

Mau Dan Gardens Co-operative Housing
Application Form 牡丹園房屋合作社-申請表格

415 – 350 East Pender St. Vancouver BC V6A 3X4

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office@maudancoop.ca



A. Principal applicant (applicant with the highest income, regardless of who is filling in the form)

主申請人姓名(不管是誰填寫表格, 收入最高的為主申請人)

last name 姓氏 first name 名字 date 日期

home phone work phone cell phone email address
住家電話 工作電話 手提電話 電郵地址

home address: 住址 apt.# 柏文號數 street街名

city 城市 province 省 postal code 郵區號碼

Mailing address if different from above: 郵寄地址 (如和居住地址不同)

Co-applicant 聯合申請人姓名

last name姓氏 first name名字 relationship to applicant與主申請者關係

home phone work phone cell phone email address
住家電話 工作電話 手提電話 電郵地址

home address: 住址 apt.# 柏文號數 street街名

city 城市 province 省 postal code 郵區號碼

Mailing address if different from above: 郵寄地址 (如和居住地址不同)

Revised August, 2019

Choice of Accommodation (no fewer than one, nor more than two persons, per bedroom)

選擇單位類型 (每一個房最小有一人住; 最多不能多過兩人)

- Apartment 柏文
 1 bedroom 一房
 2 bedroom 兩房
 3 bedroom 三房
 Townhouse 城市房屋
 2 bedroom 兩房
 3 bedroom 三房
 4 bedroom 四房
 basement 有土庫
 no basement 沒有土庫

B. Household Composition

(List applicant name first, then **all** of the persons in your household who will be living with you.

If there are more than 5 people in your household, attach the extra names on a separate sheet)

家庭成員組合 (申請人的資料填在第一行, 將其他家庭成員的資料一同填上, 如多過四位家庭成員請用另外一張紙填寫其他成員的資料)

last name 姓氏	first name 名字	Gender 性別	birth date (dd/mm/yy) 出生 日期(日/月/年)/	relationship to applicant 和申請人關係
			/ /	
			/ /	
			/ /	
			/ /	

How many parking spaces do you need? 需要多少個泊車位 _____

(There is an additional charge for more than one parking space. 如需要多過一個泊車位, 將需繳付額外的費用.)

Mau Dan Co-op has a pet policy that allows one pet per unit. 牡丹園有寵物條例, 每個單位只可以有一隻寵物

What pet do you have? 你有那種寵物 _____

- Check if you require a wheelchair accessible unit 是否需要傷殘輪椅設計的單位.
 Check if you are a member of the Downtown East Side/Strathcona/Chinatown community.
 您是否是市中心東區/士達孔拿/唐人街社區的會員

We are proud of our diverse community and aim to keep it strong.

我們為我們的多元文化社區感到自豪, 並致力於保持其強大。

Is there anything else that you would like us to know while considering your application?

在考慮您的申請時, 您還有什麼事情想讓我們知道的?

C. Residency History 過去居所資料

Applicant's addresses for the past 2 years; use a separate sheet if necessary.

請將過去兩年居住地址填上, 有需要請加紙

Address 地址	From date 開始日期	To date 最後日期	Landlord name 業主姓名	Landlord tel. 業主電話
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Co-applicant's addresses for the past 2 years; use a separate sheet if necessary.

共同申請人過去兩年的居住地址, 有需要請加紙

Address 地址	From date 開始日期	To date 最後日期	Landlord name 業主姓名	Landlord tel. 業主電話
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Applicant's references: 主申請人的諮詢人

Current work reference 僱主

name 姓名	title 銜頭	phone number 電話號數
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Landlord reference 業主

name 姓名	phone number 電話號數
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Personal reference 朋友

name 姓名	phone number 電話號數
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Co-applicant's references: 聯合申請人的諮詢人

