GLEN GARDENS HOUSING CO-OPERATIVE, INC.
2750 JANE STREET, OFFICE
TORONTO, ON M3L 2N4

Appendix A

Charges to the Member

GLEN GARDENS HOUSING CO-OPERATIVE, INC.

Unit: _____ Monthly charges as of : _____

Market housing charge*	$
Less Geared-to-income assistance	-
Your housing charge*	$
Parking charge	
Sector support charge	
Your total housing charge is:	$_____

* does not include sector support charge

Member deposit:

Note: The figures stated may change from time to time as stated in the Co-op by-laws or the other rules governing geared-to-income assistance, if applicable. There may be other charges as permitted under the Co-op by-laws and Government Requirements.

Signatures of Members:

1. _____
Print name

_____ _____
Signature Date

2. _____
Print name

_____ _____
Signature Date

3. _____
Print name

_____ _____
Signature Date

4. _____
Print name

_____ _____
Signature Date

Signatures of Non-member Occupants if household pays a geared-to-income housing charge:

GLEN GARDENS HOUSING CO-OPERATIVE, INC.
2750 JANE STREET, OFFICE
TORONTO, ON M3L 2N4

1. _____
Print name

_____ _____
Signature Date

2. _____
Print name

_____ _____
Signature Date

3. _____
Print name

_____ _____
Signature Date

4. _____
Print name

_____ _____
Signature Date

Note: This form must be signed by all members. If the household pays a geared-to-income housing charge, this form must also be signed by all non-member occupants, including:

- anyone who is a member of the household 16 years of age or older
- anyone whose income is considered in setting the amount of a geared-to-income housing charge, such as long-term guests.

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Appendix B

Member's Household

GLEN GARDENS HOUSING CO-OPERATIVE, INC.

Unit:

List each Member in the Member Unit:

1. _____
2. _____
3. _____
4. _____
5. _____

_____

List each non-Member in the Member Unit (including children):

1. _____
2. _____
3. _____
4. _____
5. _____

I agree to give prompt written notice of any change in my household size or the persons who make up my household. This includes any long-term guests and sub-occupants.

If I receive geared-to-income assistance, this includes anyone whose income should be considered in setting the amount of a geared-to-income housing charge. I understand that no one may occupy the unit except the people listed on this form.

Signatures of Members:

1. Print name _____

   Signature _____ Date _____

2. Print name _____

   Signature _____ Date _____

3. Print name _____

   Signature _____ Date _____

4. Print name _____

   Signature _____ Date _____

Signatures of Non-member Occupants if household pays a geared-to-income housing charge:

GLEN GARDENS HOUSING CO-OPERATIVE, INC.
2750 JANE STREET, OFFICE
TORONTO, ON M3L 2N4

1. Print name _____

   Signature _____ Date _____

2. Print name _____

   Signature _____ Date _____

3. Print name _____

   Signature _____ Date _____

4. _____
   Print name

   Signature _____ Date _____

Note: This form must be signed by all members. If the household pays a geared-to-income housing charge, this form must also be signed by all non-member occupants, including:

- anyone who is a member of the household 16 years of age or older
- anyone whose income is considered in setting the amount of a geared-to-income housing charge, such as long-term guests.