

**Appendix B: Household Members**  
**Norris Crescent Housing Co-op Inc.**

**Unit address:** \_\_\_\_\_  
\_\_\_\_\_

**Date of this form:** \_\_\_\_\_

**List the names of each member in the unit.**

\_\_\_\_\_  
\_\_\_\_\_

**List the names of each non-member 16 years old or older in the unit.**

\_\_\_\_\_  
\_\_\_\_\_

**List the names of each non-member less than 16 years old in the unit.**

\_\_\_\_\_  
\_\_\_\_\_

I agree to give prompt written notice of any change in the size of my household or the persons who make up the household. This includes any long-term guests.

I understand that no one may occupy the unit except the people listed on this form. To have additional occupants I must comply with Article 8 (Members' Household and Guests) of the Occupancy By-law and any other applicable rules.

If I receive housing charge subsidy, this includes anyone whose income has to be considered in setting the amount of housing charge subsidy.

**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**