

## **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

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### 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?

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Do you have any pets? \_\_\_\_\_ What kind and how many? \_\_\_\_\_

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**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)**

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Name of Household Member	Employer's Name / Address	Gross Monthly Income
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Name of Household Member	Employer's Name / Address	Gross Monthly Income
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Name of Household Member	Employer's Name / Address	Gross Monthly Income
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**OTHER SOURCES OF INCOME (i.e. Pensions, Bonds, Property, Child Support)**

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**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**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**Rental:** Monthly Rent: \$ \_\_\_\_\_

Are utilities included? \_\_\_\_\_

Length of time at this address: \_\_\_\_\_

If less than 2 years, please provide

**PREVIOUS LANDLORD**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

Length of time at this address: \_\_\_\_\_

**PRESENT LANDLORD**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**Rental:** Monthly Rent: \$ \_\_\_\_\_

Are utilities included? \_\_\_\_\_

Length of time at this address: \_\_\_\_\_

If less than 2 years, please provide

**PREVIOUS LANDLORD**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

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?

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

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

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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