



WELCOME TO YOUR NEW HOME.

We are pleased to introduce ourselves as your condominium managers. At Karen King & Associates Inc. we work diligently with board members and contractors to ensure prompt and effective care of your home.

Each unit owner is required to fill out the attached Owner Information Sheet and Pre-Authorization Payment Form (together with a void cheque or an online banking equivalent) for automatic withdrawals. Please return these within 10 days. Please note that the amount is set 'as per budget' so only the set budgeted contribution allocation for your unit is drawn. We will need your authorization in writing / email to withdraw any other amount other than this (e.g. Special Assessments, fines, extra maintenance, etc.).

Your Condominium has its own property specific page attached to the www.karenking.ca website where information links and announcements may be found. Ask your Condominium Manager for the page link and password.

Please keep in mind there are property specific rules for use of common space like balconies and patios, having tenants, move in / move out, installation of telephone or cable, pets, renovations and changes to intercoms.

Also included in this package are SAMPLES of the forms you may require. These forms are available for purchase from your condo's property specific page.

A few notes on the forms: A Tenant Undertaking Form is to be completed within 15 days of a Tenant taking possession and every time there is a change in possession. A Pet Approval Application is to be completed and approved before acquiring a pet as many are not permitted or are subject to restrictions. And, a Renovation Application, obligatory for most any alteration even if it is a do it yourself project and especially if a tradesman is to be involved.

Forms can be returned by email or post:

- Email: reception@karenking.ca –

Office Address: Suite 304, 1609 14th Street SW, Calgary, AB T3C 1E4

Email is our primary method of communication, so please make sure an email address is provided on the Owner Information Sheet, as it allows us to keep you informed of issues in a timely manner.

Should you have any questions or concerns please feel free to contact your Condominium Manager.

We look forward to working with you.

OWNER INFORMATION SHEET

PLEASE PRINT CLEARLY



Condominium: _____ Unit: _____

Street Address of Condominium _____

Mailing Address (if different): _____

OWNER 1 NAME

First: _____ Initial: _____ Last: _____

Phone#: Cell: _____ Home: _____ Work: _____

Email (required): _____

Emergency Contact: Name: _____ Phone#: _____

Vehicle (year/make/model/colour): _____

License Plate _____ Parking stall: _____ Storage Locker _____

OWNER 2 NAME

First: _____ Initial: _____ Last: _____

2) Phone#: Cell: _____ Home: _____ Work: _____

Email (optional): _____

Emergency Contact: Name: _____ Phone#: _____

Vehicle (year/make/model/colour): _____

License Plate _____ Parking stall: _____

Do You Have Pets? Y/N: _____ Most Pets must be registered or approved. Approval is required before occupancy. Application forms are usually part one of two. Please request the specific rules from your condo manager.

Do You have Tenants? Y/ N _____ All Owners together with their Tenants must complete and return a Tenant Undertaking form within 10 days of move in. It must be signed by both parties. It is the Owners responsibility to advise Tenants of the Condominium By-laws and policies regarding moving, obtaining pet approval, parking and use of common property.

Name of Rental Management Company (if applicable): _____

Company Contact: _____ Phone #: _____ Email: _____

Please fill in the name of your condominium, the # if known and the date

AFT (Funds Transfer – PAD) Authorization

Condominium Corporation # _____

enter business/organization name on above line. **(the PAYEE)**

Date: _____

New ☒

Change ☐

Payee Contact Information (customer must be informed)

Street Address: Suite 304 - 1609 14 St SW

City: Calgary Province: Alberta Postal Code: T3C 1E4

Contact Numbers: Phone: 403-614-6873 Fax: 403-698-3384

Email Address: karen@karenking.ca

Customer Information

First Name: _____ Last Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Numbers: (Home) _____ (Business) _____

Email Address: _____

Internal Reference/Account # _____

Customer Debit Account Information

Financial Institution Name

Branch Name: _____

Account Number: _____ Sub No: (if applicable) _____

Route and Transit: _____ - _____

****PLEASE ATTACH A VOID CHEQUE (From the Customer's Financial Institution)****

Payment Details

Personal PAD ☐ Business PAD ☐

Reason for PAD

Condo fees

1st AFT (PAD) Payment Date: _____ Payment Frequency: Monthly

Payment Amount is Fixed ☐ or Variable ☒ Reason for Variable Payment timing/late fees/NSF/budget inc/special assessments

Payment Amount: \$ As per budget Previous Amount: (if changing) \$ n/a

Waiver of Pre-Notification

I/We waive any and all requirements for pre-notification of debiting, including, without limitation, pre-notification of any changes in the amount of the PAD due to a change in any applicable tax rate, top-up or adjustment.

