



550 Ontario Street
 Toronto, ON
 M4X 1X3

T: 416.927.0407
 F: 416.927.8926

APPLICATION FOR LONG TERM GUEST STATUS

Today's Date: _____ Unit Number: _____

Name of Member to Contact: _____

Home Phone Number: _____ Work Phone Number: _____

Please complete the following table for all Co-op members and other people living in your household. Remember to include children and other casual and long term guests. Do not include information here about the person(s) for whom you are requesting long-term guest status.

NAME	RELATION TO APPLICANT	DATE OF BIRTH	GENDER	STATUS (member/guest/child)

Please complete the following table for all the person(s) for whom you are requesting long term guest status.

NAME	RELATION TO APPLICANT	DATE OF BIRTH	GENDER	DATE GUEST MOVED IN

MISSION STATEMENT:

Hugh Garner Housing Co-operative provides through democratic participation of its diverse membership, environmentally sustainable, affordable and safe co-operative housing.



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Does this person wish to become a member of the Co-op? _____

If no, why are you requesting long term guest status? _____

How long do you wish the long term guest status to be in effect? _____

Have you read and do you understand all the Co-op's rules about long term guests and how these rules will affect you and your rights and responsibilities in the Co-op? _____

Are you willing to sign a legal agreement guaranteeing the behaviour of your guest within the Co-op? _____

Are you aware that the presence of a long term guest in your household will affect your ability to obtain or retain housing charge assistance (subsidy)? _____

Do you realize that the Board of Directors may revoke long term guest status at any time for any reason? _____

Do you realize that all members in your unit must agree to the presence of a long term guest in your unit and that these members take equal responsibility for the guest?

Please have all members _____

of the Co-op living _____

in the unit sign here _____

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