



NEW RESIDENT FORMS and CHECKLIST - (Move Package)

Carefully read all forms before submitting. Please print this package and complete all required paperwork. The complete package must be submitted by email to the Move Manager (movemanager@wedgewoods.ca).

For the safety and security of the Chateaux and residents, no move can be booked until the OWNER has provided ALL information and forms in this package to the Move Manager.

To set up your intercom: email onsitesupport@wedgewoods.ca. We can only have one name and one phone number on display. Once set up, you will receive a confirmation email with your code. When your visitor enters the code provided, your phone will ring, and you can buzz your visitor in the building by pressing 9 on your phone. Or your visitor can scroll through the directory and dial your unit that way as well.

OWNER MOVING IN

	RESIDENT INFORMATION FORM – if there are two owners on title, it’s important to enter both of their names and emails on the Resident Information Form
	MOVE REQUEST FORM
	PRE-AUTHORIZED DEBIT (PAD) AGREEMENT FOR ONE TIME MOVE IN FEE
	PRE-AUTHORIZED DEBIT (PAD) AGREEMENT for ongoing monthly condo fees (Only needs to be filled out once when a new Owner purchases a unit)
	PET APPLICATION if applicable (Pets must be approved by the Board. Please review and complete the Pet Application.)

TENANT MOVING IN

	RESIDENT INFORMATION FORM
	NOTICE OF INTENTION TO RENT – REQUIRED 15 DAYS PRIOR TO MOVE IN DAY
	MOVE REQUEST FORM
	PRE-AUTHORIZED DEBIT (PAD) AGREEMENT for ONE TIME MOVE IN FEE (Needs to be completed each time a tenant moves in and out)
	PET APPLICATION if applicable (Pets must be approved by the Board. Please review and complete the Pet Application.)

OWNER or TENANT MOVING OUT

	MOVE REQUEST FORM
	PRE-AUTHORIZED DEBIT (PAD) AGREEMENT FOR ONE TIME MOVE OUT FEE



RESIDENT INFORMATION FORM

The Wedgewoods updates Owners' records on an ongoing basis. Please complete this form to ensure information is up to date and communicated to you in a timely manner (which is especially valuable in the event of an emergency.)

1. Chateau #: _____ Suite #: _____ or Villa #: _____
2. Name(s) of Owner(s) on Title: _____
3. Names of occupants living in the unit: _____
4. Email Address(es) of Owner(s) on Title: _____
5. Phone Numbers: _____
6. Vehicle(s) parked in the parkade - Make/Colour/License Plate #: _____
7. Bicycle Details (Request a bike tag from the office): _____
8. Visitor Parking Permit # (Order one from the office if you require one): _____
9. Parkade Stall(s) that are Titled to Owner(s): _____
10. Quantity of Fobs/Serial Numbers on Fobs (if able to provide): _____
11. Emergency Contact Name: _____
 - a. Emergency Contact Phone Number: _____
 - b. Emergency Contact Email Address: _____
 - c. Has a key access to Unit? Yes / No (Please circle either yes or no)
12. Number of Pets: Cat _____ Dog _____ (**MAXIMUM ONE DOG ALLOWED per Unit**). *Note: Pet Application is required (attached), and Pets are not allowed on the Property until Board approval has been obtained.*
13. Do you have a tenant(s)? Yes / No. If Yes, please answer the following:
14. Owner's Offsite Address: _____
15. Name of Tenant(s): _____
16. Phone Number of Tenant(s): _____
17. Email Address of Tenant(s): _____
18. Vehicle(s) details of Tenant parking in parkade (Make/Colour/License Plate #): _____
19. Tenure of Tenant(s): (**Please circle**) Month to Month / Annual Lease / Other Fixed Term: _____
20. Date of Expiration of Current Lease (if not month to month): _____
21. Have you filed an Intention to Rent? Yes / No (**Please circle**) *Intention to Rent Form required*
22. When did you purchase this property: Month _____ Year _____

***Have you registered for the website? We encourage all Owners and Tenants to register.
Please visit www.wedgewoods.ca to do so.***



NOTICE OF INTENTION TO RENT - CONDOMINIUM UNIT /TENANT UNDERTAKING

(S.53, ALBERTA CONDOMINIUM PROPERTY ACT, RSA 2000, c.C-22, as amended)

TO: THE WEDGEWOODS OF NEW DISCOVERY

FROM: _____ (Owner's Name)

Chateau # _____ Suite # _____

I, the undersigned Owner (or agent of the registered owner – authorization to act as agent must be attached), hereby notify the Corporation of my intention to lease, rent or make available for occupancy to a non-owner the above unit as follows:

