



Castlegreen Co-operative

213 Castlegreen Drive Thunder Bay, ON P7A 7W4
(807)767-6214 FAX (807) 767-4585
www.castlegreen.on.ca

Application Package

MANDATORY INFORMATION SESSION

Find out what Co-operative living is all about.

****** Each applicant over the age of 18 years must attend ******

Join us on the 2nd Sunday (3rd Sunday if Holiday or Long Weekend on 2nd Sunday) of each month at 1:30PM
At the Castlegreen Community Centre In the Sunset Room.

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 Sessions.

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 an Information Session. 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. Two references per adult applicant are required.
- All applicants undergo credit, reference and landlord checks.

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

Fees and Charges

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

In order to be a member on our waiting list, your membership must be in good standing. To activate your membership you must pay annual membership dues in January of each year as per Castlegreen policy #301 Annual Dues.

Failure to activate membership will result in removal from our waiting list.

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:

- **All pets must be registered with the Castlegreen Pet Committee, please complete the attached Pet Registration Form.**
- 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

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

ADULT # 2

All correspondence will be delivered primarily via email

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

CHILDREN OR OTHER ADULTS

All correspondence will be delivered primarily via email

Name: Female <input type="checkbox"/> Male <input type="checkbox"/>				Name: 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:			

Name: Female <input type="checkbox"/> Male <input type="checkbox"/>				Name: 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:			

CASTLEGREEN FEATURES

- ◆ Bachelor, 1,2,3 & 4 bedroom townhouses
- ◆ Patio deck with private back yard
- ◆ Efficient gas furnaces and hot water tanks.
- ◆ On-site maintenance staff
- ◆ Designated parking with plug-ins
- ◆ Bicycle and walking paths near creek
- ◆ Playground
- ◆ Refrigerator, stove, clothes washer and dryer
- ◆ On-site community centre
- ◆ Co-op vegetable and family garden plots
- ◆ Horseshoe pit
- ◆ Ice rink and change house with washrooms
- ◆ Privacy fences and decks
- ◆ Basketball and volleyball court

2. WHAT TYPE OF UNIT DO YOU NEED?

The co-op has the following types of units available.

Please check below the number of bedrooms required indicating first and second choices only. Number 1-2

**note* if subsidy required –subsidy’s will not be granted if “over housed”.*

“A” Unit - Accessible Bachelor	Wheelchair/mobility accessible, Patio	\$610
“B” Unit - 1 Bedroom Accessible	Wheelchair/mobility accessible	\$714
“C” Unit - 2 Bedroom Accessible	Wheelchair/mobility accessible, Patio	\$789
“K” Unit - 2 Bedroom, 2 Storey	Basement, Patio	\$834
“EJS” Units – 3 Bedroom 2 Storey	3 Bedroom units	\$884 / \$911 / \$931
“F” Unit – 3 Bedroom Accessible	Wheelchair Accessible	\$934
“H” Unit - 4 Bedroom Bi-Level	Half Basement, 2 full bathrooms	\$997

3. 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)

All pets must be registered (with the Pet Committee) licensed, inoculated and under the owner’s care and control.

Please ensure you complete the attached Pet Registration Form to register your pet with the Pet Committee.

5. 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	Monthly Gross Amount
	Where you work: _____ Full-time <input type="checkbox"/> or Part-time <input type="checkbox"/>	\$
	Where you work: _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	\$

OTHER INCOME

Applicant's Name:	Type of Income	# of Beneficiaries	Monthly Gross Amount
	Employment Ins. <input type="checkbox"/> Ontario Works <input type="checkbox"/> Family Benefits <input type="checkbox"/> ODSP <input type="checkbox"/>		\$
	Employment Ins. <input type="checkbox"/> Ontario Works <input type="checkbox"/> Family Benefits <input type="checkbox"/> ODSP <input type="checkbox"/>		\$

ALL OTHER INCOME

Applicant's Name:	Type of Income	Monthly Gross Amount
		\$
		\$
		\$

6. 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

7. 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/We are legal residence of Canada Yes No
- 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 BOARD OF DIRECTORS.
- X This application must be signed, witnessed and delivered to Castlegreen along with any dues payable.
- X The 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

**Castlegreen Co-operative**

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Confidential Reference Form

Information provided on the confidential reference questionnaire will be treated in strict confidence.

