ABIWIN CO-OPERATIVE INC.
299 Somerset Street West
Ottawa ON K2P 2L3
Phone: (613) 408-2100
Email: office@abiwincoop.ca

APPLICATION FOR MEMBERSHIP

ABIWIN CO-OPERATIVE INC. welcomes applicants of all citizenship, race, place of origin, ethnic origin, colour, ancestry, disability, age, creed, sex, family status, marital status, sexual orientation, gender identity, gender expression, and receipt of public assistance, as per the Human Rights Code. **By submitting this application, you are expressing interest in becoming a member of both our housing co-op and community.**

Along with your application, a non-refundable $20 application fee is required. Payment can be made by cheque or money order (payable to *Abiwin Co-operative Inc.*), or via Interac e-Transfer to office@abiwincoop.ca. For e-Transfers, please include the applicant's full name and indicate the purpose, for example: "Abiwin Co-operative one-time application fee." Secret Answer should be "Abiwin."

Confidentiality and Review Process
All information provided in this application form is strictly confidential.

Your completed application will be reviewed by Abiwin Management (JiT). If you are selected for the interview stage, your application (excluding all financial documents) will be shared with members of our Welcoming Committee. Committee members:

- Will not have access to any of your financial information.
- Will only review your responses on this application form.
- Have signed a confidentiality agreement with the co-op.
- Are strictly prohibited from sharing your information outside of the application process.

Referred by an Existing Abiwin Member?
If an existing Abiwin member provided you with this application form, please provide their name and contact information below.

Name: _____

Email: _____

Section 1: Applicant Information

- Each individual **16 years of age or older** is considered an applicant and must complete their own application form, including when applying as part of a group of roommates.
- Couples applying on behalf of their family are only required to submit **one (1) application form.**
- Please ensure your application is completed in full. **Incomplete applications will not be considered.**

Applicant 1:

Name	
Pronouns	
Email	
Phone	
Emergency contact(s)	
Pets	
Age (optional)	

Applicant 2:

Name	
Pronouns	
Email	
Phone	
Emergency contact(s)	
Pets	
Age (optional)	

Applicant 3:

Name	
Pronouns	
Email	
Phone	
Emergency contact(s)	
Pets	
Age (optional)	

Are you applying with someone else (e.g., a friend, partner, or family member), or do you hope to join an existing household at Abiwin?
☐ Yes ☐ No

If yes, please provide the full name(s) of the person or people you wish to live with, your relationship to them, and a brief explanation of why you are applying together or hoping to join their household.

Languages and Community
This information is collected to understand what languages are represented in our community.

- Volunteers are always available to conduct Meet and Greet Interviews in English.
- French Meet and Greet Interviews are subject to the availability of French-speaking Welcoming Committee members.
- If your first language is neither English nor French, we try out best to accommodate other language needs where possible.

Preferred language of communication
☐ English

☐ French

☐ Other (please specify): _____

Diversity, Equity and Inclusion at Abiwin

Abiwin is home to a vibrant and diverse community. We welcome people of various backgrounds and lived experiences and are committed to fostering a respectful, inclusive environment in alignment with the Human Rights Code.

If your application is successful, you will be joining a community where differences in identity, culture, ability, income, religion, gender identity, and sexual orientation are not only respected but actively celebrated. Discrimination, harassment, and exclusion of any kind is not tolerated. Our co-op takes proactive measures to protect its members from discriminatory behaviour.

By applying for membership, you agree to uphold Abiwin's values of diversity, equity, and inclusion, and to contribute to a welcoming and respectful environment for all.

