2 bedroom apartment       3 bedroom townhouse

**Do you require a wheelchair accessible unit?**     Yes     No

**3. Do you require a parking space?**     Yes     No    **How many?** \_\_\_\_\_

**4. Do you own a pet?**     Yes     No

If yes, what kind(s) and how many? \_\_\_\_\_

**5. Participation**

All Co-op members are expected to volunteer some time to help with the running of the Co-op. Please specify the area of interest for each applicant.

Member Selection             Property Maintenance             Financial Management

Social Activities             Office Help             Member Relations

Other: \_\_\_\_\_

**PART II: GENERAL INFORMATION**

1. How did you hear about Rainbow Housing Co-operative?

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2. Why do you want to move into Rainbow Housing Co-operative?

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3. Do you have any concerns or questions about living in a co-op that have not yet been answered?

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4. Rainbow Housing Cooperative will conduct a credit check on potential members prior to offering accommodation. If you are aware of any credit problems that you may have, please provide any information that may help the Co-op to obtain an accurate picture of your credit history.

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### **PART III: REFERENCES AND FINANCIAL INFORMATION**

#### **1. Accommodation History**

If the information requested below is not the same for each applicant, please provide additional information concerning each adult on a separate sheet of paper.

Length of stay at present address: \_\_\_\_\_

Do you own your present dwelling?       Yes                       No

If yes, estimate your monthly housing cost (mortgage, taxes, utilities, condo fees, etc.)

\$ \_\_\_\_\_

Do you rent your present dwelling?       Yes                       No

Monthly rent \$ \_\_\_\_\_      Are utilities included?    Yes       No

If no, estimate average monthly utility charge. \$ \_\_\_\_\_

Present Landlord or Mortgage Company: \_\_\_\_\_

Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Previous Address (if less than 2 years):

Previous Landlord or Mortgage Company: \_\_\_\_\_

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

**May we use your present and/or previous landlord as a reference?**    Yes    No

If no, please explain

\_\_\_\_\_

\_\_\_\_\_

#### **2. Household Income and Reference Information**

If there are more than two people receiving income, list additional information on a separate page.

##### **Applicant 1**

Employer: \_\_\_\_\_

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

##### **Applicant 2**

Employer: \_\_\_\_\_

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

**If employed less than one year, please give previous employer:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Estimated Gross Monthly Income

Estimated Gross Monthly Income

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Date of Birth:

Date of Birth:

\_\_\_\_\_

\_\_\_\_\_

**I/We understand that only members, of Rainbow Housing Co-operative, Ltd. may occupy a housing unit and I/we apply for membership in the Co-operative.**

**I/We understand that a twenty (\$20.00) dollar per adult, non-refundable, application fee will be required when a unit becomes available.**

**I/We understand that Rainbow Housing Co-operative, Ltd. is formed for the purpose of providing housing at cost to its members and that membership includes the responsibility to participate in the Co-operative.**

**I/We understand that accommodation in Rainbow Housing Co-operative, Ltd. depends on being accepted for membership in the Co-operative and that I/we will be interviewed for membership at a later date.**

**I/We declare that all the information in this application is correct and hereby authorize the Co-operative to verify any or all of the information contained herein, and to perform a credit check at the discretion of the Co-operative.**

Signature of applicant(s):

1. \_\_\_\_\_

Date: \_\_\_\_\_

2. \_\_\_\_\_

Date: \_\_\_\_\_