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Website: [www.meadowwalkhousing.ca](http://www.meadowwalkhousing.ca)  
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### 2023-2024 HOUSING INFORMATION

Unit	Housing Charge	Shares	Income Required
1 Bedroom Apt	\$ 797	\$2000	\$31,000
2 Bedroom Apt	\$1,026	\$2400	\$40,000
3 Bedroom Apt	\$1,137	\$3000	\$48,000
3 Bedroom Townhouse	\$1,230	\$3000	\$48,000

(All 3 Bedroom apartments are wheelchair accessible units)

We are located in central Richmond, close to schools, transportation, shopping and community facilities.

We have 63 units as follows:

12 - 1 Bedroom Apartments (3 wheelchair accessible)

24 - 2 Bedroom Apartments (3 wheelchair accessible)

3 - 3 Bedroom Apartments (all wheelchair accessible)

24 - 3 Bedroom Townhouses (2 or 3 level)

Every six months you will be required to confirm that you wish to stay on the waitlist. You may do this by writing or emailing us. If you do not advise us every six months, your application will be considered inactive and will be removed from the wait list.

We are looking for members who want to contribute their time and talent to make their community a better place to live. **Active participation is mandatory.**

**\*\*Please keep these first two sheets for your records and submit only the last six pages\*\***

In order to better understand what it means to be part of a co-op, please take the time to read the following information before submitting your application.

A housing co-op is a group of people working together to enjoy the security of long-term housing. The success of a co-op depends on its members. Members must actively participate in the day-to-day running of the co-op by serving on committees and attending member meetings. If you've volunteered before and enjoyed it, if you're looking for a home with a sense of community, if you're interested in participating to make the co-op a success then co-op housing is for you. If you're just looking for somewhere to live then co-op housing is not for you!

The units in a co-op are not individually owned. The co-op owns the building and property and members "lease" their units. Instead of rent, members pay a monthly housing charge that is based on the cost of operating the co-op.

If you are willing to make a commitment to this type of community living, then please submit your application. Our member selection involves several steps:

Application: Complete and return an application form and you will be placed on the waiting list. Every six months you are required to update your information and confirm that you wish to stay on the waiting list.

Interview: When a unit is available, selected applicants will be invited to attend an interview. This gives us the chance to explain how the co-op works, see where your skills might fit into co-op life, and answer your questions.

Screening: We check landlord, employment and personal references. We credit check all applicants.

Approval: Our elected Board has the final approval of all applicants based on the recommendation of your interview team.

Sign Up: If you are accepted to the co-op, you will need to make an appointment with our office to sign all your papers, pay your shares and bring in any other required documents requested by the office.

The number of vacancies in our co-op varies. **Acceptance to the wait list does not guarantee you will pass the required steps to be accepted as a member of the co-op.**

MEADOW WALK HOUSING CO-OP  
APPLICATION FORM

For Office Use Only:

Date Received: \_\_\_\_\_

Unit Size: \_\_\_\_\_

**PERSONAL INFORMATION**

**Applicant Name:**

\_\_\_\_\_  
(Last name)

\_\_\_\_\_  
(First Name)

Current Address:

\_\_\_\_\_

Daytime Phone:

\_\_\_\_\_

Evening Phone:

\_\_\_\_\_

Email:

\_\_\_\_\_

How long have you lived at your current address?

\_\_\_\_\_

If less than 2 years, please give previous address:

\_\_\_\_\_

\_\_\_\_\_

Landlord's Name and Phone

Number: \_\_\_\_\_

\_\_\_\_\_

May we contact your landlord for a Reference? \_\_\_\_\_

(If not please comment) \_\_\_\_\_

**Co-Applciant Name:**

\_\_\_\_\_  
(Last Name)

\_\_\_\_\_  
(First Name)

Relationship to Applicant:

\_\_\_\_\_

Current Address if Different

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other Household Members:**

_____ Name	_____ Date of Birth	_____ Male/Female	_____ Relationship to Applicant
_____ Name	_____ Date of Birth	_____ Male/Female	_____ Relationship to Applicant
_____ Name	_____ Date of Birth	_____ Male/Female	_____ Relationship to Applicant
_____ Name	_____ Date of Birth	_____ Male/Female	_____ Relationship to Applicant