Cancel Payment

(30 DAYS NOTICE IS REQUIRED BEFORE THE NEXT PAD WILL BE ISSUED, CANNOT EXCEED 30 DAYS)

The Payor hereby cancels this Payor's PAD Agreement effective: _____

I/We acknowledge that this Authorization is provided for a regular recurring payment for the benefit of the "Payee" and "Processing Institution" and is provided in consideration of Processing Institution agreeing to process debits ("PADs") against the Account with Processing Institution in accordance with the Rules of the Canadian Payments Association (the "CPA Rules").

By signing this Authorization, I/we acknowledge the preceding Waiver of Pre-Notification and acknowledge having received and having read a copy of this Agreement, including the terms and conditions on page 2. I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed the Authorization.

Customer (Payor) Signature

Please sign (2 signatures for joint accounts required) & date

Customer (Payor) Signature

Prepared by: (print) Karen King & Associates Inc.

Date: _____

Please remember to send in a void cheque or online banking account info sheet along with this form

AFT (Funds Transfer – PAD) Authorization

Terms and Conditions

- | | |
|---|--|
| <p>1. I/We hereby authorize Payee, in accordance with the terms of my/our account agreement with Processing Institution, to debit or cause to be debited the Account for the purposes indicated on page 1 of this Agreement.</p> <p>2. Particulars on the Account that Payee is authorized to debit are indicated in the "Debit Account Information" section on page 1 of this Agreement. A specimen cheque, if available for the Account, has been marked "VOID" and attached to this Authorization.</p> <p>3. I/We undertake to inform the Payee, in writing, of any change in the Account information provided in this Authorization prior to the next due date of the PAD.</p> <p>4. This Authorization is continuing but may be cancelled at any time upon notice being provided by me/us, either in writing or orally, with proper authorization to verify my/our identity within the specified number of days as noted on Page 1, Cancel Payment section. I/We acknowledge that I/we can obtain a sample cancellation form or further information on my/our right to cancel this Acknowledgement from Processing Institution or by visiting www.cdnpay.ca.</p> <p>I/We acknowledge that if I/we wish to cancel this Authorization or if I/we have any questions or need further information with respect to a PAD, I/we can contact the Payee at the telephone or address set out in this Agreement.</p> <p>5. Revocation of this Authorization does not terminate any contract for goods or services that exists between me/us and the Payee. This Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.</p> <p>6. I/We acknowledge that provision and delivery of this Authorization to the Payee constitutes delivery by me/us to Processing Institution. Any delivery of this Authorization to The Payee constitutes delivery by the Payor.</p> <p>7. I/We acknowledge that Processing Institution is not required to verify that a PAD has been issued in accordance with the particular of this Authorization, including, but not limited to, the amount.</p> <p>8. I/We acknowledge that Processing Institution is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by Payee as a condition to honouring a PAD issued or caused to be issued by Payee on the Account.</p> | <p>9. I/We acknowledge that this Authorization is for a Personal or Business PAD that has recourse through the clearing system, this PAD maybe disputed under the following conditions:</p> <ul style="list-style-type: none">a. the PAD as not drawn in accordance with this Authorization;b. this Authorization was revoked; orc. pre-notification was required and was not received. <p>I/We further acknowledge that in order to be reimbursed, a declaration to the effect that either a., b., or c. took place must be completed and presented to the branch of Processing Institution holding the Account on or before the 90th calendar day in the case of a funds transfer PAD that has recourse through the clearing system after the date on which the PAD in dispute was posted to the Account.</p> <p>10. I/We acknowledge that any claim made after the periods set out above must be resolved solely between me/us and the Payee and there is no entitlement to reimbursement from the Processing Institution.</p> <p>11. I/We acknowledge that I/we have certain recourse rights if a debit does not comply with this Authorization. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Authorization. To obtain more information on my/our recourse rights I/we can contact Processing Institution or visit www.cdnpay.ca.</p> <p>12. I/We acknowledge that I/we understand that I/we are participating in a PAD plan established by the Payee and I/we accept participation in the PAD plan upon the terms and conditions set out herein.</p> <p>13. I/We consent to the disclosure of any personal information that may be contained in this Authorization to the Financial Institution that holds the account of the Payee to be credited with the PAD to the extent that such disclosure of personal information is directly related to and necessary for the proper application of Rule H1 of the Rules of the Canadian Payments Association (CPA).</p> |
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INTERCOM SET-UP FORM

PLEASE PRINT CLEARLY



Please fill out this form to have your phone number and name entered into the intercom.

