

Appendix A: Member Charges

Norris Crescent Housing Co-op Inc.

Unit address: _____

Date of the charges in this form: _____

Full monthly housing charges	\$ _____
LESS housing charge subsidy (if any)	\$ _____
Monthly housing charges	\$ _____
Monthly parking charges	\$ _____
Monthly Cable TV charges	\$ _____
Sector support charges	\$ _____
Your total monthly housing charges are:	\$ _____
Your member deposit is:	\$ _____

Note: The figures stated in this Appendix may change as stated in the co-op by-laws and/or the rules about housing charge subsidy, if applicable. There may be other charges as permitted under the co-op by-laws and government requirements.

Signatures:

Date: _____
Name of member: _____

Date: _____
Name of member: _____

Date: _____
Name of non-member occupant: _____

Date: _____
Name of non-member occupant: _____

To be signed by all members and any non-member occupants 16 years old or older