



RESIDENT INFORMATION FORM

The Resident information requested below is collected under the Condominium Act of Ontario. If any of this information changes, please advise Management as soon as possible.

Please PRINT clearly.

Suite type:	Devices permitted: up to	Date of Possession:
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Suite #	Move-in Date:	Lease Expiry Date:
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Owner Information (First name/Last name)	
Name:	Telephone:
Address:	City:
Postal Code:	Email:

Tenant Information: For security purposes please **list all persons** who will be **residing in the suite**, including all children. Tenants must present a copy of a fully executed lease. Note only persons listed on the lease will be registered.

A copy of the Lease Agreement is attached Yes ___ No ___

Residents (First name/Last name)	Phone:	Email (please print clearly)
1.		
2.		
3.		
4.		

Parking & Vehicle	Locker:
Parking Spot #:	Locker #:
Vehicle Make & Year	Fob #:
Color	Fob#:
Vehicle Plate Number	Fob#:

Please note if you will be renting your parking space you will need to notify Management.

In Case of Emergency Contact:	
Name:	Telephone:
Relationship:	

Date Form Completed: _____
Entered into System _____

Received by _____

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PETS	1 Dog not exceeding 30 lbs is permitted	Do you own a Pet?	
Type:		Weight:	
Name:		Color:	

Emergency Assistance:

Do you require assistance in case of an emergency (ie fire alarm, flood)? Please list the particulars of any disabilities or medical problems concerning yourself or a family member that would necessitate assistance. (For example: difficulty walking or hearing impaired.) Your name will be added to our confidential emergency assistance list.

Yes _____ No _____ Notes: _____

Acknowledgement By Owner/Resident

- I/we confirm that the above information is accurate and that I/we will inform the Management Office of any changes in this information.
- I/we confirm that only the persons listed above will be residing in the suite.
- I/we am/are fully aware that my/our suite shall be occupied and used only as a private single family residence and for no other purposes, as stipulated in the registered Declaration of this Corporation.
- I/We confirm that we are aware that no subletting, short-term leases less than 6 months period, and/or agreement or contracts via site such as AirBnB is permitted at CP1.
- I/We confirm that we will not over occupy the suite as per the Building Code of Ontario. We also understand that only bedrooms may be used as sleeping areas. Dens and Solariums are not considered bedrooms and we will not create a sleeping area in these rooms.
- As required by The Condominium Act of Ontario, all Residents and Visitors must comply with the Act, and the Declaration, Bylaws, Rules and policies of the Corporation and therefore I am aware that I am responsible for and will accompany my guests at all times.
- I/we acknowledge and affirm that I/we, the members of my/our household and my/our Visitors from time to time will, in using the unit identified above and any of the common elements, **will comply with the Condominium Act of Ontario, the Declaration, Bylaws, Rules and policies of TSCC1866.**
- I /We have received from my landlord/agent/lawyer and will follow all the documentation mentioned above for TSCC 1866
- **I/We understand and confirm that both tenants and owners are required to obtain their own insurance coverage and that the Corporations' insurance does not cover tenants and owners insurance.**

Signature: _____ Date: _____

Witness _____

Date Form Completed: _____ Entered into System _____ Received by _____