AYRE & OXFORD INC
PROFESSIONAL REAL ESTATE MANAGEMENT
EST 1995
ACCREDITED MANAGEMENT ORGANIZATION (AMO)

# Woodvale

## Welcome

### *to your new home at Woodvale*

You will find some important information and forms in this package as it pertains to your new property. This package simply highlights a few of the provisions of the Bylaws and policies of the Corporation. Please ensure that all applicable forms are submitted to the Administrative Assistant for your property. Please also ensure you have read and understand your Corporation Bylaws.

Please keep this package handy for contact and information purposes.

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# *Woodvale* Contact Information

Suite No.:_____

**OWNER INFORMATION**

Owner Name: _____

Address:_____

SEND MAIL TO CONDO ADDRESS? Circle YES or NO -If you circled no, please enter mailing address below

Address: _____

_____Province_____Postal Code_____

Primary Phone No.: _____Secondary Phone No.:_____

E-mail:_____

****Anti-Spam Email Legislation Consent: By providing my email address I am granting permission for Ayre & Oxford Inc. to email me for communication purposes related to the property. To remove consent, please notify our office requesting removal of your email from our system.****

Emergency Contact/Agent: _____

Emergency contact daytime phone: _____ Evening phone: _____

**OWNER OCCUPIED UNIT Please circle YES or NO (if you circled no please complete the section below)**

**RESIDENT INFORMATION, (if different from Owner):**

Name(s): _____

Daytime phone:_____ Evening phone:_____

**CARS OWNED OR USED BY OWNER/RESIDENTS which are parked at or near the condominium:**

**Car #1.**

Parking stall location & number: _____

Make: _____ Model: _____

Color: _____ License Plate Number: _____

**Car #2.**

Parking stall location & number: _____

Make: _____ Model: _____

Color: _____ License Plate Number: _____

**Signature: _____ Date: _____**

The information requested is for our records only. In order to ensure confidentiality to all occupants, site staff has been instructed not to provide personal information contained in our files.
**Once completed, please sign and return the form attention *Cynthia* contact info provided on the letter head.**

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# Woodvale

## Alberta Treasury Branch Pre-Authorized Chequing
## Authorization for Debit Transfer

Unit #:
Surname: _____ First Name: _____ Initial: _____
Name: _____
Complete if the name the account is under is different from Condominium Owner's name
Address: _____
City: _____Province:_____ Postal Code: _____
Telephone No :_____( work) _____

**CIRCLE YES or NO**
**1. New Pre Authorized Plan for Ayre & Oxford Inc.? YES NO**
**2. Bank Information Change (If Applicable)? YES NO**
**3. Are you authorizing any outstanding balance to be withdrawn from your account along with your monthly fees? YES NO INITIALS_____**

**I, _____; Hereby authorize Alberta Treasury Branch (ATB) and:**

**Ayre & Oxford Inc.**
**#203, 13455 – 114 Avenue**
**Edmonton, Alberta T5M 2E2 Telephone: (780) 448-4984**

**To transfer monies in the amount of the monthly condominium fees from my account at the following location:**

Financial Institution Name_____
Address: _____
City: _____Province:_____PostalCode:_____
Telephone No.:_____

I authorize Ayre & Oxford Inc. and ATB to use the services of any member or affiliate of the Canadian Payments Association (CPA) in carrying out this authorization. I agree to be bound by the standards, rules and practices of the CPA as they may exist from time to time. I agree to give written notice of cancellation of this authorization to Ayre & Oxford Inc. and to be bound by this authorization until Ayre & Oxford Inc. has had reasonable time to act on the notice. Ayre & Oxford Inc. and/or ATB may terminate this authorization by providing me with ten (ten) days notice. I undertake to inform Ayre & Oxford Inc. within ten (10) days of any changes to branch, account and institution number while this authorization is in effect.

**It is the Condominium Owner's responsibility to notify Ayre & Oxford Inc. of cancellation or changes to the Pre-Authorized account on or by the 23rd of the current month.**
**I understand there will be a service charge of $35.00 if any withdrawal is returned. (This service charge is subject to change without notice.)**

Commencement Date: _____ 1, 20___ **(We must receive this form by the 24th of the month before the commencement date.)**

Witness: _____Signature:_____Date:_____

A VOID CHEQUE/BANK CONFIRMATION MUST BE ATTACHED

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# Woodvale – Unit Alteration/Renovation Application

Date of Application: _____
**NAME**:_____
**ADDRESS**:_____
_____
**PHONE**:_____
Interior Enhancement:_____

**DESCRIPTION OF PROJECT(S)** – Exterior: (Deck, Fence, Sun/Screenroom, Other)
_____
_____

**Permit Required**: YES_____ **NO**_____ (If yes, enclose copy for file)

**Material(s) to be used in construction**:
**NOTE**: low, minimal or maintenance free materials must be used in construction, and must meet with municipal and provincial codes & requirements
_____
_____

