

Appendix A: Member Charges

[Tecumseh Cooperative Homes Inc.]

Unit address: _____

Date of the charges in this form: _____

Full monthly housing charges \$ _____

LESS housing charge subsidy (if any) \$ _____

Monthly housing 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