

Name: _____

Address: _____

AUTHORIZATION AND RELEASE

If:

(a) I become incapable of managing myself or my financial affairs and as a consequence I am no longer able to reside in my suite; or

(b) I have passed away

I authorize New Chelsea Society to permit the following person to remove all the contents of my suite and my storage locker (including my pet):

Name

Relationship

Address

Telephone Number

If this person abandons any of the Contents of my suite:

- (a) I release all interest in that abandoned property;
- (b) I agree to pay all costs incurred by New Chelsea Society to dispose of that abandoned property; and
- (c) I agree to indemnify and save harmless New Chelsea Society from all claims arising from the disposition of this abandoned property by New Chelsea Society.

This authorization and release will remain in effect until I notify New Chelsea Society **in writing** of any changes.

Signature of Resident

Print Name

Date

Witness to Resident's Signature

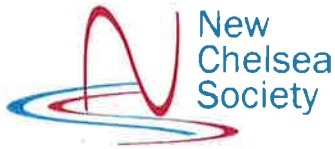
Print Name

Date

205-4300 North Fraser Way, Burnaby, B.C., V5J 0B3

Phone: 604.395.4370 www.newchelsea.ca Fax: 604.395.4376

"Creating Community by Developing and Sustaining Quality Housing that is Safe, Secure, and Affordable."



Smoking Policy

SMOKING IS NOT PERMITTED IN INDOOR AND OUTDOOR COMMON AREAS (INCLUDING THE ELEVATORS)

Under the WCB regulations, smoking is not permitted anywhere, at any time, in the following indoor common areas in New Chelsea Society buildings:

- **building lobbies including the mailbox areas**
- **hallways, stairwells and landings**
- **laundry rooms and storage rooms,**
- **common area washrooms**
- **lounges and recreation rooms**
- **in the Elevators (where applicable)**
- **AND all exterior common areas that are within 6 meters of a door, operating window or air intake vent.**

Smoking is permitted only inside a resident's own suite (when no children are present), outdoors, in designated smoking areas, and/or on the outdoor patio areas, as long as suite and/or building doors are kept closed so any residual cigarette smoke is not drawn back into the building.

The Society is legally required to enforce the WCB regulations on smoking in our buildings. All residents are reminded that failure to comply with these regulations will result in your tenancy being placed at risk, and possible prosecution under the law.

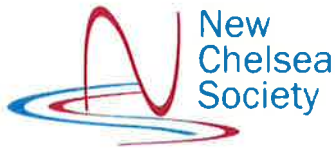
Your continued cooperation and understanding in this matter is sincerely appreciated.

Tenant's Signature:

Date:

Society's Signature:

Date:



**RESIDENTIAL TENANCY AGREEMENT ADDENDUM
For Crime Free Housing**

In consideration of the execution or renewal of a Residential Tenancy Agreement of the residential property identified in the Residential Tenancy Agreement, Landlord and Resident(s) agree as follows:

Resident(s), any member of the resident(s) household, and any persons affiliated with the resident or invited onto the residential property or residential premise by the resident(s) or any member of the resident's family shall not engage in any criminal activity on the premises or property including, but not limited to:

- (a) any drug-related criminal activity (**including smoking marijuana**)
- (b) solicitation (sex trade workers and related nuisance activity)
- (c) street gang activity
- (d) assault or threatened assault
- (e) unlawful use of a firearm
- (f) any criminal activity that threatens the health, safety or welfare of the landlord, other residents or persons on the residential property or residential premises.

VIOLATION OF THE ABOVE PROVISIONS WHICH IS A REASONABLE AND MATERIAL TERM OF THE RESIDENTIAL TENANCY AGREEMENT SHALL BE GOOD CAUSE FOR A NOTICE TO END TENANCY.

A single violation of any of the provisions of this added addendum shall be deemed a serious violation and material non-compliance with the Residential Tenancy Agreement. It is understood and agreed that a single violation shall be good cause for a notice to end a Residential Tenancy Agreement. Unless otherwise provided by law, proof of violation shall not require criminal conviction, but shall be predominant of the evidence.

