

**Tenant Acknowledgement Form:
Installation of Assisted Devices by External Agencies on
Toronto Seniors Housing Properties**

This form is for tenants who are working with an agency (not Toronto Seniors Housing) to have an assisted device installed in their unit.

Toronto Seniors Housing needs you to fill out this form so we can be sure that:

- you know what equipment is being installed
- you know that you are responsible for this equipment

Please read this form carefully before filling it out.

Name of the tenant:

Address (building address and unit number):

Type of equipment (the Equipment):

Name of agency installing the equipment (the Agency):

1. Authorization of installation

I have authorized the Agency to install the equipment in my unit.

2. Ownership and maintenance of Equipment

I agree that I will own the Equipment and be responsible for all maintenance and repair of the Equipment.

3. Removal of Equipment

I agree that, if my tenancy ends or I no longer need the Equipment, I will remove the Equipment from my unit and repair any damage caused by the removal of the Equipment.

4. Costs and liability

I acknowledge and agree that Toronto Seniors Housing and Toronto Community Housing are in no way liable for any costs or claims relating to the Equipment, including any costs or claims relating to its installation, maintenance, repair, and removal. I hereby release and hold harmless Toronto Seniors Housing, Toronto Community Housing, its officers, employees, or agents from and against any claims, damages, or liability arising from or related to the Equipment.

5. Insurance

I will ensure the Agency and/or its contractors maintain required and commercially-reasonable policies of insurance. I will provide Toronto Seniors Housing and Toronto Community Housing with a copy of the Agency and/or its contractors' insurance policies.

6. General

I have read this form before signing below, I fully understand it and I am providing this acknowledgement voluntarily. I understand that this acknowledgement is binding on me, my heirs, executors, and administrators.

Signed:

Date:
