



castlegreen co-operative

213 Castlegreen Drive

THUNDER BAY Ont. P7A 7W4 (807) 767 6214 Fax (807) 767 4585

Application Package

ATTEND OUR INFORMATION NIGHT

Find out what Co-operative living is all about. Join us on one of the following dates:

1st Wednesday of each month at 7:00PM

2nd. Sunday of each month at 1:30PM

In the Sunset Room of the Castlegreen Community Centre.

Thank you for your interest in joining our housing co-op.
We offer our members quality housing and a quality lifestyle.

Please read this information sheet before completing the attached housing and membership applications.

Join us at Castlegreen!

Membership is open to anyone interested and willing to respect the obligations and responsibilities involved with maintaining the co-operative lifestyle. This may include shovelling snow and cutting grass around your unit, taking your turn in cleaning the garbage hut and volunteering as described at our Information Night.

Castlegreen has homes at full market rent, for all income levels. Members who cannot afford to pay full-housing charges may be eligible for government subsidies. Of the 215 homes, some are geared-to-income units and some units are designed for persons with special needs.

Waiting period depends on many factors such as the type of unit required, the number of move-outs and whether or not subsidy is required.

Application Process:

- Attend our Information Night. Everyone in your household (18 yrs. & older) must attend.
- Complete your application for membership and housing. Each member of your household 18 years and over must apply for membership.
- Your references must complete the reference form and return it to our office. Please do not use family members or relatives.
- All applicants undergo credit, reference and landlord checks.

The date your completed application is received determines your position on our waiting list.

Fees and Charges

Monthly housing charges are due on the first of each month.

As a member you will pay annual membership dues in January of each year.

This money helps fund our social activities.

Each household must purchase a \$1000 loan certificate from the co-op. The office can assist you in setting up a payment plan. This is a member loan and will be refunded once you move out. However, the co-op has the right to deduct any monies you may owe at that time. There is also an early move-out penalty of 5% per month if you stay less than 20 months.

Pet Information for Applicants:

- Each household in the Co-op shall be limited to two (2) pets (2 dogs, 2 cats, 1 of each) except when a member owns a dog 30 pounds (13.5 kilograms) or more whereby they shall be restricted to one dog only.
- Owners are required to have pets inoculated against the following communicable diseases:
Dogs: Rabies, DA2 (Distemper), and PCPV (Parvo virus)
Cats: Rabies, FVRCP (Feline Viral Rhinotracheitis, Calicivirus, Chlamydia & Panleukopenia)
- All members keeping pets on Castlegreen property must have their pets spayed and neutered. Additionally, owners of registered purebred pets who show or breed such animals may apply to the Board of Directors for exemption from this requirement.
- Castlegreen recognizes and has adopted the CITY OF THUNDER BAY ANIMAL CONTROL BY-LAWS. Cats and dogs are not permitted to run at large, and must be on a leash no longer than 6 feet. Pet owners or guardians are required to immediately remove and properly dispose of any excrement their animal may have deposited on Co-op property.
- Castlegreen members voted to ban the following breeds of dogs from the Co-op: Pit bulls, Rottweilers and Doberman Pinschers.
- Pet owners must comply with the City's ANIMAL NOISE BY-LAW, which applies to any animal or bird 24 hours a day. Noise is defined as sounds or cries which disturb or are liable to disturb the inhabitants of a neighbourhood.
- The keeping or harbouring of any animal or bird, wild by nature, anywhere in the Co-op, is not allowed.

SHOULD YOU BECOME A CO-OP RESIDENT, PLEASE REFER TO PET POLICY 1005 FOR COMPLETE INFORMATION.

OFFICE USE ONLY

Received	#	Accom. Code	CIM
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MEMBERSHIP AND HOUSING APPLICATION

Please print clearly. If you need more room, add another sheet.

1. WHO IS APPLYING?

List everyone who will live in your household if you move in.

