

Dundee Court Housing Co-operative Annual Review

- **Every** member must complete the co-op's **Member Survey** form. This form is required from every unit in the co-op.
- **Every** member must submit a **Pet Registration** form. This form is required from every unit in the co-op.

NEW THIS YEAR: A **photograph of your pet** is required.
Attach a photo of each pet listed on your Pet Registration form. If you prefer, you can send photos by email to seanp@canateam.com. Photos sent by email will be printed for your file.

- **Every** member must complete a **Vehicle Registration** form and a copy of the **vehicle insurance certificate** for each vehicle listed on the form.
- **Every** member must submit a copy of their current **Household Insurance Policy**, or certificate of insurance. If you provided a copy earlier this year, thank you!

Forms will also be available on the co-op's website soon. Go to: dundeecourtcoop.ca

Please place your completed forms and documents in an envelope and submit them to the drop box at the co-op office or send them by email to seanp@canateam.com.

Deadline for Submission: September 30, 2024

NOTE: Fines apply if you do not submit your forms by the due date.
Per co-op policy, members who fail to submit annual review forms by the due date will be charged a penalty of \$5 per day until the forms are received.

New housing charge rates take effect January 1, 2025. A notice will be provided to you in late November showing your new assessed housing charge rate.

If you have any questions, contact me at Cana's office at 604-524-8524, X103 or via email at seanp@canateam.com.

Sean Perry, Property Management Co-ordinator
Cana Management Associates Ltd.
For and on behalf of the Board of Directors
Dundee Court Housing Co-operative

MEMBER SURVEY

DUNDEE COURT HOUSING CO-OPERATIVE

AIV for 2025

ADDRESS: _____ Preferred Phone: _____
Unit # Street address

PRINCIPAL MEMBER: _____
Last Name Given Name Initial

E-mail Address: _____
 I authorize delivery of Co-op notices and documents to the email address listed above: _____
(Initials)

OTHER RESIDENT ADULTS (Persons 19 years of age or older): *If there are not enough lines, please attach additional pages.*

1. _____ Preferred Phone: _____
Last Name Given Name Initial

E-mail Address: _____
 _____ I authorize delivery of Co-op notices and documents to the email address listed above: YES / NO

Relationship to Principal Member: Spouse Other: _____

Birth date: ____/____/____ Is this person an Associate Member? Yes / No
mm / dd / yy

2. _____ Preferred Phone: _____
Last Name Given Name Initial

E-mail Address: _____
 _____ I authorize delivery of Co-op notices and documents to the email address listed above: YES / NO

Relationship to Principal Member: Spouse Other: _____

Birth date: ____/____/____ Is this person an Associate Member? Yes / No
mm / dd / yy

RESIDENT CHILDREN (Persons under 19 years of age): *If there are not enough lines, please attach additional pages.*

1. _____ Birth date: ____/____/____ Gender: ____
Last Name Given Name mm / dd / yy

2. _____ Birth date: ____/____/____ Gender: ____
Last Name Given Name mm / dd / yy

3. _____ Birth date: ____/____/____ Gender: ____
Last Name Given Name mm / dd / yy

FOR TAX GRANT PURPOSES, CHECK ITEMS WHICH APPLY TO YOUR HOUSEHOLD:

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> The Principal Member receives PWD BC Benefits | <input type="checkbox"/> The Principal Member is 65 years of age or older |
| <input type="checkbox"/> The Principal Member receives an allowance under the War Veterans Allowance Act (Canada) or Civilian War Pensions and Allowances Act (Canada) | <input type="checkbox"/> A permanent resident of the unit has a disability as defined under the Tax Regulations and has or can obtain a "Certificate of Health Professional (Form B)" |

EMERGENCY CONTACT PERSON: An emergency contact person is required by the co-op. Contact our assigned co-ordinator if you have questions.

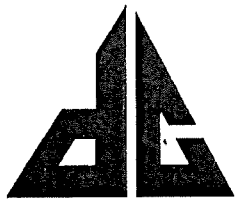
Name: _____ Relationship: _____

Address: _____ Phone: _____ Email: _____

NOTE: All information provided on this form will be managed in accordance with the co-op's obligations under the Freedom of information and the Personal Information Protection Act (BC) and used for the purpose of general management and financial planning of the co-op.

----- FOR CO-OP USE ONLY -----

SOURCE	CÓDE	GROSS	# DEPENDENTS	UTIL	MIN	NOA



DUNDEE COURT

#2 - 5380 Dundee Street, Vancouver, B.C. V5R 5Y6

Living On Common Ground"

PET REGISTRATION FORM

Every household is required to complete this form. If there are no pets in your household, tick No.

Date: _____

Member Name: _____

Unit #: _____

Do you have any pets to register per the co-op's current pet policy: Yes No

If yes, complete the section below and attach a current photograph of your pet.

Type of Pet: Cat Dog **Photograph attached**

Dog License #: _____ Expiry Date: _____

Breed: _____

Gender: Male Female Colour: _____

Name: _____

Neutered /Spayed: Yes No (documentation of spay or neuter required)

Inoculations: Yes No (documentation of last inoculations required)

Type of Pet: Cat Dog **Photograph attached**

Dog License #: _____ Expiry Date: _____

Breed: _____

Gender: Male Female Colour: _____

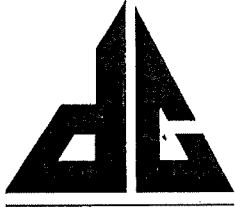
Name: _____

Neutered /Spayed: Yes No (documentation of spay or neuter required)

Inoculations: Yes No (documentation of last inoculations required)

Please list other pets, if any: _____

Do you have a copy of the current pet policy?: Yes No



DUNDEE COURT

#2 - 5380 Dundee Street, Vancouver, B.C. V5R 5Y6

Living On Common Ground"

VEHICLE REGISTRATION FORM

Every household is required to complete this form, even if there are no vehicles for the household.

Date: _____

Member Name: _____

Unit #: _____

Do you have any vehicles to register: ___ Yes ___ No

If yes, complete the section below:

Make of the Vehicle: _____ Model of the vehicle: _____

Colour: _____

License Plate #: _____

Insured for Driving: ___ Yes ___ No

Parking Stall: ___ Underground Stall # ___ Unit Carport ___ Handicapped Stall #

Make of the Vehicle: _____ Model of the vehicle: _____

Colour: _____

License Plate #: _____

Insured for Driving: ___ Yes ___ No

Parking Stall: ___ Underground Stall # ___ Unit Carport ___ Handicapped Stall #

All vehicles (underground parking stalls, handicapped parking stalls and carports) which are not licensed and insured for driving must carry valid storage insurance with third party liability coverage. Provide a copy of the current valid storage insurance policy with this form if your vehicle is not licensed and insured for driving.

Do you have a copy of the parking policy?: ___ Yes ___ No