

TORONTO STANDARD CONDOMINIUM CORPORATION No. 2095

LEASED UNITS

If you plan to lease your unit please note the following:

Pursuant to section 83(1) of the *Condominium Act, 1998*, a Unit Owner who leases a Unit to a Tenant (lessee) or renews a lease of the Unit shall, within 30 days of entering into the lease or the renewal:

- Provide the corporation with the lessee's name, the owner's address for service and a copy of the lease or renewal or a summary of it in a Form 5 (enclosed) prescribed by the province of Ontario.
- Provide the lessee with a copy of the declaration, by-laws and rules of the corporation.

If the lease of the Unit is terminated or not renewed the Unit Owner is required to notify the Corporation in writing of the change.

We remind Unit Owners that once a unit is leased the Unit Owner is the Landlord of the Tenant and not the Corporation.

Further, any Unit Owner leasing his or her unit shall not be relieved thereby from any of his or her obligations with respect to the Unit, which shall be joint and several with his or her Tenant.

No owner shall lease his or her unit unless the owner first delivers to the Corporation the "Tenant Undertaking and Acknowledgement Agreement" signed by the tenants.

Form 5
Condominium Act, 1998
SUMMARY OF LEASE OR RENEWAL
(Claus 83 (1) (b) of the Condominium Act, 1998)

TO: THE WEST HARBOUR CITY I CONDOMINIUM

This is to notify you that:

(Strike out a) or b) whichever is not applicable)

- a) A written or oral (strike out whichever is not applicable): lease, sublease, or assignment of lease.
- b) A renewal of a written or oral (strike out whichever is not applicable): lease, sublease, or assignment of lease.

Has been entered into for:

Dwelling	Unit (s) _____	Level _____
Parking	Unit (s) _____	Level _____
Locker	Unit (s) _____	Level _____

On the Following terms:

Name of lessee(s)/sub lessee(s)/assignee(s): _____

Telephone Number: _____ Fax Number _____ E-Mail: _____

Commencement Date: _____ Termination: _____

Option(s) to renew: (Set out details. I.e. First option commencement date) _____

Rental Payments: _____
(Set out amount and when due)

Other Information: _____
(At option of the owner)

I (We) have provided the above- designated lessee(s)/sub lessee(s) with a copy of the declaration, by-laws and rules of the Condominium Corporation.

I (We) acknowledge that, as required by subsection 83 (2) of the Condominium Act, 1998, I (We) will advise you in writing if the above - designated lease/sublease/assignment of lease is terminated.

Dated this _____ day of _____, 2011

(Print name of Owner)

(Signature of Owner)

(Print name of Owner)

(Signature of Owner)

(If a corporation, affix corporate seal or add a statement that the persons signing have the authority to bind the corporation)

Address: _____

Telephone Number: _____

Fax Number: _____



TORONTO STANDARD CONDOMINIUM CORPORATION NO. 2095
 628 FLEET STREET, TORONTO, ON, M5V 1A8
 Tel: 416-603-9390 | Fax: 416-603-9391
 Email: westharbourcity1@gmail.com

Date: _____

Suite No. _____ # of bedrooms _____

SECTION I

(1) Owner/s Name

Name/s of Registered Owner(s)	Home Phone #	Bus. Phone #	Emerg. Phone #

(2) Address of NON-resident owner

# & street name	
City & Postal code	

Owner (1) E-mail address: _____

Owner (2) E-mail address: _____

(3) Record of people living in the unit – Owner¹ or Tenant¹ lease term:

Full Name	Relationship to Owner	Home Phone #	Bus Phone #

Tenant (1) E-mail Address: _____

Tenant (2) E-mail Address: _____

SECTION II- to be completed by office Yes No

(1) Does Security have a copy of your unit door key? Yes No
 key code: _____

(2) FOB Record

FOB #	FOB status (lost?)

(4) GARAGE REMOTE record

REMOTE #	REMOTE status (lost?)

SECTION III – FOR ENTERPHONE USE ONLY

Name to be put on Directory	Buzz Code	Phone # (*)

Please indicate here if you do not want your name on the Directory board

SECTION IV – EMERGENCY INFORMATION

Please provide the name of an individual who we can contact in the event of an emergency. The Corporation will, first, attempt to contact you and then your emergency contact.

Name _____, Relationship to Resident: _____

Emergency Phone # _____ / _____ / _____
Home Business Cell

(2) Person/s in need of assistance:

The Fire Code dictates that a record must be kept of all persons requiring assistance in case of an emergency. Would any occupant in your suite need special assistance in an emergency?

Yes No

Name of person/s _____

Nature of Disability _____

SECTION V – PARKING(S) / VEHICLE(S) INFORMATION

(1) Vehicle(s) Record

Parking Space #	Level	Vehicle Owner's Name	Make of Vehicle	Licence Plate #

(2) If you own a locker, the unit number(s) _____, _____, _____

If you are renting a locker, the unit # and suite # of owner is: _____, _____

If you own a bike please complete Bike Registration Form (available at Security Desk or Management Office).

If you have pets, please complete a Pet Registration Form for each pet (available at Security Desk or Management Office).

PRINT NAME _____

SIGNATURE _____

DATE: _____



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PET REGISTRATION

Please complete this form and return to the Property Management Office

1. Date: _____ / _____ / _____
Month Day Year

2. Please check one:
 I own the suite (Owner) I lease the suite from the owner (Tenant).

3. Suite #: _____

REGISTERED SUITE RESIDENT INFORMATION:

Last Name: _____ Given Name: _____

Last Name: _____ Given Name: _____

Pet Owner's Contact Information:

Home Telephone: _____ Business Telephone: _____

Email: _____ Mobile Telephone: _____

PET INFORMATION:

Type of Animal: _____ Given Name: _____

Colour: _____ Age: _____ Sex of Animal: _____

Please check all applicable:

Does your animal have an identification tattoo? ID #: _____

Does your animal have an identification tag? ID #: _____

Does your animal have an identification ear notch? ID #: _____

Does your animal have an identification micro-chip? ID #: _____



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West Harbour City (1)

628 Fleet Street, Toronto, ON M5V 1A9

PARCEL ACCEPTANCE WAIVER FORM

"The resident(s)", who is /are 19 years of age or older, hereby acknowledge the Brookfield Residential services or G4S Security Services (Canada) Limited have no obligation whatsoever to accept, on behalf of any resident or tenant, delivery of any letters or parcels left with them at the Concierge desk. However, the undersigned has specifically requested this assistance.

In consideration, building staff providing this assistance and in accepting and notifying me/us of delivery to the Concierge desk of letters, packages and parcels addressed to my attention. I/we hereby irrevocably release Brookfield Residential Services and G4S Security Services (Canada) Limited, their respective employees, officers, servants and agents from any and all liability and claims however arising from their temporary custody of any such written communication parcels, signature and non-signature items or other items received by them on my/our behalf, whosoever caused.

Suite No. _____

<u>Name</u>	<u>Signature</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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Groceries (Organic/Non-Organic) Deliveries Acceptance Waiver Form

"The resident(s)", who is/are 19 years of age or older, hereby acknowledge that Brookfield Condominium Services or G4S Security Services (Canada) Ltd. have no obligation whatsoever to accept, on behalf of any resident (owner or tenant), the delivery of groceries (organic/non-organic) produce, to be left with them at the Concierge desk.

If however, the undersigned specifically request this assistance, and the building staff providing this assistance will be accepting and notifying the undersigned of such delivery, I/we hereby irrevocably release Brookfield Condominium Services and G4S Security Services (Canada) Ltd., their respective employees, officers, servants and agents from any and all liability and claims however arising from their temporary custody of any such items received by them on my/our behalf.

I/we hereby acknowledge that I/we must pick up the items from Concierge desk on the day of delivery; I understand that if I fail to do so, the building staff has the right to refuse any future deliveries.

SUITE No.: _____

NAME:

SIGNATURE:

DATE:

SCHEDULE B

TENANT'S UNDERTAKING AND ACKNOWLEDGMENT

TO: TORONTO STANDARD CONDOMINIUM CORPORATION NO. 2095

FROM: _____ (TENANT)

RE: SUITE _____, UNIT _____, LEVEL _____, PARKING UNIT _____, LEVEL _____

I. I acknowledge having received a copy of the Declaration, the By-laws and Rules of the Condominium Corporation (the "Condominium Documents") and agree that I, the occupants of my Unit, the members of our households and all of our guests, invitees and visitors from time to time, will:

- (a) in using the Unit, the Common Elements, and the Parking Unit, strictly comply with all of the terms and provisions of the Condominium Act and the Condominium Documents during the entire term of our occupancy;
- (b) be subject to the same duties imposed by the Condominium Act and the Condominium Documents as if I was the Owner of the Unit, except for the payment of Common Expenses, unless such payment is required by the Act or any of the Condominium Documents, provided that the foregoing shall not in any way limit or affect my obligation to pay to my landlord all Common Expenses levied by the Condominium Corporation in respect of the Unit if required by my Lease;
- (c) in the event that I am notified in writing by the Condominium Corporation that my landlord is in default of payment of Common Expenses with respect to the Unit, and said notice requires me to pay same to the Condominium Corporation, I hereby acknowledge and agree that I shall then forthwith pay to the Condominium Corporation out of the rent due to my landlord under our Lease the said outstanding amounts owing for Common Expenses, together with all outstanding interest accruing thereon pursuant to the provisions of the Declaration;
- (d) I acknowledge and confirm that there will be a maximum of _____ (____) occupants of the Unit and that the occupants and the relationship between each of them are as follows:

2. I further acknowledge that, in the event that I or any occupant of the Unit or any members of our households or any of our guests, invitees or visitors contravene the provisions of the Declaration, the By-Laws or Rules of the Corporation, my tenancy may be terminated in accordance with the provisions of the Condominium Act.

DATED at _____ this ___ day of _____, 20_____.

TENANT -

Per: _____

TENANT -

Per: _____