Changes are usually made within 15 days.

The telephone number must be a local call. Area code 403 and 587 (IF registered in the Calgary area).

The processing fee is \$36.75 (incl GST).

Payment Options

Fee will be charged to the Owner's Unit ledger.

To authorize a withdrawal by pre-authorized payment please initial here _____ this withdrawal will follow the condo fee schedule.

Fee payment can be paid by e-transfer. Email to cole@karenking.ca Security phrase answer is: "Calgary"

In the Notes, please state: Intercom Set-up, your property name and unit number.

Fee payment can be made by cheque made payable to Karen King & Associates Inc. if couriered or mailed together with this form.

Please Note: set-ups will not be processed without payment in full at the time this form is submitted.

Print Resident Name

Unit #

Date

INFORMATION TO BE ENTERED INTO THE INTERCOM:

Phone Number

Name on Intercom (Can be Last Name / Initial or Occupied)

Do note that some intercom systems are slightly different and there may not be name options.

Pet Approval Application

PLEASE PRINT CLEARLY



READ THIS FIRST: Applications are only accepted from Owners who must sign and submit the application for their Tenants. Both must sign below. Owners and Tenants are responsible for being fully informed of the specifics or property bylaws and rules. Owners will receive the warning or sanction if their tenants are in breach.

Having your pet reside at your unit requires prior approval of the Board and subsequent compliance with all relevant Municipal and Condominium bylaws and specific rules of the Condominium. Your agreement to maintain these bylaws and rules ensures other residents their right to enjoy the Condominium.

This document is often Part 1 of 2 for many properties. Contact your Condominium Manager for property specific breed, size, weight and quantity restrictions. Approval is not automatic or guaranteed. The Board may arbitrarily withhold approval and may, if given, withdraw approval at any time on seven (7) days' notice to that effect.

Any bylaws with regards to animals in effect in the municipality in which you reside shall have effect on common property. Municipal officers are permitted to enforce Municipal bylaws on common property.

1. Cats and Dogs must be licensed by the relevant municipality.
2. Pets must be under control, on a leash less than 2 metres in length at all times when outside the Owners unit on common property and may not wander at large. Muzzles may be required.
3. Pets are not allowed to be tied or loose on patios or balconies for long periods of time.
4. Pets must be taken off condominium property for walks and to relieve themselves to minimize damage.
5. All droppings must be picked up immediately.
6. Cat litter and dog feces must be disposed of in a tied plastic bag placed directly in garbage bins to avoid odour.
7. Owners will be responsible for any and all damage caused by their or their Tenant's pet(s).
8. Barking will be treated as a noise complaint.
9. Financial sanctions and eviction for noncompliance are at the discretion of the Condominium Corporation.

Condominium Owner's Last Name: _____

Street Address: _____

Condominium Name _____

Has your pet ever been the subject of a legal action, eviction or complaint in relation to its behavior? **Yes** _____ **No** _____

Include a photo of your pet in a standing position suitable for identification by animal control, trades and the fire department.

Cat / Dog / Other	Breed	Pet Name	License #

I (print first name last name) _____ have read the above rules and regulations pertaining to my pet(s) listed below and agree to abide by them at all times. I understand that failure to comply may result in financial sanctions and loss of pet privileges.

Owner's Signature

Date

Tenant's Signature

Date

CM or Board Member's Signature

Date

**UNDERTAKING BY TENANT(S)
TO ABIDE BY CONDOMINIUM BY-LAWS**

PLEASE PRINT CLEARLY



(S.53, Alberta Condominium Property Act, RSA 2000, c. C-22, as amended)

All fields must be completed.

Condominium Name: _____ Corporation # (if known) _____

Street Address including Unit # _____

Tenant: #1 Name _____ #2 Name _____

Tenant #1) Telephone: Home: _____ Work: _____

Email: _____ Parking Stall _____

Make of Vehicle _____ Year _____ Colour _____ License _____

Tenant #2) Telephone: Home: _____ Work: _____

Email: _____ Parking Stall _____

Make of Vehicle _____ Year _____ Colour _____ License _____

Emergency Contact: _____ Telephone: _____

(not one of the above)

Do You Have Pets? Y/N: _____ Most Pets must be registered or approved. Contact your Condominium Manager for clarification and / or to obtain the property's Pet Policy before applying. A Pet Approval Form is available to order on you your condo webpage. Approval is required before occupancy.