Do you agree to treat all members of the co-op, including our employees, with dignity and without discrimination, in accordance with the Anti-Discrimination/Harassment Bylaw (By-Law No. 12)?
☐ Yes ☐ No

Do you agree to take appropriate action if you witness or experience discrimination, such as informing the Abiwin Management (JiT) or the appropriate body within the co-op?
☐ Yes ☐ No

If approved as a member, are you willing to contribute to a welcoming and inclusive community?
☐ Yes ☐ No

Self-Disclosure (Optional)
Abiwin strives to ensure our community is a safe and accessible space for people with a wide range of lived experiences. As part of this commitment, we offer applicants the opportunity to self-disclose any relevant social determinants that may help us to understand how best to serve our community. If you feel comfortable doing so, please self-disclose any relevant social determinants that may apply to you. (Optional)

☐ 2SLGBTQQIA+

☐ English is a second language

☐ Full-time student

☐ Hoiusing insecure or homeless

☐ Moving from a care facility

☐ Newcomer to Canada

☐ Person with addiction

☐ Refugee

☐ Senior aging in place

☐ Survivor of domestic violence

☐ Veteran

☐ Young adult aged 18-29

☐ Other (please specify): _____

Do you self-identify as a person living with a disability? (Optional)
☐ Yes ☐ No

If you feel comfortable doing so, please describe your disability(ies). (Optional)

Do you require any accommodations in your living space or within the community to support your full participation (e.g., grab bars, automatic door openers, large-printed documents)? If so, please describe. (Optional)

At Abiwin, we strive for inclusive and diverse membership. If you feel comfortable doing so, please disclose your racial, ethnic, or cultural background. (Optional)

Dependents
To better understand your housing needs, please disclose any dependents that will be residing with you. This includes (but is not limited to) children under 16 years old, aging parents or relatives, and adults with disabilities. (Optional)

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Section 2: Housing Requirements and References

Preferred move-in date	
Notice needed for current residence	
Preferred number of bedrooms (Abiwin does not under or over-house members)	
Are stairs a barrier?	
Do you require a wheelchair accessible unit with roll-in washroom and roll-under kitchen features?	
Do you require a parking space? (Spaces are limited and you may be placed on a waitlist)	
Do you have any other requirements?	

Housing History and Reference Check
Please provide one housing reference for each applicant. If a housing reference is not available, you may provide a personal reference instead.

Reference for Applicant 1

Name (landlord, mortgage company, etc.)	
Phone number or email	
Current address	
Type of housing	
Length of residency	
Monthly housing charges	

Reference for Applicant 2

Name (landlord, mortgage company, etc.)	
Phone number or email	
Current address	
Type of housing	
Length of residency	

Monthly housing charges	

Reference for Applicant 3

Name (landlord, mortgage company, etc.)	
Phone number or email	
Current address	
Type of housing	
Length of residency	
Monthly housing charges	

Section 3: Application Questions & Policies

What do you know about the co-operative housing model? How is it different from rental housing?

Have you previously lived in co-operative housing? If so, please describe your experience.

What would living in a place like Abiwin mean to you?

What does it mean for you to live in a community that values equity, inclusion, and respect for all?

Commitment to Community Participation
Abiwin is more than a housing provider, we are a self-managed community. As a co-operative, we depend on the time, skills, and participation of all members to help reduce costs and keep our community running smoothly. This includes tasks such as landscaping and snow removal, committee work, administration support, and organizing events. **Without active member involvement, the co-op cannot function.**

Membership Obligations:
All Abiwin members are required to:

- Attend general meetings, including our Annual General Meeting and Budget Meeting
- Serve on at least one committee or task group, or contribute to the co-op's shared responsibilities in alignment with their skills, interests, and availability.

To help us understand how you will contribute to the co-op, please share any skills, interests, or relevant experience you can offer.

Protecting Status Confidentiality
Abiwin was founded by, and intended to include members living with HIV/AIDS. In the early 1990s, Abiwin members passed policies to ensure that people living with HIV/AIDS could access secure housing within the co-op. One of these policies requires strict confidentiality regarding a person's HIV/AIDS status. If you learn that a member is living with HIV/AIDS, you are required to keep this information confidential. Do you agree to these terms?
☐ Yes ☐ No

Internal Waiting List
Abiwin has an internal waiting list for current members who wish to move within the co-op. To be eligible for an internal transfer, members must have lived in the co-op for a **minimum of one year**. Transfers are offered on a first-come-first-served basis, unless extenuating circumstances are identified by Abiwin Management (JiT). All transfer requests must be submitted in writing or by email to Abiwin Management (JiT).
Do you agree to these terms?
☐ Yes ☐ No

Pets
Abiwin is a pet-friendly community where pets are permitted in all common areas of the co-op. Members are required to maintain care and control of their pets in these common spaces, including keeping them on leash. Do you agree to follow this policy?
☐ Yes ☐ No

If you have pets, please indicate the type and number that will reside with you.

