

PROMISE TO PAY CO-OP HOUSING SHARES

SR Number:

In co	nsideration of the Province of British Colur	mbia agreeing to provide me/us with a
supplement in the amount of \$		for the purchase of membership in the
		(name of cooperative housing association),
		(riams of sooperative measing association),
I/We	jointly and separately agree:	
۵)	to many lian Majasty tha Overagin wight of t	the Drevines of British Columbia (sevents to
a)	to pay Her Majesty the Queen in right of	the Province of British Columbia (payable to
	the Minister of Finance), the sum of \$, pursuant to the
	Employment and Assistance Act and Reg	gulations and the <i>Employment and</i>
	Assistance for Persons with Disabilities A	Act and Regulations:
b)	if I am/we are not entitled to subsequent	payments of assistance, to repay that amount
	on demand.	
SIGNATURE OF CLIENT		SIGNATURE OF WITNESS
PRINT NAME		PRINT NAME
DATE (VV	YY MMM DD)	DATE (YYYY MMM DD)
DATE (TT	TT (WINNI DD)	(
SIGNATU	RE OF CLIENT	SIGNATURE OF WITNESS
)	(
PRINT NA	ME	PRINT NAME
DATE (YYYY MMM DD)		DATE (YYYY MMM DD)