

# HALTON STANDARD CONDOMINIUM CORPORATION NO. 455

## OWNER-TENANT INFORMATION FORM

1480 & 1490 BISHOPS GATE, OAKVILLE, ONTARIO

The following information is required by the Corporation for the purpose of carrying out the objects and duties of the Corporation in managing the assets on behalf of the owners and shall be used for that purpose only.

Unit/Suite Number: \_\_\_\_\_ Locker Number(s): \_\_\_\_\_

Owner's Name: (1) \_\_\_\_\_  
(First Name) (Last Name)

(2) \_\_\_\_\_  
(First Name) (Last Name)

Unit is: ☐ Rented ☐ Owner-Occupied ☐ Vacant ☐ For sale/lease

Owner's Address (if different from above): \_\_\_\_\_

Tel Numbers: Res: ( ) \_\_\_\_\_ Bus: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

E-mail Address(es): \_\_\_\_\_

Occupant's Names: (1) \_\_\_\_\_ (3) \_\_\_\_\_  
(2) \_\_\_\_\_ (4) \_\_\_\_\_

Telephone Number (If different than Owner's) Res: ( ) \_\_\_\_\_ Bus: ( ) \_\_\_\_\_

**Vehicle Make/Year/Colour** **Licence Plate Number** **Parking spot #**

(1) \_\_\_\_\_

(2) \_\_\_\_\_

In-Suite Alarm: Yes \_\_\_\_\_ No \_\_\_\_\_ Service Contract With \_\_\_\_\_

Insurance: Yes \_\_\_\_\_ No \_\_\_\_\_ Policy Provider \_\_\_\_\_

Bicycle Information (Make/Colour): \_\_\_\_\_

Key Fob Number(s): \_\_\_\_\_

Do you have pets? Yes \_\_\_ No \_\_\_ If Yes, type and Description: \_\_\_\_\_

Would you require assistance in an emergency? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list the names and any limiting conditions for residents of your unit who, because of a medical, physical or emotional condition, might require special assistance in an emergency or evacuation situation.

Name \_\_\_\_\_ Condition/Assistance Required \_\_\_\_\_

Name \_\_\_\_\_ Condition/Assistance Required \_\_\_\_\_

**In Case of an Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone No: ( ) \_\_\_\_\_

Notices that are required to be given to the owner may be sent by fax, electronic mail or other method of electronic communication: Yes \_\_\_\_\_ No \_\_\_\_\_

I consent to my name, unit #, telephone # and email address listed in the community phone book, which is to be distributed to all residents at our condominium building: Yes \_\_\_\_\_ No \_\_\_\_\_

***If Unit (suite, parking stall and/or locker) has been leased/rented, you must complete the Summary of Lease or Renewal Form. Please contact Management***

Owner's/Resident's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Complete and Return this Form to Central Erin Property Management**

HSCC 455, c/o Central Erin Property Management

151 Randall Street, Oakville, Ontario, L6J 1P5, Tel: 905-842-1429, Fax: 905-845-4665, Email: 1480bishops@centralerin.com



151 Randall St  
Oakville, Ontario L6J 1P5  
Canada

centralerin.com

905.842.1429  
Toll Free 1.866.842.1766

#### 4 Easy Steps to Sign up for Pre-Authorized Payment

1. Complete and sign the enrolment / authorization form below.
2. Initial that you have read and agreed to the terms and conditions specified on the second page.
3. Attach a personal blank cheque marked "void".
4. Mail or deliver the enrolment / authorization form, the initialed terms & conditions page, and a void cheque to our office.

Pre-Authorized Payment Authorization Business OR Personal // Household PAD ☒	
Payor Name(s)	_____
Address:	<u>1480/1490 Bishops gate, Suite #</u>
City & Province	<u>Oakville, ON</u>
Phone #	_____
I (we) authorize <b>Halton Condominium Corporation No. 455</b> to process a debit, in paper, electronic <sup>OR</sup> other form in the amount of:	
1) Fixed amount: _____ with reasonable latitude for adjustment for HSCC NO. 455 approved condominium fee Increases. <u>HSCC NO. 455</u> will forward a statement of account in support of the debit to me, when an increase/decrease is required, at least <u>10 days</u> in advance of the payment date, as pre-notification.	
AND	
2) All expenses of the Corporation incurred by it in the performance of its objects and duties whether such objects and duties are imposed under the provisions of the Act, the Declarations, the By-Laws or Rules of the Corporation. HSCC NO. 455 will forward a statement of account in support of the debit to me at least 10 days in advance of the payment date, as pre-notification.	
on my (our) account of the <u>1<sup>st</sup> day</u> of each <u>month</u> beginning _____	
I (we) agree that the HSCC 455 will apply any amounts taken from the account to the amounts owed by the unit in a chronological order, from the oldest to the newest.	
I (we) acknowledge that I (we) have read, understood and accepted all the provisions contained in the Terms and Conditions of the Pre-Authorized Payment Authorization and I (we) have received a copy.	
Signature of Payor(s):	_____ Date: _____



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Oakville, Ontario L6J 1P5  
Canada

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## PRE-AUTHORIZED PAYMENT AUTHORIZATION – TERMS AND CONDITIONS

I(We) acknowledge that this Authorization is provided for the benefit of the Payee and the Corporation's bank, or otherwise (hereinafter referred to as "the Bank") and is provided in consideration of the Bank agreeing to process debits against my account in accordance with the Rules of the Canadian Payments Association.

I(We) warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.