Smoking Policy
Abiwin is not a designated smoke-free environment, and none of our buildings are completely smoke-free. Members who smoke are responsible for ensuring proper ventilation of their units; however, we cannot guarantee that you will not be exposed to cigarette or cannabis smoke seeping under doorways, into the halls, or outside on the grounds. Smoking is not permitted inside common areas or at entrances at any time.
Do you understand that Abiwin is not a totally smoke-free environment?
☐ Yes ☐ No

Domestic Violence
Domestic violence occurs in many forms in our society. If you suspect or witness domestic violence, you are required to contact the police to make a report and notify Abiwin Management (JiT). Abiwin does not tolerate violence in any form.
Do you agree to report domestic violence as required?
☐ Yes ☐ No

Do you have any questions about Abiwin?

Section 4: Financial Requirements

If your application is successful, the following financial requirements will apply. We include this information in the application form to ensure all applicants are aware of the financial commitments expected of our members.

These requirements take effect once you are approved for membership and have accepted a unit in the co-op.

Note: what is commonly called “rent” is referred to as “housing charges” in housing co-ops.

Member Deposit
To ensure that all units are kept in good condition, members must pay a Member Deposit. The deposit is equal to one month of housing charges for your current unit, and helps cover the cost of any repairs made to your unit so that the cost does not fall on the co-op.

The Member Deposit is **NOT** your last month’s rent. Your last month’s rent will still be due to the co-op for the month you vacate your unit, and the Member Deposit balance will be refunded within 45 days of move-out.

Do you agree to pay last month’s rent for the month you vacate your unit?
☐ Yes ☐ No

Any damage caused by members or their guests to common areas or other units in the co-op are the financial responsibility of the member. Any repair costs or outstanding charges due after your move-out will be deducted from your Member Deposit, and the remaining balance will be refunded to you.

Do you agree to these terms?
☐ Yes ☐ No

The Member Deposit is adjusted each year on July 1, after which members will need to pay a deposit top-up amount.
Do you agree to pay the Member Deposit top-up amount each year in July?
☐ Yes ☐ No
If members wish to paint their units a non-standard colour or make any other alterations, they must receive permission from Abiwin Management (JiT). Members who make changes without approval will have the repairs costs deducted from their Member Deposit, with the remaining balance refunded after move-out.
Do you agree to these terms?
☐ Yes ☐ No

Member Loan
Abiwin collects a $100.00 Membership Loan from each adult member in the household. This loan helps support the co-op's operating budget and will be refunded within 30 days of move-out.
Do you agree to these terms?
☐ Yes ☐ No

Key Deposit
The co-op charges a deposit for all keys and entry fobs. These items are the property of the co-op and cannot be duplicated. If you lose your keys, extra sets are available at the discretion of Abiwin Management (JiT). Key deposits are refunded for each key returned upon move-out.
Do you agree to these terms?
☐ Yes ☐ No

Payment of Housing Charges
All housing charges are due the first day of each month. These include regular charges such as rent and parking, as well as any annual or occasional membership-related fees.

We strongly encourage members to pay charges through our secure EFT Canada automatic withdrawal service. Payment by bank draft or personal cheque may be accepted at the discretion of Abiwin Management (JiT). Abiwin does not accept e-transfer payments or cash payments.