**Color(s): NOTE**: If enhancement is exterior, it must coordinate to existing exteriors
_____
_____

**Dimensions, Specifications:**
(attach a detailed sketch or drawing of the project showing dimensions, including proximity to adjoining properties. If interior enhancements involve structural changes, an engineer's report may be required.)
_____
_____
_____

**Contractor(s) or persons responsible for construction and contact numbers:**_____
_____

**Estimated completion date of project(s):**
**NOTE**: owner(s) accepts responsibility for timely completion of construction project
_____
_____

**Units that may be affected and/or impacted by construction:** _____
_____

***Owner(s) to complete the following section:***

I/we, _____, as homeowner(s) of Unit _____, accept all responsibility for construction and associated costs including permits as well as any/all related maintenance of these projects. I/We also accept full liability for any and all damages caused as a result of the failure of any electrical, plumbing and/or structural components changed during the course of the renovation.

When these enhancements are complete, these projects will be discussed with my/our insurance agent. If applicable my/our insurance coverage will be increased to cover replacement costs associated with these items. I/We are aware and accept full responsibility for any additional insurance premiums incurred as a result of these improvements to my/our property and unit.

Dated this _____ day of _____, 20_____

_____ _____
Owner's Signature Owner's Signature

***Office to complete the following section***

Board members concerns and/or any related conditions of approval OR denial and reason for denial:

_____
_____
_____
_____

Approved / Denied (Please circle and initial one)

Dated this _____ day of _____, 20_____, _____
(Property Manager)

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## NOTICE OF INTENTION TO RENT/LEASE
## Woodvale Condo Corporation

1. We,_____ as owner(s) of

Unit Number _____, intend to rent/lease the unit to:

_____
(name(s) of proposed tenant/lessee)

2. A copy of the proposed rental agreement/lease showing the terms thereof, the amount of the rental to be paid and the circumstances under which it may be terminated prior to expiry is attached.

3. My/Our mailing address for service of legal process is:
_____

4. I/We undertake to pay the Condominium Corporation and to indemnify it against any damage sustained by the Corporation or any other person as a result of the tenant's/lessee's breach of any Bylaw or any damages resulting from negligence or nuisance committed by the tenant/lessee.

5. I/We understand and agree that any unpaid charges resulting from damage sustained by the Corporation or any other person as a result of the tenant's/lessee's breach of any Bylaw or any damages resulting from negligence or nuisance committed by the tenant/lessee will be applied against condominium fees paid; resulting in action taken as per the Corporation. The Corporation also has a charge against the estate of the defaulting owner, for any amounts that the Corporation has the right to recover under these Bylaws. The charge shall be deemed to be an interest in the land, and the Corporation may register a caveat in that regard against the title to the defaulting owners unit. The Corporation shall not be obliged to discharge the caveat until all arrears, including interest and enforcement costs have been paid.

6. I/We have fully explained to the prospective tenant/lessee the provisions of Sections 53-57 of the Condominium Property Act and we have provided the tenant with a copy of the Corporation's Bylaws.

7. I/ We understand that the Residential Tenancies Act may affect us and our tenant. If there is a conflict between the Residential Tenancies Act and the Condominium Property Act, the Condominium Property Act applies.

8. Attached is a cheque for the deposit (one month's rent) in the amount of $800.00 and $150 move in fee if applicable Yes_____, or No_____..

DATED at Edmonton this _____ day of _____ , 20 ____.

SIGNATURE OF OWNER SIGNATURE OF CO-OWNER

_____ _____

Attachments: Rental Lease Agreement & Certified Cheque

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# ***Tenants Receipt of Bylaws – Woodvale***

To: Board of Directors: Woodvale Condominiums

Unit # _____

Address:_____

_____

In consideration of the attached application to lease Unit #_____, please be advised of the following:

I / We_____
have received a copy of the Corporation Bylaws and Welcome Package, for review.

I / We _____agree to undertake the Bylaws.

Date: _____

Signature: _____

Signature: _____

Witness Signature: _____

Note specific Rules and regulations apply to:
Pets
Rental Units
Move in Fees
Parkade Door Etiquette

All of the above information can be referenced in the Welcome Package

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# Cease to Rent Woodvale

To: Board of Directors: Woodvale Condominium

Unit #: _____
I / We _____

Cease to rent the aforementioned suite effective: _____
date.

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My/Our mailing address for future correspondence is:

_____

_____

Contact Number: _____

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I/We would like to request that our Rental Deposit be returned by *(check the applicable box):*

☐ Mail to the above noted address.

☐ We would like to be notified when the cheque is ready and come to the Ayre & Oxford office to pick it up in person.

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**FOR OFFICE USE ONLY**
**RETURN OF RENTAL DEPOSIT CHEQUE REQUEST**

PROPERTY: _____
PAYEE: _____
DATE: _____
AMOUNT: _____
APPROVED BY: _____
NOTES: _____