I(We) hereby authorize HSCC #455 to draw on (see attached authorization with void cheque) account number, with the Bank, for the following purpose: monthly condominium fee payment.

This is to remain in effect until HSCC #455 has received a written notification from me/us of its change or termination. This notification must be received **at least ten (10) business days** before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/We have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on y/our recourse rights, I /We may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

I(We) acknowledge that provision and delivery of this authorization to HSCC #455 constitutes delivery by the Payor to the Bank. Any delivery of this authorization to you constitutes delivery by the Payor.

The Payor and Payee agree to waive the pre-notification requirement set out in Section 11 of Appendix II of rule H1 of the Canadian Payments Association.

I(We) undertake to inform HSCC #455, in writing, of any change in the account information provided in this authorization prior to the next due date of the PAD.

The account that HSCC #455 is authorized to draw upon is indicated in the accompanying authorization. A Specimen cheque for this account has been marked "VOID" and attached hereto.

I(We) acknowledge that the Bank is not required to verify that a PAD has been issued in accordance with the particulars of the Payor's Authorization including, but not limited to, the amount.

I(We) acknowledge that the Bank is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by HSCC #455 as a condition to honouring a PAD issued or caused to be issued by HSCC #455 on Payor's bank account.

Revocation of this authorization does not terminate any contract for goods or services that exists between the Payor and HSCC #455. The Payor's Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.

A PAD may be disputed by a Payor under the following conditions:

- (1) the PAD was not drawn in accordance with the Payor's Authorization; or
- (2) the authorization was revoked; or
- (3) pre-notification was not received.

The Payor, in order to be reimbursed, acknowledges that a declaration to the effect that either (1),(2) or (3) took place, must be completed and presented to the branch of the Processing Institution holding the Payor's account up to and including 90 calendar days in the case of a personal/household PAD (or up to and including 10 business days in the case of a business PAD), after the date on which the PAD in dispute was posted to the Payor's account.

The Payor acknowledges that a claim on the basis that the Payor's Authorization was revoked, or any other reason, is a matter to be resolved solely between the Payee and the Payor when disputing any PAD after (90 calendar days in the case of a personal/household PAD or 10 business days in the case of a business PAD).

### DEFINITIONS

**Business PAD:** Means a PAD (Pre-Authorized debit in paper, electronic or other form) drawn on the account of the Payor such as, but not limited to, a corporation, an organization, a trade, an association, a government entity, a profession, a venture or an enterprise, for the payment of goods and services related to commercial activities of the Payor.

**Personal/Household PAD:** Means a PAD drawn on the account of a Payor for payments such as, but not limited to, charitable donations, RESP and Spousal RRSP contributions, mortgage installments, utility bills, insurance premiums, membership fees, property taxes, credit card billings and payment of other consumer goods and services.



I have read and agree to the Terms and Conditions

\_\_\_\_\_  
Payor's Initial

**PERSONS REQUIRING SPECIAL ASSISTANCE INFORMATION FORM**

*Please Complete and Return this Form to Property Management as soon as possible.*

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ UNIT#: \_\_\_\_\_

**As required in the condominium corporation's Fire Safety Plan, and in order to ensure the safety of all residents during any emergency in the Building or at this Site, we are asking for your co-operation.**

If you have any person residing in your unit/suite who would require special assistance during evacuation or any emergency, please fill in the information on this form below.

All information received is kept in strict confidence and used only by authorized persons in case of an emergency.

**Brief description** (i.e. difficulty walking, special breathing apparatus, bedridden, sprains/fractures, hearing/visually impaired). **Please print.**

[illegible]

Date Completed \_\_\_\_\_ Resident Signature \_\_\_\_\_

**Please Complete and Return this Form to Central Erin Property Management**

# HALTON STANDARD CONDOMINIUM CORPORATION NO. 455

## HSCC 455 - NEW SUITE OWNER & TENANT REGISTRATION POLICY

Effective: October 1, 2019

The Board of Directors of HSCC455 has approved a new policy for all owners or tenants who are new residents of 1480-90 Bishops Gate.

The change of ownership of a suite, or a new tenancy agreement attracts unique administrative costs such as programming of key fobs and the intercom system, arranging for move in elevator and telecommunication room access, collection and processing of important suite registration forms and monthly common element fee payment forms along with a building/suite information session.

This policy ensures that these costs are recovered by the owner of the unit and not borne by the corporation. The current service fee is 250.00 and will be automatically added to your owner ledger upon confirmation of a change in ownership and/or new Tenancy.

All forms are available at: [www.1480bishops.com](http://www.1480bishops.com)  
[www.1490bishops.com](http://www.1490bishops.com)

**If you are a new owner.** forward completed forms to property management:

- 1) Unit Information Form
- 2) Pre-Authorized Payment form with a void cheque
- 3) Intercom Programming Form
- 4) Move-in date and time (see rules related to after-hours times as additional security costs may be applicable)
- 5) Copy of deed/title transfer or letter from a lawyer confirming the same
- 6) Preferred date for property management information tour of your unit (to familiarize yourself with the day-to-day operation of your unit)

**If you are renting your unit.** forward completed forms to property management:

- 1) Unit Information Form
- 2) Copy of Lease Agreement
- 3) Notification to Lease Form - signed by your tenant
- 4) Authorization to Use Amenities Form
- 5) Intercom Programming Form
- 6) Move-in date and time (see rules related to after-hours times as additional security costs may be applicable)
- 7) Preferred date for property management information tour of your unit (to Familiarize yourself with the day-to-day operation of your unit)