I, (the Owner, plural implied) understand that it is a statutory condition of the tenancy, notwithstanding anything in the tenancy agreement, that any that the person(s) residing or visiting in the unit shall not:

- (a) cause damage to the real or personal property of the corporation or the common property,
- (b) contravene the by-laws
- (c) ignore building operational instructions from Karen King & Associates Inc.

I (the Tenant, plural implied) have agreed to be bound by the rules, policies and Bylaws of the condominium corporation, which have been made available to me by the Condominium Owner. I have agreed with the owner of this condominium unit to rent it and do jointly and severally covenant with you that I shall at all times during the period of my tenancy (lease) comply with the provisions of the Alberta Condominium Property Act, as amended from time to time, in so far as they affect me as tenant and occupier of the condominium unit, and the provisions of the bylaws, and the rules and regulations of the corporation as adopted from time to time in so far as they affect me as tenant and occupier of the condominium unit. The monthly rent is \$ _____ (required)

IN WITNESS WHEREOF THE PARTIES HERETO HAVE EXECUTED THESE PRESENTS

this the _____ day of _____, 202_____.

OWNER(s) SIGNATURE REQUIRED:

TENANT(s) SIGNATURE REQUIRED:

1) _____
2) _____

Condominium Unit Renovation Approval Request Form

Return to reception@karenking.ca



This Form:

This form is intended to show the scope of work proposed, preliminary plans, timelines and proposed materials, confirming that the work intended conforms to Corporations Bylaws, ensuring the trades hired are adequately insured and that the Owner understands the liability involved. It is absolutely required for projects where electricity, gas, water or structural changes are proposed (walls, floors, windows and doors) and where there will be noise or debris or use of an elevator. It is not intended for painting or appliance replacement. Furnace and hot water tank replacement require approval, even for an emergency in the winter, especially for high efficiency models where lateral venting is proposed. If in doubt submit the application with the prescribed fee. If not required, the funds will be returned.

Application:

- You are not permitted to start work until you have submitted this application, with the proper payment, and received a fully signed copy back. Any work started before the final approval will be considered an unauthorized renovation.
- To ensure your request is able to be reviewed in a timely manner, please ensure all areas are completed and scaled drawings, material specifications and support documents are supplied. An incomplete application will delay your request's review and/or approval.
- Normal review and response time is 10 business days from the date your fully completed form is received.
- Approval of your request is not to be assumed. Your request is only confirmed as approved upon written confirmation from Karen King & Associates Inc. (on behalf of your Board of Directors).
- As the Owner of the Unit you are liable for all related costs to the processing of your request form, as well as any and all work carried out in relation to the work as indicated on this form and as may arise.
- The costs of all related materials and/or time incurred to process this request form will be borne by the Unit Owner, including but not limited to: professional fees, permits, drawings, long distance phone calls, etc.
- If your submitted request is denied, and you wish to reapply, a new form must be completed in full and resubmitted including a new processing fee payment.
- If the request is approved, the Unit Owner is required to keep the approved request form on file for future reference. The Unit Owner is also responsible to provide the approved request form to any new Owner for their reference and future use.
- Where any requested work is in direct conflict with the Condominiums Bylaws, no approval will be considered. The Condominium Bylaws are legally binding upon all Owners.

The processing fee for this form is paid on the karenking.ca/condoname website for your condo.
To demonstrate the payment of the fee, please provide your order number here: _____

Description of Work Proposed

Unit Owner's Name: _____ Unit #: _____
Condominium Corporation Name: _____ Phone #: _____
Email address: _____ Date: ____/____/____

Condominium Manager: _____ Date: _____
Conflict with Condominium Bylaws? Yes No Approval Recommended: Yes No..
Reason: _____

Board of Director or Designate _____ Date: _____
Position: _____ Approved. Yes No
Reason: _____

Date Returned to Applicant: _____ Via Email From: _____@karenking.ca

Condominium Unit Renovation Approval Request Form

Return to reception@karenking.ca



Terms

I confirm I understand:

- My obligations as outlined within my Condominium Bylaws, Rules, Regulations and any Restrictive Covenants that are in place for the Condominium or my Unit.
- My liabilities if doing this work myself. Damage and injury are not covered the Condominium Corporation's insurance.
- The Condominium Bylaws, Rules, Regulations and any Restrictive Covenants that are in place for the Condominium or Unit.
- I must obtain a Building Permit if required, display it on my front door and supply a copy to this office before proceeding.
- All work will be done in a professional manner.
- Notices for electrical or water shut off must be submitted to Karen King & Associates 3 business days prior to the planned shut off.
- All unused materials or refuse will be properly disposed of off-site by the Owner or their trade, at the Unit Owner's cost.
- All approved work must be conducted during the work hours found in the Condominiums Rules.
- All work to be completed must meet the Alberta Building Code and all related requirements.
- All work must take neighbours and common property into consideration.

