		-	-TENANT IN 90 BISHOPS GA	-	_	-		
		on is required	by the Corporation	n for the p	ourpose of	carrying	out the objects and du sed for that purpose on	
Unit/Suite Number:			Locker Number(s):					
Ownor's Nama	(1)							
owner 5 Name.	(')	(First Name) (Last Name)						
	(2)							_
Unit is:		Rented	Owner-Occup	oied 🗌	) Vacant		or sale/lease	
	•		•					-
Tel Numbers: I	Res: (	)	<u>Bus: (</u>	)		<u>Cell:(</u>	)	-
E-mail Address(	es): _							_
Occupant's Nam	<b>1es</b> : (1)	)			(3)			_
	(2)				(4)			_
Telephone Num	ber (If o	different than (	Owner's) <u>Res:</u> (	)	Bu	s: (	)	_
Vehicle Make/Y	ear/Co	olour		Licenc	e Plate Nu	ımber	Parking spot #	
								-
								-
								-
			-					-
								-
								-
Do you have per	<b>.5</b> 1 10	S NU	ii res, type and L	rescription	I			-
Would you requi Please list the names require special assista	and any	limiting conditior	nemergency? Ins for residents of your evacuation situation.	Yes unit who, be	_No cause of a me	edical, phys	sical or emotional condition, r	- night
Name			Condition/Assistar	nce Requi	red			
Name Condition/Assista				nce Requi	red			
In Case of an En	nergen	cy Contact:						
Name:			Relationship:		Telep	hone No	): <u>()</u>	_
			given to the owi ion: Yes No		be sent b	oy fax, e	electronic mail or ot	her
			ephone # and en sidents at our coi				community phone bc No	ok,
•	-	-	nd/or locker) h se or Renewal			-	, you must compl Management	ete
Owner's/Residen	nt's Sig	nature				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

## 455

HALTON	STANDA	RD CONDO	DMINIUM CORPORATION NO. 45
	(Clau	Condominium Act, SUMMARY OF LE se 83 (1) (b) of the	orm 5 <u>1998 - O. Reg. 49.01</u> ASE OR RENEWAL <i>Condominium Act, 1998)</i> M 5 OR COPY OF THE LEASE
This is to notify	you that an		
original	renewal	{select one}	
written	oral	{select one}	
lease	sublease ass	ignment of lease	a renewal of a written or oral lease
sublease o	or assignment o	f lease {s	elect one}
has been e	entered into for:		
On the following	terms:		it(s)Locker Unit (s)
Telephone Num	nber:		Fax Number (if any):
E-Mail:			
Commencemen	nt Date:		Termination:
Option(s) to ren	ew: (set out det	ails. I.e., first option	n commencement date)
Rental Payment	ts:	(set out am	ount and when due)
Other Informatic		·	
Other Information	JN	(the o	ption of the owner)
By-laws and Ru I (We) acknowl	les of the Condo	ominium Corporatic equired by subsec	ssee(s)/sublessee(s) with a copy of the Declaration, on. tion 83 (2) of the <i>Condominium Act, 1998</i> , I (We) will se/sublease/assignment of lease is terminated.
Dated this	day of		, 20
(Print name of owner)			(Signature of owner)
(Print name of owner)			(Signature of owner)
(In the case of	a corporation, affix co	rporate seal or add a staten	nent that the persons signing have the authority to bind the corporation)
Address:			
Telephone No:_			Fax No.(if any):

1.

2.

3.

#### 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

#### **NOTIFICATION OF LEASE** (MANDATORY - Pursuant to Sections 22 and 23 of the Declaration)

#### Unit \_\_\_\_\_\_ at 1480/1490 Bishops Gate in Oakville, Ontario

I/we, acknowledge and agree that I/we, the other occupants of the residential unit and invitees thereto, from time to time, in using and occupying the unit rented by me, will strictly comply with the Condominium Act 1998, the declaration, the by-laws, all agreements authorized by the by-laws of the Condominium, and all rules and regulations of the condominium corporation, during the entire term of my tenancy, and will be subject to the same duties imposed by the above as if I/we were a unit owner, except for the payment of common expenses, unless otherwise provided by the Condominium Act, 1998. I further acknowledge and agree that:

- I/we will be subject to the same duties imposed by the Condominium Act, 1998, the declaration, the bylaws and rules of the condominium corporation as if I/we were the owner of the residential unit except for the payment of common expenses, unless such payment (or portion thereof) is required by the Condominium Act, 1998 and/or by the declaration of the condominium corporation;
- ii) In the event that I/we am/are notified in writing by the condominium corporation that the landlord/owner of the residential unit which I/we am/are renting, is in default of the payment of common expenses with respect to such unit, and said notice required me, as tenant, to pay same to the condominium, I/we hereby acknowledge and agree that I/we shall then re-direct the rents being paid to the landlord/owner, to the Condominium to be applied to the outstanding common expenses, together with all interest accruing thereon.

I/we confirm that I/we have received a copy of the declaration, by-laws and rules of the corporation from the owner of the unit I/we am/are renting.

Signed this \_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_, 20\_\_\_\_\_ in \_\_\_\_\_, \_\_\_\_, \_\_\_\_\_,

Print Tenant's Name

Signature of Tenant

Print Owner's Name

Signature of Owner

# HALTON STANDARD CONDOMINIUM CORPORATION NO. 455

## 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 <u>Fire Safety Plan</u>, 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.** 

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 <u>new</u> 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 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
- Move-in date and time (see rule s 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
- Preferred date for property management information tour of your unit (to familiarize yourself with the day-to-day operation of your unit)
  <u>If vou are renting vour unit</u>, 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)
- Preferred date for property management info rmat ion tour of your unit(to Familiarize yourself with the day-to-day operation of your unit)