



CAMBRIDGE KIWANIS HOUSING

Unit A – 350 Linden Drive
Cambridge, ON N3H 5N7
(519) 650-5437

WITHDRAWAL BY ONE TENANT

TENANT'S NAMES: _____

ADDRESS & UNIT # _____

We request that _____'s name be removed from the tenancy agreement and that all his/her obligations regarding the above-noted tenancy be terminated as of _____.
(date)

- We confirm that:
- * all keys in the possession of the departing tenant have been returned to the Project Superintendent
 - * the rent account is in good standing
 - * the departing tenant relinquishes any claim to the last month rent on deposit

We are submitting full income/assets verification for the remaining tenant to be used in a recalculation of rent. We understand that this request is not approved until the housing corporation issues a replacement tenancy agreement in one name only.

Date

Tenant

Superintendent

Tenant