CARIBOO HEIGHTS HOUSING CO-OPERATIVE
57 - 7251 Cariboo Drive, Burnaby BC V3N 4Y3
PHONE (604) 526 5223, FAX (604) 544 5152

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About Our Community

Cariboo Heights Housing Co-operative is a charming 56-unit townhouse family complex in Burnaby situated just off the Highway#1 "Gaglardi" exit. Schools in the area include Armstrong Elementary, St. Michael's Elementary, Cariboo High School and Simon Fraser University. Public transportation via the No. 101 bus route provides access to the Skytrain and to shopping at nearby Lougheed Mall.

The external applicant lists are managed by application submission date. After submitting your 1st application, you must update your information every 6 months to maintain your initial application date and remain under consideration. When resubmitting your updated application, please include your original application date. (see section F: the application submission section below).

If the membership committee doesn't receive an updated application indicating continued interest, the applicant will be removed from the applicants' wait list and will need to resubmit a new application.

Cariboo Heights Townhomes – Housing Charges are subject to change yearly as approved by the general membership..

UNIT SIZE	SQFT.	MONTHLY HOUSING CHARGES: AS OF AUGUST 1, 2026	GROSS ANNUAL QUALIFYING INCOME
2 bedrooms (1bath)	1,099 – 1164 sq ft.	**$1,663.00**	$67,000.00 - $150,000.00
*2 bedroom (1 ½ bath)	1,099 – 1164 sq ft.	**$1,663.00**	$67,000.00 - $150,000.00
3 bedroom (1 ½ bath)	1,293 – 1315 sq ft.	**$1,884.00**	$76,000.00 - $150,000.00
4 bedroom (1 ½ bath)	1,452 sq ft.	**$2, 081.00**	$84,000.00 - $150,000.00
2 bedroom- Wheelchair Accessible	980 sq ft.	**$1,663.00**	$67,000.00 - $150,000.00
SHARE PURCHASE: $3,000.00			

* Second ½ bath added to assist members over 65 years of age – when interviewing for these units, priority will be given to seniors if they meet all the other criteria.

** Housing charges do not include utilities (hydro, cable, or phone).

NOTES:

If you make less than the gross qualifying income, you may qualify for a subsidy. Subsidies are awarded on a first-come, first-served basis, subject to eligibility, availability and vacancies.

Member Requirements

1. 50% of the units are available to members who need a subsidy.
2. Each household is required to purchase a $3,000.00 share, which may be refunded upon termination of membership and satisfactory move-out inspection.
3. A Home Insurance Policy with 3rd-party liability of $1,000,000 is **mandatory** upon move-in.
4. Pet Policy is **one indoor pet** per unit (**cats and dogs must be spayed/neutered**)

Townhouse Features:

- Wall-to-wall carpeting in bedrooms and the upstairs area
- Laminate flooring throughout the living room, dining room, and entranceway.
- Electric heating with individually controlled rooms
- Washer/dryer and dishwasher hookup
- Kitchen appliances: electric stove and refrigerator
- Window coverings: blinds and screens
- Storage room
- One parking space with a second available on first come, first serve basis
- Cable modem compatible
- Digital cable compatible
- Patio space

Community Features:

- Community room/party room with kitchen and bathroom
- Central laundry facilities
- Playground
- Carwash area
- Surrounded by trees and a green belt with walking trails

Please note:

It is the applicant's responsibility to notify the co-op immediately of any changes to the information submitted. Please contact the co-op at least every 6 months to indicate if you are still interested or this application will be discarded.

Your assistance in keeping our records up to date is appreciated.

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Part One: MEMBERSHIP APPLICATION FORM

A – Household Information

Household Composition: Please print clearly and include ALL given names of income-earning applicants to ensure accuracy in the credit approval process.

1. Primary Member Applicant	2. Associate Member Applicant
Name:	Name:
Address:	Address:
Occupation:	Occupation:
Work Phone#	Work Phone#
Home Phone#	Home Phone #
Email:	Email:
Birth Date: (M/D/Y)	Birth Date: (M/D/Y)

3. Other Members of Household

Surname	Given Name(s)	Birth Date (M/D/Y)	Relationship to Applicant
1.			
2.			
3.			
4.			