In case of conflict between the provisions of this addendum and any other provisions of the Residential Tenancy Agreement, the provisions in the addendum shall govern.

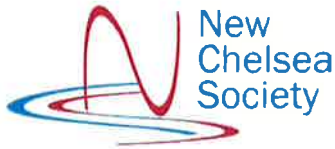
Should incidents occur resulting in police involvement, I agree to allow the investigating police service to release information to the managing company. This is in accordance with the freedom of Information and Protection of Privacy Act

This Residential Tenancy Agreement addendum is incorporated into the Residential Tenancy Agreement executed or renewed this day between Landlord and Tenant.

_____	_____
(Resident Signature)	(Date)
_____	_____
(Resident Signature)	(Date)
_____	_____
(Landlord or Authorized Agent Signature)	(Date)

Property Address: _____

NEW CHELSEA SOCIETY SUPPORTS THE RIGHT OF OUR RESIDENTS AND STAFF TO BE TREATED WITH RESPECT. AGGRESSIVE, FOUL LANGUAGE AND ABUSIVE BEHAVIOR ARE NOT ACCEPTABLE AND WILL NOT BE TOLERATED.



NOTICE TO ALL TENANTS RE: RENT PAYMENT EXPECTATIONS

As per the Residential Tenancy Act of British Columbia, rent is due and payable on or before the first (1st) day of each calendar month. New Chelsea Society accepts cheques, money orders, or a Pre-Authorized Debit Program only. Cash is not accepted. This is a material term of your Tenancy.

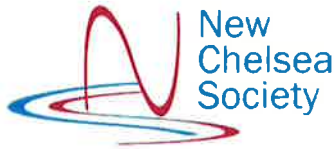
If your rent payment is not received by the first (1st) of the month, the Society will issue you with a Notice to End Tenancy for non-payment of rent. As per the Residential Tenancy Act, you must pay your rent within five (5) days or the Notice to End Tenancy will stand. If you fail to pay within the five (5) days, you will then have ten (10) days from the date on the Notice to End Tenancy to vacate your suite or townhouse.

In the event that your rent cheque or PAD is returned N.S.F., you will be issued a Notice to End Tenancy for non-payment of rent. As per the Residential Tenancy Act of British Columbia, you must pay your rent and N.S.F. fees via money order or certified cheque within five (5) days or the Notice to End Tenancy will stand. If you fail to pay within the five (5) days, you will then have ten (10) days to vacate your suite or townhouse.

Habitual late payment of rent will result in a Notice to End Tenancy for cause, under section 47(b) of the Residential Tenancy Act. New Chelsea Society policy states that more than three (3) late payments in six (6) months constitute habitual late payment of rent.

The New Chelsea Society is a “not for profit business”, but it is a business, late rent payments will not be tolerated by the Society. We ask for all tenant’s cooperation in paying their rent on time

New Chelsea Society



Welcome

PLEASE NOTE:

IT IS YOUR RESPONSIBILITY TO HAVE THE HYDRO HOOKED UP IN YOUR NEW SUITE AND MAINTAIN YOUR ACCOUNT. THIS IS A MATERIAL TERM OF YOUR AGREEMENT.

**B.C. HYDRO PHONE # IS (604) 224-9376
FORTIS GAS PHONE # IS 1-866-979-4959**

Please Note: You must book an appointment with your Site Manager access for Shaw and /or TELUS Service Technicians to install Telephone and/or Cable on weekdays only.

**THANK YOU,
NEW CHELSEA SOCIETY**

Your Suite Address is:

Resident's Signature:

Date:

Society's Signature:

Date:

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AUTHORITY TO RELEASE PERSONAL INFORMATION

I agree that New Chelsea Society may keep the following information about me:

1. financial information to set initial rents based on my income;
2. financial information yearly to determine if I am eligible for continuing government rent assistance;
3. tenant census information, including a record of all occupants in my suite, for security purposes;
4. relationship to me of other occupants of my suite;
5. my date of birth for purposes of conducting a credit check and reporting unpaid rent to a collection agency or credit bureau and to determine my eligibility for residence in senior's housing units.

