



550 Ontario Street
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Long Term Guest Application Form

Date: _____

Unit: _____

Member to Contact: _____

Phone #: _____

Please complete the following table for all Co-op members and non-members living in your household including children and other Board-approved casual/long-term guests.

Member & Non-Member Name(s)	Date of Birth (DD/MM/YYYY)	Identifying Gender	Status (Member, Child, Approved LTG/Causal Guest)

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

Long-Term Guest Name(s)	Relation to Member	Date of Birth (DD/MM/YYYY)	Identifying Gender	Guest Move In Date (DD/MM/YYYY)

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

Start Date: _____

End Date: _____

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

If not, why are you requesting long-term guest status?

MISSION STATEMENT:

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

Please make sure all guests, members and non-members read and understand Article 8, Section 8.4 and 8.5 and the Long-Term Guest Agreement (Schedule B) from the Occupancy By-Law No 42. Listed below are a few general key points:

- The Board of Directors must approve your long-term guest(s) and may revoke their status at any time for any reason.
- All members in the unit and the long-term guest must sign the Long-Term Guest Agreement.
- All members in the unit must agree to the presence of a long-term guest in your unit and that these members take equal responsibility for the guest. The long-term guest must abide all Co-op By-Laws.
- The presence of a long-term guest in your household will affect your ability to obtain or retain housing charge assistance (subsidy).

All guests, members and non-members must sign below in order for this form to be processed:

Date: _____	_____
	Print Name:
Date: _____	_____
	Print Name:
Date: _____	_____
	Print Name:
Date: _____	_____
	Print Name:
Date: _____	_____
	Print Name:
Date: _____	_____
	Print Name:

OFFICE ONLY
Approved: <input type="checkbox"/> Not Approved: <input type="checkbox"/>
Date of Board Meeting: _____