



YONGE STREET LIVING RESIDENCES

Date: _____

Time: _____

Staff: _____

WORKSHEET

PRIORITY NUMBER: _____

PURCHASER(S): _____

ADDRESS: _____ APT #: _____

CITY / PROVINCE: _____ POSTAL CODE: _____

RES. PHONE: (____) _____ BUS. PHONE: (____) _____ CELL PHONE: (____) _____

FAX: (____) _____ EMAIL: _____

S.I.N #1: _____ S.I.N #2: _____

DRIVERS LICENSE #1: _____ DRIVERS LICENSE #2: _____

D.O.B (d/m/y) #1: _____ D.O.B (d/m/y) #2: _____

Profession: _____ Profession: _____

SUITE #: _____ UNIT #: _____ LEVEL #: _____ TYPE: _____

For Office Use Only

CHEQUES PAYABLE TO: BENNETT JONES LLP, IN TRUST

Deposit Schedule

PRICE OF UNIT: \$ _____

Deposit (I): **\$\$25,000.00 (1B or smaller) / \$50,000 (1BD or larger)**

Deposit (II): _____ (balance to 5% - 30 days)

Deposit (III): _____ (5% - 60 days)

Deposit (IV): _____ (5% - 180 days)

Deposit (V): _____ (5% - ~~240 days~~) 450 days!!

Deposit (VI): _____ (5% due on occupancy)

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PRICE OF PARKING: \$ _____

Deposit (I): _____ (5% - 30 days)

Deposit (II): _____ (5% - 60 days)

Deposit (III): _____ (5% - 180 days)

Deposit (IV): _____ (5% - ~~240 days~~) 450 days!!

Deposit (V): _____ (5% due on occupancy)

BROKER CO-OP INFORMATION

Attach Business Card:

BROKER FIRM: _____

BROKER NAME: _____

CO-OPERATING %: _____

NOTES: (Amendments, Waiting Lists, etc)