If you are unable to make payments by the first of each month, you must notify Abiwin Management (JiT) **in advance** to create a payment agreement. The terms of this payment agreement are at the discretion of Abiwin Management (JiT).
Do you agree to these terms?
☐ Yes ☐ No

Housing Subsidy Waitlist
Abiwin is a mixed income housing co-op, and we are committed to creating safe and affordable housing for our members. We use funding from the Federal Community Housing Initiative to subsidize some households. These funds are limited and are administered by the Federal government.

New members should not expect to receive subsidy funding. Members are eligible to apply to the **Subsidy Waitlist** after living in the co-op for a **minimum of one year** and are up to date with housing charges and any other payments.
Do you agree to these terms?
☐ Yes ☐ No

Section 5: Next Steps

1. Once you have submitted your completed application, along with your proof of income, it will be reviewed by Abiwin Management (JiT). After your income has been verified, your application will be sent to our Welcoming Committee to schedule a Meet and Greet Interview with you.

2. If you are invited to a Meet and Greet Interview, our Welcoming Committee would relish the opportunity to meet you in person in our community room at 299 Somerset Street West. Alternatively, we understand that in-person meetings may not be accessible to everyone. Please indicate whether you are able to meet in person or require an online Meet and Greet Interview.
   ☐ In person ☐ Online

3. A summary of your Meet and Greet Interview, along with any recommendations, will be submitted by the Welcoming Committee to our Board of Directors who have the final authority over the approval of your application. From this point forward, all questions and concerns about your application should be directed to Abiwin Management (JiT) at office@abiwincoop.ca.

   Please note: applicants–including their family members and friends–must NOT contact Welcoming Committee members following their Meet and Greet Interview. Moreover, Welcoming Committee members are not informed of decisions made by the Board of Directors or Abiwin Management (JiT), including matters such as membership approval or unit offers.

4. If your application is approved by the Board of Directors, you will be placed on Abiwin's External Waitlist and be contacted by Abiwin Management (JiT) when a vacancy that matches your application criteria becomes available. Your current housing (or personal) references will be contacted, and an income re-verification will be conducted by Abiwin

Management (JiT).

5. Applicants are responsible for regularly checking their email for unit offers from Abiwin Management (JiT). Applicants will have **three (3) business days to accept or decline any unit offer** before it is extended to other applicants on the External Waitlist. If you miss this deadline, you may request to remain on the external waitlist.

Section 6: Applicant(s) Declaration and Agreement

By signing below, I acknowledge that:

1. Accuracy of Information
   I have completed this application truthfully and to the best of my knowledge. I understand that providing false or incomplete information may result in the refusal or revocation of my membership.

2. Commitment to Community Participation
   I understand that Abiwin Co-operative Inc. is a self-managed housing co-op that depends on its members to function. If accepted, I agree to:
   - Actively participate in the co-op's community life, including meetings and volunteer activities.
   - Contribute to the upkeep and well-being of the co-op through committee or task group work, based on my skills and availability.

3. Equity, Inclusion, and Non-Discrimination
   I agree to treat all members with dignity and without discrimination, in accordance with Abiwin's Diversity, Equity and Inclusion values. I will not engage in discriminatory behaviour and will report any incidents I witness or experience to the Abiwin Management (JiT) or appropriate channels.

4. Financial Responsibilities
   I have read and understood the financial obligations associated with becoming a member of the co-op, including:
   - Payment of housing charges on time each month
   - Member Deposit and Member Loan
   - Key Deposit
   - Payment agreement protocols
   - Policies related to repairs, damages, and unit alterations

5. Confidentiality and Application Process
   I understand that my application will be reviewed by Abiwin Management (JiT) and may be shared (excluding financial information) with the Welcoming Committee if I move

forward in the process. I acknowledge that all individuals involved have signed confidentiality agreements.

6. Waitlist, Subsidy, and Internal Transfer Policies
   I understand that placement on the waiting list for units, eligibility for housing subsidies, or requests for internal transfers are subject to the co-op's existing policies and availability.

Applicant's Full Name: _____

Signature: _____ Date: _____

If applying jointly:

Applicant 2's Full Name: _____

Signature: _____ Date: _____

Applicant 3's Full Name: _____

Signature: _____ Date: _____