**Applicants Employment History:**

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Supervisor's Name and  
Number: \_\_\_\_\_

Position and Length of  
Employment: \_\_\_\_\_

If less than 2 years, please provide previous employer

Name & Address of Employer \_\_\_\_\_

Supervisor's name and Number: \_\_\_\_\_

Position and length of Employment: \_\_\_\_\_

**Co-Applicant's Current Employment:**

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Supervisor's Name and Number: \_\_\_\_\_

Position and Length of Employment: \_\_\_\_\_

**PETS:**

The co-op has a limit of **one dog\* or cat per unit** (\*Size and breed limits apply)

Do you own a pet? Yes (\_\_\_\_) No (\_\_\_\_)

Specify Type of Pet Owned: \_\_\_\_\_

**HOUSING REQUEST: CHOOSE ONE ONLY**

Townhouse (3 bedroom)

2-level townhouse (\_\_\_\_)

3-level townhouse (\_\_\_\_)

1 bedroom apartment (\_\_\_\_)

2 bedroom apartment (\_\_\_\_)

Physically Challenged:

1 bedroom (\_\_\_\_) 2 bedroom (\_\_\_\_) 3 bedroom (\_\_\_\_)

**PARKING:**

One primary space if you own a vehicle. Second spaces only when available.

Do you own a vehicle? Yes (\_\_\_\_) No (\_\_\_\_)

Type of Vehicle \_\_\_\_\_

**COMMITTEES:**

Which committee would you be prepared to serve on?

\_\_\_\_\_ Finance (Financial Running of Co-op)

\_\_\_\_\_ Membership (Interviewing prospective members/participation)

\_\_\_\_\_ Grounds Keeping (general upkeep of all garden areas)

\_\_\_\_\_ Maintenance (general upkeep of co-op)

\_\_\_\_\_ Social (organizing events to bring co-op members together)

\_\_\_\_\_ Strategic Plan (long-term planning for co-op)

**REFERENCES:**

**Please provide two references who are NOT related to you.**

Name

Address

Phone

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Name

Address

Phone

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**Volunteer Activities**

**Please list all volunteer activities that you or your family have participated in during the past two years:**

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**Please list any skills that you will contribute to the co-op:**

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**Why do you want to live in a housing co-op?**

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Meadow Walk Co-operative respects your privacy, and the personal information requested on this application is solely for the purpose of verifying your eligibility for membership with us. Certain personal information is required to confirm that your housing request complies with our mandated guidelines. These guidelines include, but are not limited to, income, number of family members per bedroom, and pets. The Co-operative is maintained by the Membership; therefore, it is necessary that we check the references of interested parties to ascertain that they will be an asset to the co-operative, they will act in a responsible and reliable manner, and that they will not be a threat to the safety or well-being of the co-operative or its members. The information provided will not be shared with anyone other than those persons at Meadow Walk Co-operative whose duties include the processing of applications. Should you have any questions or concerns regarding the information we have requested, or the use of it, or should you require a copy of our Personal Information Protection Policy, please contact our office.

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Applicant Signature

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Date

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Co-Applicant Signature

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Date

## INCOME VERIFICATION FORM

We require the following information in order to maintain the economic stability of the co-operative. Accuracy is essential. Please use present gross annual income figures.

	Applicant	Co-applicant
Gross Salary or Commission	\$ _____	\$ _____
<b>TOTAL</b>	\$ _____	\$ _____

***Proof of income will be required in the interview process (copies of last 3 months' pay stubs; tax assessment for the last year constitutes proof)***

Please indicate here if you expect any significant changes in your income during the next 12 months. Please give approximate date and reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of Applicant (please print clearly): \_\_\_\_\_

Applicant's Signature in Full: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Co-Applicant (please print clearly): \_\_\_\_\_

Co-Applicant's Signature in Full: \_\_

Date: \_\_\_\_\_