NAME OF TENANT(S): *(Maximum 4 occupants per Unit/5 occupants per villa permitted)*

_____ TENANT(S) EMAIL ADDRESS(S): _____

TENANT(S) CELL PHONE NUMBER(S): _____

TENANT(S) VEHICLE(S): Year _____ Make & Model _____ License plate # _____

LEASE TERM: (Start day/month/year) _____ (End day/month/year) _____

Does the Tenant have a pet? Yes / No *(Pet Application is required, and Pets are not allowed on the property until approval has been obtained)*

OWNER MAILING ADDRESS: _____

OWNER EMAIL ADDRESS AND CELL #: _____

I, (the Owner) understand that it is a statutory condition of the tenancy, notwithstanding any terms and conditions in the tenancy agreement to the contrary, if any, the person(s) residing in the unit shall not:

- a) Cause damage to the real or personal property of the Corporation, the common or managed property, or any other property whosoever it belongs to,
- b) Contravene the Bylaws, policies, rules, procedures, and guidelines in effect from time to time,
- c) Allow a pet to occupy the Unit without express prior approval of the Board (Note: Lease Agreements for terms less than 12 months are NOT allowed PETS),
- d) MAXIMUM of two pets per unit allowed. (ONLY cats and dogs), **ONLY ONE (1) DOG ALLOWED PER UNIT** for Lease Agreements for terms 12 months and longer.

I (the Owner) UNDERSTAND THAT I AM WHOLLY RESPONSIBLE FOR ALL ACTIVITIES/ACTIONS OF MY TENANT AND THEIR GUESTS OR ANY DELIVERY PERSON OR ANYONE AT ALL ASSOCIATED WITH MY UNIT WHILE ON THE PROPERTY AND THAT I MAY BE HELD FINANCIALLY RESPONSIBLE FOR ANY DAMAGES THEY MAY CAUSE.

Date: _____ Owner(s) Signature: _____

I (the tenant) have agreed with the owner of this condominium unit (or villa) to rent it as specified above and do jointly and severally covenant with the owner and the Corporation that I shall at all times during the tenancy period comply with the provisions of the Condominium Property Act, as amended from time to time, as they apply to a tenant and occupant of the unit, and the provisions of any bylaws, policies, rules, procedures and guidelines in effect from time to time as they apply to my residency in the unit and my use of the common property.

Date: _____ Tenant(s) Signature: _____

This form must be completed a MINIMUM OF 15 DAYS PRIOR to a move in by a tenant occupying the unit.



MOVE REQUEST FORM

****MAXIMUM MOVING TRUCK SIZE IS 28 FEET DUE TO ROAD AND WEIGHT RESTRICTIONS OF 10,000 POUNDS**
MOVES will NOT be allowed to proceed if these restrictions are exceeded.**

This Move Request Form must be submitted by the UNIT OWNER a minimum of **FOUR (4) BUSINESS DAYS PRIOR** to the requested move day. MOVES are defined as the first move in or last move out OR when deliveries to a unit require more than **two (2) trips** in the elevator.

MOVE FEE: Effective October 1, 2022 a \$300 move fee must be paid by the Owner by preauthorized debit. An additional \$50 administrative fee is charged for rentals with a term less than one year but over 30 days.

OWNER name: _____ Chateau # _____ Suite # _____
OWNER phone number: _____ OWNER email: _____
OWNER Move In or Move Out (Circle one) Date move requested: _____

TENANT name: _____ Chateau # _____ Suite # _____
TENANT phone number: _____ TENANT email: _____
TENANT Move In or Move Out (Circle one) Date move requested: _____
TENANT lease term: start: _____ end: _____

Time Slot requested: 9am to 1pm _____ OR 1pm to 5pm _____
(MAXIMUM of 4 hours per time slot is allowed. If the move extends beyond 4 hours, an additional \$75.00 per hour charge will be applied.)

MOVE RESTRICTIONS: Monday through Saturday only (excluding statutory holidays) between 9:00AM and 5:00PM. Moves are **NOT ALLOWED** on Sundays and Statutory Holidays UNLESS the first or last day of the month fall on that day.

LATE SCHEDULED MOVE: A \$350.00 move fee will be charged if the move request is received less than four (4) business days' advance notice. There is no guarantee that the move can occur if management for the move cannot be provided or if in conflict with an already scheduled move.

UNSCHEDULED MOVE: FOR THE SECURITY OF ALL RESIDENTS AND BUILDING ASSETS, UNSCHEDULED MOVES ARE NOT ALLOWED. THERE IS A \$1,000 FEE IF THE UNSCHEDULED MOVE PROCEEDS, WHICH WILL BE CHARGED BACK TO THE OWNER.

