Notice by the Co-op to End your Occupancy for Persistent Late Payment or Ceasing to Qualify N8C (Disponible en français)

To:	(Co-op Member's name)	From: (Co-op name)						
10.	(ee op momber e name)	Trom: (60 op name)						
Address of Member Unit:								
This is a legal notice that could lead to you being evicted from your home.								
The following information is from the Co-op								
The Co-op is giving you this notice because it wants to end your occupancy - the Co-op wants								
	to move out of the member unit by the follow							
	•	.	dd/mm/yyyy					
Peacen(a) for Ending your Occupancy								
Reason(s) for Ending your Occupancy The Co-op has checked the box(es) next to the reason(s) for ending your occupancy.								
-	, ,	, ,	•					
	Reason 1: You have persistently paid your reg	ular monthly housing cha	irges late.					
	Reason 2: The member unit is in a residential complex described in paragraph 1, 2 or 3 of subsection 7(1) of the <i>Residential Tenancies Act, 2006</i> and you no longer meet the qualifications for occupancy of the member unit.							
Details About the Reasons for this Notice I have listed below the events that have led me to give you this notice, including the dates and specific details.								

	The following information is from the Landlord and Tenant Board (LTB)							
The Termination Date	The termination date must be at least 60 days after the Co-op gives you this notice. Also, the termination date must be the last day of a period of occupancy.							
What if you disagree with this notice?	You do not have to move out if you However, the Co-op can apply to the a hearing where you can explain where y	ie LTÌ	lisagree with what the Co-op has put in this notice. LTB for an order to evict you. The LTB will schedule y you disagree.					
What if you move out?	If you move out of the member unit date.	by th	y the termination date, your occupancy ends on that					
What if the Co-op applies to the LTB?	the Co-op applies to the LTB to evict you, the LTB will schedule a hearing and you will receive a copy of the application and the Notice of Hearing. The Co-op will have to prove							
 What can you do if the Co-op makes in the application. Go to the hearing where you can respond to the claims the Co-op makes in the application. Get legal advice immediately; you may be eligible for legal aid services. The LTB? 								
Signature: O Co-op O Representative								
Name of Perso	on Signing	Ph	Phone Number					
Signature		Da	Date					
Representative Information:								
Name		LSU	C #	Company Name (if applicable)				
Mailing Addres	SS		1		Phone Number			
Municipality (C	City, Town, etc.)		Prov.	Postal Code	Fax Number			

Email Address