I agree that this personal information may be made available to people in the following positions:

1. New Chelsea Society auditor;
2. employees of C.M.H.C. and/or B. C. Housing;
3. New Chelsea Society lawyer;
4. security personnel;
5. New Chelsea Society site managers;
6. designated staff who have designated official duties for:
 - ❖ applications for tenancy;
 - ❖ income review and setting rent rates;
 - ❖ collecting tenant census information;
 - ❖ credit checks;
 - ❖ landlord and other reference checks;
7. directors only if it is in connection with their official duties as directors;
8. credit check agencies;

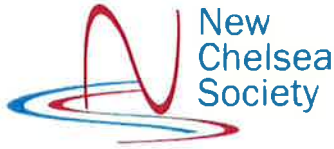
I understand that New Chelsea Society will use the information to:

1. contact me about my application for tenancy;
2. determine my eligibility for rental housing;
3. decide if I qualify for government rental assistance;
4. ensure safe evacuation of all occupants in case of emergency and for security purposes;
5. conduct a credit check before accepting my application;
6. comply with New Chelsea Society's operating agreement or program rules with Canada Mortgage and Housing Corporation and/or B. C. Housing;
7. decide on any request for a change to another unit.

I have read and received a copy of this statement.

Signed: _____

Dated: _____



EMERGENCY CONTACT FORM

The purpose of this form is to provide New Chelsea Society with the name of the person you wish the Society to contact in case of an Emergency, and to assist Emergency Services Personnel to respond quickly and appropriately. New Chelsea Society acknowledges that this is personal and confidential information and affirms that this information will be used only in the event of an Emergency. This information will be kept safe and secure under lock and key in your confidential Tenancy File, in compliance with the Personal Information Protection Act of British Columbia (PIPA). The New Chelsea Society's Privacy Officer is the General Manager and may be contacted at the above address. A copy of New Chelsea Society's Privacy Policy is available upon request.

RESIDENT INFORMATION

Name: _____ Phone: _____

Suite Number: # _____ Address: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Address _____ Phone: _____

ADDITIONAL COMMENTS AND SPECIAL INFORMATION

Do you have any medical conditions, allergies, or disabilities that Emergency Response Personnel should know about?

Is there any other important information we should know:

Resident's Signature

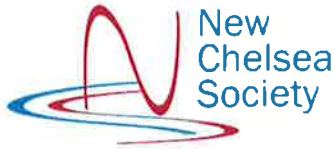
Date Signed

Witness

Date Signed

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Dear New Resident:

RE: PET POLICY
PLEASE NOTE: NO NEW DOGS ALLOWED

Welcome to New Chelsea Society housing. **This notice is to make you aware of the New Chelsea Society's Pet Policy, which came into effect October 1st, 2004.**

IF YOU WISH TO BRING IN YOUR EXISTING PET:

1. You must first obtain written permission from the New Chelsea Society to have a pet. You will be given a copy of the written Pet Policy, and you must complete and submit the **Tenant Acknowledgement Form** and **Pet Registration Form** attached to the policy statement. You are required to pay a **Pet Damage Deposit** in the amount of one-half of current one month's market rent, which is in addition to your regular security deposit. You will be responsible for complying with the pet policy rules.
2. In the event you no longer have your existing pet, a general inspection of your unit will be conducted to determine if your pet caused any damage. The balance of your pet damage deposit plus interest will be reimbursed to you, less any damage costs. Should you choose to get a new pet, you must write the Society for prior written approval. The Society would consider applying the balance of your current pet damage deposit towards your new pet, if you got a new pet right away. However, if you had already been reimbursed the balance of your original pet damage deposit, and decided at a later date to get a new pet, then you would be required to pay a new pet damage deposit at that time.