We cannot process the application until all references are returned.

We would appreciate frankness on your part so that an informed decision can be made.

You may drop off or mail this reference to our office at 213 Castlegreen Drive, email clerk@castlegreen.on.ca as well as fax it to our office at 807-767-4585.

Thank you for your co-operation.



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FILE #

CONFIDENTIAL REFERENCE QUESTIONNAIRE

APPLICANT(S) NAME(S) _____

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

Are you: (circle one) Close friends, Casual Acquaintance, Neighbour, Co-worker

Do you visit: (circle one) 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

Reference Name (*please print*) _____

Reference Mailing Address: (*please print*) _____

Reference Phone Number: Home _____ Cell _____

Signature _____ Date _____

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Thank you for your co-operation.



CONFIDENTIAL REFERENCE QUESTIONNAIRE

APPLICANT(S) NAME(S) _____

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

Are you: (circle one) Close friends, Casual acquaintance, Neighbour, Co-worker

Do you visit: (circle one) 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?) _____

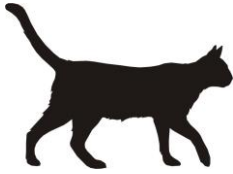
Please add any further comments you feel may help us in our decision

Reference Name (*please print*) _____

Reference Mailing Address: (*please print*) _____

Reference Phone Number: Home _____ Cell _____

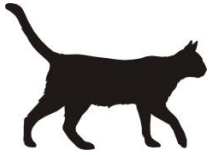
Signature _____ Date _____



Castlegreen Housing Co-operative Pet #1 - Registration Form

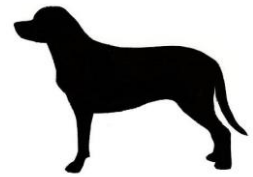


Member's Name:	
Unit #:	Move in Date:
Home Phone:	Work Phone:
Species of Pet: Cat () Dog () Other:	Breed(s): Service Dog <input type="checkbox"/>
Colour(s):	Name(s):
City of Thunder Bay Tag #: _____ _____	Identifying Features: Marks, Tattoos, Microchip:
<p>In the event of an emergency, concerning my pet(s), I authorize the Pet Committee and my Veterinarian to give any care required.</p> <p>Signature _____ Date _____.</p> <p><small>** Any expenses incurred in the event of an emergency will be the sole responsibility of the pet owner</small></p>	
Name of Veterinary Clinic:	Phone:
<p>The above pet owner(s) has the Co-ops permission to keep the above pet if they follow the Rules of the Co-op. Notice to the contrary will be given to all owners not following the rules stated in Policy 1005 in the Castlegreen By-Laws, Polices & Procedures Manual.</p>	<p>Please Put Picture of Pet #1 Here</p> <p><i>If you have a digital picture you would like the office to print, please email it to clerk@castlegreen.on.ca</i></p>



Castlegreen Housing Co-operative

Pet #2 - Registration Form



Member's Name:	
Unit #:	Move in Date:
Home Phone:	Work Phone:
Species of Pet: Cat () Dog () Other:	Breed(s): Service Dog <input type="checkbox"/>
Colour(s):	Name(s):
City of Thunder Bay Tag #: _____ _____	Identifying Features: Marks, Tattoos, Microchip:
<p>In the event of an emergency, concerning my pet(s), I authorize the Pet Committee and my Veterinarian to give any care required.</p> <p>Signature _____ Date _____.</p> <p><small>** Any expenses incurred in the event of an emergency will be the sole responsibility of the pet owner</small></p>	
Name of Veterinary Clinic:	Phone:
<p>The above pet owner(s) has the Co-ops permission to keep the above pet if they follow the Rules of the Co-op. Notice to the contrary will be given to all owners not following the rules stated in Policy 1005 in the Castlegreen By-Laws, Polices & Procedures Manual.</p>	<p>Please Put Picture of Pet #2 Here</p> <p><i>If you have a digital picture you would like the office to print, please email it to clerk@castlegreen.on.ca</i></p>