ADULT # 1

Name:				Mailing Address:			
Female <input type="checkbox"/> Male <input type="checkbox"/>				Postal Code:			
Date of Birth:	Month	Day	Year	Home Phone:			
Social Insurance Number:				Work Phone:			

ADULT # 2

Name:				Mailing Address:			
Female <input type="checkbox"/> Male <input type="checkbox"/>				Postal Code:			
Date of Birth:	Month	Day	Year	Home Phone:			
Social Insurance Number:				Work Phone:			

CHILDREN OR OTHER ADULTS

Name:				Name:				
Female <input type="checkbox"/> Male <input type="checkbox"/>				Female <input type="checkbox"/> Male <input type="checkbox"/>				
Relationship to the above adults:				Relationship to the above adults:				
Date of Birth:	Month	Day	Year	Birth:	Date of	Month	Day	Year
Social Insurance Number:				Social Insurance Number:				

Name:				Name:			
Female <input type="checkbox"/> Male <input type="checkbox"/>				Female <input type="checkbox"/> Male <input type="checkbox"/>			
Relationship to the above adults:				Relationship to the above adults:			
Date of Birth:	Month	Day	Year	Date of Birth:	Month	Day	Year
Social Insurance Number:				Social Insurance Number:			

2. REFERENCES

You must submit two (2) references: from a friend, neighbour and/or co-worker. Do not use family members or relatives.

Reference # 1:

Name:	Mailing Address:
	Postal Code:
Relationship:	Home Phone:
	Work Phone:

Reference # 2:

Name:	Mailing Address:
	Postal Code:
Relationship:	Home Phone:
	Work Phone:

NOTE:

The names of references given on this page must match the names on the returned reference sheets. If a change of reference is required, please notify the Castlegreen office.

CASTLEGREEN FEATURES

- ◆ Bachelor, 1,2,3 & 4 bedroom townhouses
- ◆ Refrigerator, stove, clothes washer and dryer
- ◆ Patio deck with private back yard
- ◆ On-site community centre
- ◆ Newly installed, efficient gas furnaces and hot water tanks.
- ◆ Co-op vegetable and family garden plots
- ◆ On-site maintenance staff
- ◆ Horseshoe pit
- ◆ Designated parking with plug-ins
- ◆ Arboretum
- ◆ Bicycle and walking paths near creek
- ◆ Community library
- ◆ Newly constructed playground
- ◆ Privacy fences and decks
- ◆ Baseball diamond, basketball and volleyball court
- ◆ Ice rink and change house with washroom facilities

3. WHAT TYPE OF UNIT DO YOU NEED?

The co-op has the following types of units available.
Please choose unit(s) in order of preference.

	“A” Unit - Accessible Bachelor	Wheelchair accessible – modified for physically challenged	\$436
	“B” Unit - 1 Bedroom Accessible	Wheelchair accessible – modified for physically challenged	\$511
	“C” Unit - 2 Bedroom Accessible	Wheelchair accessible – modified for physically challenged	\$565
	“K” UNIT - 2 Bedroom, 2 Storey	Basement	\$598
	“E” “J” “S” Units - 3 Bedroom, 2 Storey	Basement, storage area, carpeting	\$632 to \$669
	“H” Unit - 4 Bedroom	2 full bathrooms	\$715

4. PARKING AND PETS

Every unit is assigned one (1) parking space with winter plug-in.

There is a limit of two (2) pets per unit (2 dogs, 2 cats or 1 of each) an exception to this is when a member owns a dog who weighs over 30 pounds (13.5 kilograms) whereby they will be restricted to only one dog. All pets must be registered (with the PET COMMITTEE) licensed, inoculated and under the owner’s care and control.

5. WHERE YOU LIVE NOW

Do you: Own Rent How much rent do you pay each month?

If you own your home, is it up for sale now or in the near future? Yes No

If yes, please keep us informed as to the status of the sale of your home so we are better able to accommodate your housing needs.

How much notice do you need to give to move out of your apartment?

Can we contact your landlord for a reference? Yes No

If you do not want us to contact your landlord, write a letter explaining the reason and send it with this application.

Current Landlord's Name, Address and Phone Number:

Is this a Co-op? Yes No

Is your present housing subsidized? Yes No

Will subsidy be required in Castlegreen? Yes No

If yes, Have you applied to Thunder Bay District Housing? Yes No

If you have lived in your present home for less than five (5) years, give the following information.