IF YOU DO NOT HAVE A PET NOW, AND WISH TO GET ONE IN THE FUTURE:

1. If you currently do not have a pet and wish to get one - before doing so, you must first obtain written permission from the Society, and pay a pet damage deposit in the amount of one-half of a month's market rent.
2. If you get a pet without the Society's permission, you will be required to remove the pet from the premises and your Tenancy will be in jeopardy.

If you have any questions about the Pet Policy, please contact your Site Managers.

Yours truly,

NEW CHELSEA SOCIETY

Tenant Acknowledgement:

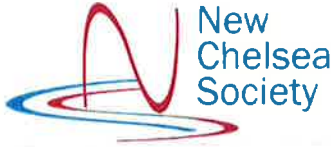
I acknowledge that I have read and understand this notice on the New Chelsea Society's Pet Policy.

Signature

Date

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P.A.D Start: _____ or

Ministry Cheque Start: _____

MOVE-IN AUTHORIZATION

Chelsea " _____ " Project # _____ Suite # _____

Name of New Tenant: _____ Current Phone # _____

Move-in Date: _____ Rent: \$ _____

Laundry: \$ _____ Token: _____

Parking: \$ _____

Pursuant to the Residential Tenancy Act of British Columbia – Residency begins at 12:00 noon on the first day of the month, unless otherwise specified by the Landlord. Unless the New Chelsea Society Office has received written notification from your Site Manager(s) that your assigned suite is ready for occupancy prior to that time, you will not be permitted to move in before that date and time.

Your move-in time is 12:00 noon on _____ 1st, 202____.

Tenant Acknowledgement:

I understand that my move-in time is 12:00 noon on the 1st of the month, unless, the Site Manager(s): _____, at Phone # _____ have given permission for me to be able to move in earlier. I also understand that I may not take possession of my suite until I have paid:

the Security Deposit of \$ _____ Pending or Paid (date rec. _____);

a Pet Damage Deposit (if applicable) of \$ _____ Pending or Paid (date rec. _____);

and the First Month's Rent of \$ _____ Pending or Paid (date rec. _____), in full (by PAD or cheque ONLY)

Signature of new Resident

Date

OFFICE USE ONLY

Site Managers: Please sign and fax this form back to the Head Office to confirm when you have authorized the new tenant to be able to take possession of their suite.

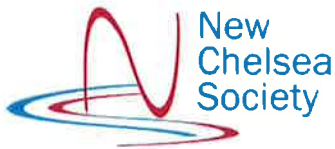
Project # _____ Suite # _____ Tenant Name: _____

The above-named tenant is hereby given permission to move in on:

Date: _____, any time after _____ a.m. / p.m.
(Only if the Rent and Security/Pet deposits are paid in full before move in).

Site Manager's Signature

Date Faxed to Head Office



Pre-authorized Debit (PAD) Agreement

1. Payer Information (Please print clearly)

Unit Code: _____ Name: _____
Address: _____ City: _____
Province: _____ Postal Code: _____ Telephone Number: _____

2. **Bank Account Information:** Please attach a void cheque or Pre-Authorized Payment form from bank

3. Pre-Authorized Debit (PAD) Details

I/We authorize New Chelsea Society and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our New Chelsea Society account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 1st day of each month. These services are for my monthly rent and/or parking charges.

New Chelsea Society will obtain my/our authorization for any other one-time or sporadic debits and provide me with a 10 calendar days written notice prior to any debits. This authority is to remain in effect until New Chelsea Society has received written notification from me/us of its change or termination. This notification must be received at least 30 calendar 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.

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 and 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 my/our recourse rights, I/We way contact my/our financial institution or visit www.cdnpay.ca.

I/We understand and accept the terms of participating in this PAD plan.

X

Signature of Account Holder

Signature of Joint Account Holder (if appropriate)

Name (Please print)

Name (Please print)

X

Date

Date