B – Housing Requirements

Applicants who will require and receive rent supplement will be subject to the BCHMC Occupancy Guidelines.

1. Number of bedrooms required:
2. Do you require a parking space: (yes/no) How many?
3. Pet policy is one domestic pet (indoor pet only) per unit. Do you have a pet? (yes/no) Type: Is your pet spayed/neutered? (yes/no) Copy of certificate required Are immunizations up to date? (yes/no) Copy of documentation required
4. Do any members of your household have any health problems that affect their housing needs? If YES, - please specify:
5. How long do you plan to live in the co-op?

C – Participation

All co-op members are expected to volunteer at least 4 hours per household to help operate the co-op. Please specify your area of interest and note first and second preferences. Initial your choices if there is more than one adult applicant/volunteer in your household. This is a list of our committees:

Board of Directors		Emergency Preparedness		Landscaping	
Laundry/Office Cleaning		Maintenance		Membership	
Move-in/Move-out		Newsletter		Parking	
Policy		Recycling		Social	
Website Maintenance					

D – General Information

1. How did you hear about Cariboo Heights Housing Co-operative?
2. Have you lived in a housing co-op before and been involved in any other form of co-operative?
3. Are you now, or have you in the past, been involved with any volunteer organizations, such as a community group, charity, service club, or trade union? Please elaborate:

E – Reference Information

Accommodation History: If the information requested below is not the same for each applicant, please provide additional information concerning each adult on a separate sheet.

1. How long have you lived at present address (years/months)	2. Current monthly payments:
3. Current number of bedrooms:	4. Average monthly hydro payments:
5. Do you currently own? (yes/no)	6. (if renting) Landlord's name:
7. Landlord's phone #:	8. Landlord's address:
(Please indicate if there is a problem disclosing your intention to move)	
9. Your previous address:	10. How long at previous address:

F. Application Submission. **(If this is an updated application, please indicate the date of your first application in the section below)**

Is this your 1st Application: ☐yes, ☐no

Is this a Renewal Application: ☐ yes, ☐no

When was date of the 1st Application Submitted: (complete only if applicable)		**Date:**		
Print name:		**Signature:**		**Date:**
Print Name		**Signature:**		

A. PART TWO: FINANCIAL INFORMATION

1. Primary Member Applicant	2. Associate Member Applicant:
Name:	Name:

1. **In all categories of income, use CURRENT GROSS ANNUAL FIGURES**
2. **List ALL sources of household income.**
3. **Include any income earned by members of the household aged 19 or older.**

Type of Income	Primary Applicant	Associate Applicant	Other Household Member
Position			
Salary/Commission			
Self-employed			
Pension			
Gain			
Child Support/Alimony			
Unemployment Insurance			
Other income (specify)			
TOTALS			

B. Other Information:

Will there be significant changes in household income during the next 12 months? Yes _____No _____ If yes, please give approximate date and reason(s):
Will there be significant changes in future to the number of occupants in household? Yes_____ No_____ If yes, please explain:

Are you willing to pay the current MARKET HOUSING

CHARGE? Yes _ No _____

C. Employment Information

Primary Applicant	Associate Applicant
Employer (Company)	Employer (Company)
Contact Person	Contact Person
Phone #	Phone #
Address:	Address:
Start date at this employment:	Start date at this employment:

D. Declaration

I/We certify and declare that all the information given in this application is correct. I/We authorize the Co-operative to verify any or all of the information in my/our application and give consent to the Co-operative, its employees or agents, to receive credit information from any credit agency or other person(s) having such information, using whatever means the Co-operative deems necessary and appropriate.
The terms and conditions set forth above are acknowledged and agreed upon by:

Primary Applicant's Name:	**Signature:**	**Date:**
Associate Applicant's Name:	**Signature:**	**Date:**

A $20 cheque, payable to Cariboo Heights Housing Co-operative, is required to process a credit check, which will be collected at the time of the interview.

Please retain a copy of your completed application form for your reference. Submit the original to the Co-operative

Any Additional Information: