Lighthouse West Tower

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:

Move-in Date:	Date of Possession:

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 Information		
Parking Spot	**Vehicle Make/Model**	**Vehicle Plate**

Locker #	

Emergency Contact	Name:
Relationship	Telephone:
Email	

Pets	Do you own a Pet?
Type:	Name:
Weight:	Color

Emergency Assistance:

Do you require assistance in case of an emergency (fire, flood, evacuation)?	Yes:	No:

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.

Details: _____

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 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.
- 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 the Corporation.**
- I /We have received from my landlord/agent/lawyer and will follow all the documentation mentioned above for The Lighthouse
- **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:	
Office Use: Entered into database:	