

**FORM 14**

**ESTOPPEL CERTIFICATE**

*(Condominium Property Act, S.N.B. 2009, c. C-16.05, ss.51(1) and (2))*

*( \_\_\_\_\_ Condominium Corporation No. \_\_\_\_\_ )  
(Address for service)*

We, of the \_\_\_\_\_ Condominium Corporation No. \_\_\_\_\_ certify the following with respect to Unit # \_\_\_\_\_ level # \_\_\_\_\_ *(if applicable)* located at the following address:

Street: \_\_\_\_\_  
Suite #: \_\_\_\_\_  
Municipality: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

**Right of lien or registered lien against the unit**

The corporation has

- A right of lien against the unit in accordance with subsection 46(1) of the Act in the amount of \$ \_\_\_\_\_.
- A registered lien against the unit in accordance with subsection 46(7) the Act as of \_\_\_\_\_ *(date)* in the amount of \$ \_\_\_\_\_.

**Assessments of common expenses**

The amount of the common expenses is \$ \_\_\_\_\_ for the current year.

The common expenses are payable in the following manner:

- Monthly fees \$ \_\_\_\_\_
- Annual assessment \$ \_\_\_\_\_
- Prepaid
- As they become due
- Other \_\_\_\_\_

The assessment balance for the unit as of \_\_\_\_\_ *(date)* is \$ \_\_\_\_\_.

An assessment for the unit in the amount of \$ \_\_\_\_\_ shall be payable in the current fiscal year.

**Reserve Fund**

The reserve fund is collected in the following manner: \_\_\_\_\_ *(if calculated as a percentage of the common expenses refer to that percentage).*

The reserve fund balance on \_\_\_\_\_ *(date)* is \$ \_\_\_\_\_.

**Capital expenditures**

The corporation has planned major capital expenditures: Yes  No

If "yes",

Nature of expenditure: \_\_\_\_\_  
Anticipated amount of expenditure: \$ \_\_\_\_\_

**Lawsuits by or against the corporation**

There are pending/anticipated lawsuits involving the corporation:    Yes     No

If “yes”, provide details (names of parties, nature of action, amount of claim, current status, etc.)

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**Debts of the corporation**

The corporation carries a debt as of \_\_\_\_\_ (*date*) \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.

**Insurance coverage of the Corporation**

Master policy

Insurance company

Fire and other risk

Name:

Yes     No

Address:

Value: \$ \_\_\_\_\_

Director’s liability

Name:

Yes     No

Address:

Value: \$ \_\_\_\_\_

Other

Name:

Yes     No

Address:

Value: \$ \_\_\_\_\_

**Declaration and By-Laws**

Proposed by-laws or amendment to by-laws:     Yes     No

If “yes”, attach the content of the proposed by-laws or the amendment to the by-laws.

Proposed amendment to declaration:     Yes     No

If “yes”, attach the content of the proposed amendment.

