

**ARTISTS URBAN VILLAGE AND ARTS HABITAT ASSOCIATION
ARTISTS' HOUSING CO-OP**

APPLICATION FORM

HOUSEHOLD INFORMATION:

Name of Applicant (s):

Address:
Postal Code

Address of Co-applicant if different from above:

Applicant:

Telephone:Home: _____ Work/cell:
e-mail: _____

Co-applicant:

Telephone:Home: _____ Work/cell:
e-mail: _____

Number of people in Household: _____ Number of
Adults: _____/Children:
Age of Children:

Are you expecting changes in your household size in the next year?
Yes _____ No _____

If yes, please
specify _____

Do you have any pets and how many? Dog ____ (#_____) Cat ____
(#_____) _____

Other pets? (excluding caged animals):

Number and type of vehicles:

Number of bicycles:

**ARTIST, NON-PROFIT ARTS PROFESSIONAL OR CULTURAL INDUSTRY
PROFESSIONAL:**

The criteria to qualify as an artist, non-profit arts professional or cultural industry professional is attached to this application form. In addition to completing this application form you must provide a resume detailing your professional qualifications, education and any other relevant experience. Applicants do not have to meet all of the criteria as an artist, non-profit arts professional or cultural industry professional in order to be considered; however, the Advisory Committee members will be using the criteria as a guide with which to make the determination of eligibility. The decision of the Committee is binding. The Advisory

Committee is made up of representatives of Arts Habitat Association of Edmonton and Artists Urban Village.

Applicant

Profession (please indicate whether you are self employed or are employed and your employer):

Co-Applicant

Profession (please indicate whether you are self employed or are employed and your employer):

FINANCE & REFERENCE INFORMATION:

1st Applicant

Annual income: _____ (Line 150 on your previous years tax form)

2nd Applicant

Annual income: _____ (Line 150 on your previous years tax form)

Rental reference

Landlord name _____ Phone _____

May we contact your current landlord for a reference? Yes/No

If not, why not?

Previous address

Landlord name _____ Phone _____

GENERAL INFORMATION SECTION:

What interested you in the co-operative?

What skills and resources do you have and how do you think you can contribute to the Co-operative?

What committee are you interested in being a member of:

- Membership Maintenance Board
 Social Finance Community
Relations

Other: _____

How many hours per month do you have available for contributing to the coop? _____

Questions/Comments:

I/We hereby apply for membership in the Artist Housing Co-op.

Date of Application:

Applicant's Signature(s):

This personal information is being collected under the authority of s. 33(c) of the Freedom of Information and Protection of Privacy Act and will be used to process your application. It is protected

by the privacy provision of the Act. Your submitted application form will be confidential and only Communitas will have access to it for the purpose of considering your request to be a member of the group and providing the necessary background information on the group to funders. If you have any questions about the collection of this information contact Communitas.

The Communitas Group Ltd., will review the information on the application form and provide a summary to the Advisory Committee. Income information will be kept confidential, Communitas will only confirm whether your household has a qualifying income. The Committee will review the summary information and the resumes.

Applicant #1 _____ Applicant #2

FOR OFFICE USE ONLY

DATE RECEIVED:

**PLEASE EITHER DELIVER, MAIL, FAX OR E-MAIL YOUR APPLICATION
TO
THE COMMUNITAS GROUP LTD.**

#200-12120-106 Avenue, Edmonton, Alberta T5N 0Z2
Phone (780) 482-5467 Fax (780) 488-5102 E-mail: group@communitas.ca