DELIVERIES: Deliveries are considered as no more than two (2) entries into or exits out of the building on the same day. Deliveries do not need to be booked and no move fee is charged. Deliveries must be made between 9am and 5pm Monday through Saturday. Please advise the [Move Manager](#) of planned deliveries to ensure it's not in conflict with an already booked move Using the avenue of deliveries to avoid booking a move is not allowed and will result in an unscheduled move fee being charged.

The Owner must complete and submit the attached 'One Time' Pre-Authorized Payment form for the Move Fee. We do not accept cash, nor do we accept any forms of payment from Tenants.

Signature of Owner(s): _____ Date: _____



PET APPLICATION

Unit Owner's Name:	Phone #:	
	Email:	
Pet Owner's Name:	Phone #:	
	Email:	
Type of Pet (cat or dog): <i>(Include a photo of your pet with your application)</i>	Chateau#:	Suite/Villa#
Pet's Name:	Color/Markings:	
Date of Spay or Neuter:	Date of most recent Vaccinations:	
Pet's Age:	City of Calgary License No.:	

I/we have read, understood, and undertake to comply with this policy, the rules herein, the Wedgewoods Bylaws, City of Calgary Bylaws, and the Condominium Property Act. I/we understand having a pet reside at Wedgewoods is a privilege and not a right, thus understand Board permission may be withdrawn upon seven (7) days' notice as per the Bylaws.

Along with the Pet Application, you must submit a photo of your pet, current documentation verifying proof of vaccinations and spay/neuter from your vet, and a copy of your City of Calgary Pet License with the expiration date on it.

All dogs also require a written behavioural assessment from their vet due to the high-density population at the Wedgewoods (refer to Pet Policy).

Unit Owner's Signature(s) _____ Date _____

Pet Owner's Signature(s) _____ Date _____

Email the completed Pet Application and corresponding documentation and pet photo to the Move Manager (movemanager@wedgewoods.ca).



PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

*** ONE TIME FEE ***

This PAD agreement requires your written authorization for a **ONE TIME FEE** which will be added to your regular monthly condominium fees and be charged on the same date, either this month or the next month.

My/Our financial institution is hereby authorized to deal with such debit slips the same as if signed by me/us. This authorization may be cancelled at any time upon 10 business days written notice by way of email to bookkeeper@wedgewoods.ca or to CCN 0311443 at 100, 30 Discovery Ridge Close SW. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a Pre-Authorized Debit Agreement, at my/our financial institution or by visiting www.cdnpay.ca.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

What is the One Time Fee for? _____ Amount of Fee _____

Chateau #: _____ Suite #: _____

Owner's Name _____ Email: _____

Address _____ Phone # _____

Signature _____ Date _____

Signature _____ Date _____

For a joint bank account, all signatories must sign if more than one signature is required on cheques issued against the account.



PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

Complete the Pre-Authorized Debit (PAD) Agreement to allow automatic monthly payment of condominium fees. This convenient payment method will save time and money by avoiding extra costs of postage and cheques or even possible late charges.

Return the completed form with a blank cheque marked "VOID" and your monthly condo fees will come directly out of your bank account on the first of each month or the next business day.

PAD Start Date _____ (First day of a later Month)

My/Our financial institution #, branch # and bank account # is (copy of void cheque attached)

My/Our Monthly Condominium Contribution (condo fee) is \$_____

I/We am attaching a sample cheque marked "VOID" or electronic banking information. I/We request and authorize Wedgewoods of New Discovery, Condominium Corporation # 0311443, to draw regular monthly payments for condominium contributions against my/our account at the financial institution indicated by the account number above on the 1st of each month or the next business day. I/We understand that my/our monthly Condominium Contributions are annually subject to change upon 14 days written notice to me/us.

I/We understand if a payment is denied by my/our financial institution for any reason including NSF, extra charges will apply and will be deducted on the first day of the following month. The NSF fee is \$48 and may change from time to time.

My/Our financial institution is hereby authorized to deal with such debit slips the same as if signed by me/us. This authorization may be cancelled at any time upon 10 business days written notice by way of email to bookkeeper@wedgewoods.ca or to CCN 0311443 at 100, 30 Discovery Ridge Close SW. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a Pre-Authorized Debit Agreement, at my/our financial institution or by visiting www.cdnpay.ca.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

Chateau #: _____ Suite #: _____ or Villa #: _____

Owner's Name _____ Email: _____

Address _____ Phone # _____

Signature _____ Date _____

Signature _____ Date _____

For a joint bank account, all signatories must sign if more than one signature is required on cheques issued against the account.