Please list ALL your previous addresses, landlords, their addresses and phone numbers for the past five years . **Please make a special note of any that were Housing Co-operatives.**

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6. TOTAL HOUSEHOLD INCOME

This information is CONFIDENTIAL. List everyone's income of all types. Give the before-tax (gross) income per month.

EMPLOYMENT INCOME

Applicant's Name:	Employer's Name	Gross Amount Monthly
	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	\$
	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	\$

OTHER INCOME

Applicant's Name:	Type of Income	# of Beneficiaries	Gross amount monthly
	Employment Ins. <input type="checkbox"/> General Welfare <input type="checkbox"/> Family Benefits <input type="checkbox"/> GAINS-Disability <input type="checkbox"/>		\$
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ALL OTHER INCOME

Applicant's Name:	Type of Income	Gross amount monthly
		\$
		\$
		\$

7. PERMISSION FOR CREDIT, REFERENCE AND LANDLORD CHECKS

- X The Co-op will check the credit, references and previous landlords of the adults in your household.
- X The Co-op may ask you questions about these checks. If you want, you can send a letter with this application explaining any problems which may appear on these checks.
- X The Co-op will not process this application if you do not give permission for the Co-op to do these checks.
- X Your signature(s) give permission for the Co-op to do the credit check, reference check, and a landlord check.

Applicant

Date

Applicant

Date

Witness

Date

8. CONDITIONS OF ACCEPTANCE

This application for membership and residency is made with the full knowledge and acceptance by the applicant(s) of the conditions under which residency and membership in Castlegreen Co-operative may be granted, which are as follows:

- X I understand and agree with the aims and objectives of the Co-operative and am aware that membership is subject to approval of the SELECTION COMMITTEE and BOARD OF DIRECTORS.
- X This application must be signed, witnessed and delivered to Castlegreen along with any dues payable.
- X The SELECTION COMMITTEE and BOARD OF DIRECTORS may refuse to accept any application for membership without giving reason.
- X Occupancy of my assigned housing unit shall be restricted to those persons listed in the application and such others who may be approved by the Co-op.
- X I agree to read and abide by the terms of the housing agreement, By-laws, and Policies of the Co-op as they may, from time to time, be enacted or amended.
- X I hereby agree to purchase a Loan Certificate from Castlegreen, in the amount of \$1000 for the full period of my occupancy.
- X I agree to attend general meetings and participate in the democratic process of the Co-op and to volunteer some time in service to committees or other organized activities of Castlegreen.

All statements in this application are true to the best of my knowledge and no information has been concealed or omitted. I understand that this application, including information and undertaking on both sides will form part of any future contract by which Castlegreen may provide me with housing.

Applicant

Date

Applicant

Date

Witness

Date



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THUNDER BAY Ont. P7A 7W4
(807) 767 6214 Fax (807) 767 4585

CONFIDENTIAL REFERENCE FORM

DATE: _____

RE: _____

Dear, _____

_____ has / have applied for housing in Castlegreen and has / have given your name as a reference.

Information provided on the reverse of this form will be treated in strict confidence. We would appreciate frankness on your part so that an informed decision can be made.

We cannot process the application until all references are returned, so your prompt response is appreciated.

You may drop this reference off or mail it to our office at 213 Castlegreen Drive or fax it to us at (807) 767-4585.

Thank you for your co-operation.

Sincerely,

Denise Beaulieu
Office Administrator



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THUNDER BAY Ont. P7A 7W4
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FILE #

CONFIDENTIAL REFERENCE QUESTIONNAIRE

APPLICANT'S NAME _____

ADDRESS _____

How long have you known the above person(s) _____

Are you: Close friends _____ Casual _____ Acquaintance _____

Do you visit: Frequently _____ Occasionally _____ Seldom _____

Please complete each of the following sections, about the applicant(s)

Housekeeping	
Community involvement	
Compatibility with others	
In your opinion, what kind of neighbours would they make?	

What comment do you have about their children (if applicable?) _____

Please add any further comments you feel may help us in our decision

Signature _____ Date _____

Reference Name (*please print*) _____



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Signature _____ Date _____

Reference Name (*please print*) _____