



SIXTY DAY NOTICE OF MEMBER'S INTENT TO VACATE

Please be advised that the undersigned Member(s) intend to terminate my/our Membership, and will vacate said premises below on the last day of _____, 20_____.

| Unit | Telephone |
|-----------------|-----------|
| Carpathia Road: | Day: |
| Swindon Way: | Evening |

This notice is in accordance with the Housing Agreements between the Co-op and the Member pursuant to Article 20 of the Housing Agreement, which states that a sixty (60) day notice of intent to vacate must be given on the last day of any given month.

The Housing Charges on said premises shall be due and payable to and including the date of termination sixty (60) days prior to the date of termination.

I/We also hereby resign my/our Membership in Carpathia Housing Co-op Ltd., as of the date stated above, and apply for refund of my/our shares, which will be refunded forty-five (45) days after official date of move out.

I/We understand that the Co-op office will conduct a preliminary inspection within five (5) working days of receiving such notice to vacate. Below is a date and time preferable to me/us for said inspection, which can be accommodated during office hours.

| | |
|-------------------------|-------------------------|
| Inspection Date: | Inspection Time: |
|-------------------------|-------------------------|

Permission is hereby given to show the aforementioned unit/suite to potential new Members in accordance with the Housing Agreement Article 11:

“The Member agrees to permit the Co-op, for a period of sixty (60) days prior to the termination of this agreement, to enter the said dwelling unit for the purpose of exhibiting same to prospective Members or tenants.”

The Co-op will try to provide 24 hours notice of all showings.

*CARPATHIA ROAD AND SWINDON WAY WELCOME YOU
to long term security at cost in the spirit of co-operation*

NOTICE OF MEMBER'S INTENT TO VACATE

Please be advised that below is my/our forwarding address for the refund of shares:

| | |
|------------------------------------|------------------|
| Forwarding Address: | |
| Postal Code: | Province: |
| Reason for Move (optional): | |

I/We understand that the above information will be used solely for the purpose of processing my/our termination of Membership at Carpathia Housing Co-op.

I/We understand that the above information will be made available only to employees of Carpathia Housing Co-op, and will be destroyed upon the completion of the share refund process.

Member #1

Member #2

Date

Date

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