Current work reference 僱主

name 姓名	title 銜頭	phone number 電話號數
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Landlord reference 業主

name 姓名	phone number 電話號數
---------	-------------------

Personal reference 朋友

name 姓名	relationship 關係	phone number 電話號數
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D. Co-operative Involvement 志願工作經驗和合作社工作經驗

Which of the following co-op activities interests you? (Training for these committees will be provided)

你對以下那一種活動有興趣? (合作社提供培訓)

- Board of Directors Newsletter Maintenance Landscape
- 理事會 通訊 維修 園藝
- Membership Finance Social events Security
- 會員 財政 社交 保安
- Translating Other 其他 _____
- 翻譯

E. Income Information 收入資料

List gross **monthly** income before deductions from all sources, for all household members over 19 yrs. You will need to provide proof of this income if the co-op calls you for an interview.

請將所有19歲以上的家庭成員的個人每月入息報上.

在合作社通知面試時,你將要提供資料證明你的家庭入息.

name of household member 家庭成員姓名 (19歲以上)	employer/source of income 入息來源	gross income each month 每月入息(稅前)
		\$
		\$
		\$
		\$

Total gross **monthly** income for household 每月家庭(稅前) 總入息 \$ _____

Is the applicant an employee? self-employed (contract worker)?
主申請人是 員工 自雇

Is the co-applicant an employee? self-employed (contract worker)?
聯合申請人是 員工 自雇

Information contained in this application will only be used in accordance with the Personal Information Protection Act.

Declaration: (Please read and sign this statement.) Note that “we” is understood if there is more than one applicant. I understand that only members of Mau Dan Gardens Housing Co-operative may live in the co-op and I am applying for membership as set out below. I confirm that the information in this application is correct. I agree to provide any supporting materials needed for my application. It is my responsibility to inform the co-op of any changes to my application.

I give the Mau Dan Gardens Housing Co-operative my consent to verify any or all of the information in this application, and to do a reference check and credit check. I understand that acceptance for membership depends on the co-op obtaining satisfactory results from a reference and credit check.

I understand that if I am accepted as a member, I will be expected to pay towards the share purchase according to a payment schedule acceptable to the Co-operative. If accepted into membership, I agree to be bound by and to comply with the Rules, Occupancy Agreement and policies of the co-op in force and as amended from time to time. I understand that I am expected to participate in the life of the Co-operative and to volunteer at least four (4) hours a month.

以下翻譯以英文版本為準, 請讀清楚以下的宣言, 并簽上你的名字,
我(們)填寫牡丹園入住申請表, 并不代表牡丹園會一定提供居住地方給我(們). 我(們)同時保證我(們)所提供的一切資料全都真實, 我(們)同時答應如我(們)所提供的資料有任何更改, 我(們)會提供新證明資料給牡丹園房屋合作社.

我(們)同時授予牡丹園房屋合作社(或其代表)對我(們)所提供的資料作調查的權力. 我(們)允許任何人士, 公司或政府機構在有需要時向牡丹園房屋合作社提供我(們)的個人資料. 我(們)同時給予牡丹園房屋合作社(或其代表)調查我(們)是否有犯罪紀錄的權力.

我(們)明白如牡丹園房屋合作社提供居住地方給我(們), 我(們)是要買合作社列出的股份數目和交付合作社訂的租金.

我(們)同時答應, 我(們)會為合作社每月做四小時的自願工作.

Name of Applicant _____ Legal name of Applicant _____
申請人姓名 申請人的法定姓名

Signature of Applicant _____ Date _____
主申請人簽名 日期

Name of Co-applicant _____ Legal name of Co-applicant _____
聯合申請人姓名 聯合申請人的法定姓名

Signature of Co-applicant _____ Date _____
聯合申請人簽名 日期

Thank you for applying for Mau Dan Gardens Co-operative Housing.

Please return your completed application to: 多謝你申請入住牡丹園, 請將申請表郵寄或電郵到以下地址
415 - 350 E. Pender Street, Vancouver, BC V6A 3X4 phone: 604 255 4778 fax: 604 255 4703

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