Signature: _____

If I am hiring a Contractor I confirm I understand that:

- I must use licenced and ticketed Trades and must obtain every Trade's Liability Insurance and WCB Clearance.
- Application Approval is conditional on submitting these to the office before proceeding. Failure to submit the Trade's insurance and WCB clearance is a violation of your approval.
- If the trade is not covered under their own WCB policy, I as the Owner of the Unit, and not the Condominium, am fully responsible for the health and safety of the trades I hire and they do not have the Condominium's permission to be on site and will be denied any access to common areas.

Signature: _____

Additional Terms upon Approval:

1. It is understood and agreed that the terms and obligations below shall run with the unit, may be registered by caveat against the unit and are binding upon the owner. As security for the performance of the owner's obligations, the owner grants a charge against the title to the unit and may be registered by caveat against the unit. Any caveat registered in respect of the owners' obligations shall be prepared and registered at the expense of the owner.
2. The owner is responsible for all repairs and upkeep of the improvements to the unit, including any associated costs. The corporation may require the owner to perform repairs and upkeep, or to pay the expenses incurred by the corporation in repair and upkeep of the improvements. The owner is further responsible for any damage that occurs to other units or common property caused as a result of the work described in this application
3. The owner, and not the corporation, is responsible for the operation, operability, or habitability of the improvements.
4. The owner, and not the corporation is liable, for any incidental interruption of continuous supply of utilities to any of the improvements, accidental damage to or destruction of the improvements, and interference with the operation or functioning of the improvements.
5. The corporation shall use its best efforts to treat the improvements as if they are part of the unit with respect to the supply of utilities or services to the improvements. The corporation shall be entitled to recover from the owner any portion of the corporation's costs related to any additional consumption of utilities and services (if any) required for the improvements.
6. The corporation may request the owner, at their expense, have improvements inspected to ensure they are in a good and safe condition. The inspection will be conducted by a person approved by the Corporation. Following the inspection, the corporation will receive a written report of the inspection including recommendations of any necessary repairs or work to be done.
7. The corporation may, acting reasonably and in good faith, request the owner remove the improvements, or any portion of the improvements as specified by the corporation, and restore the unit and any common property affected by the improvements to their condition prior to the improvements but subject to the current applicable laws, codes, safety standards, and regulations.
8. If the owner fails to fulfill their obligations within sixty (60) days of receiving notice from the corporation of that failure, the corporation shall have the right to remedy the failure and any resulting damages, costs, or expenses shall be payable by the owner to the corporation, in an amount equal to the full costs incurred by the corporation plus a management fee equivalent to 15% of the full costs incurred. This amount shall be immediately payable by the owner on demand from the corporation.

Signature: _____

Nothing in the Agreement shall be construed as providing the Owner with approval to make any modifications to the Improvements, to the Unit, or to the Common Property, which are not specified in the Agreement. Nothing in this Agreement shall be construed as limiting the powers of the Corporation outlined in the Corporation's Bylaws or the Act. Other than the assumption of this Agreement by a subsequent owner of the Unit, this Agreement is not assignable without the consent of the Parties. This Agreement is made and shall be construed in accordance with the laws of the Province of Alberta and the federal laws of Canada as applicable. The Parties agree to the exclusive jurisdiction of the courts in the Province of Alberta. Every term of this Agreement is intended to be severable. If any term is illegal or invalid, that shall not affect the validity of the remainder of this Agreement. The waiver of any breach of a term in this Agreement shall not be binding on a Party unless expressed in writing and shall not be construed as a waiver of any subsequent breach or a breach of any other term in the Agreement. No estoppel certificate issued under the Act shall limit the liability of the Owner under this Agreement, regardless of the wording of the estoppel certificate. Any amounts owed by the Owner to the Corporation pursuant to this Agreement shall be a charge against the Unit to the same extent as if they were Common Expenses (as defined in the Condominium Property Act) assessed on the Unit and must be paid within ten (10) days from the due date for payment or any unpaid amounts shall bear interest at the Interest Rate (as defined in the Corporation's Bylaws) from the date when due until paid.