

Appendix C Notice of Vacancy

Name of Co-operative or Non Profit:				
Street #:	Street Name:	Unit #:	Date Notice to Vacate Received:	
City:			Available Date for Occupancy:	
Unit Type:			Bedroom Size: (x above)	
Apartment			B	1
Townhouse			2	3
House			4	5
			Date Household responsible for unit until:	
Actual Vacating Date:				

Outgoing Households Name:		
Reason for leaving: Check 1 box only		
<input type="checkbox"/> Retirement Home / Terminally Ill Not Returning Home From Hospital <input type="checkbox"/> Deportation <input type="checkbox"/> Health (moved in with family) <input type="checkbox"/> Deceased <input type="checkbox"/> Voluntary Left Under Notice - Rent <input type="checkbox"/> Voluntary Left Under Notice - Social	<input type="checkbox"/> Eviction Tribunal Rent <input type="checkbox"/> Eviction Tribunal Social <input type="checkbox"/> Eviction Tribunal Misrepresentation <input type="checkbox"/> Long Term Care Facility (30 days notice) <input type="checkbox"/> Private Rental (locally) <input type="checkbox"/> More suitable accommodation / cohabitation / relocated for employment	<input type="checkbox"/> Internal move to another unit <input type="checkbox"/> Moved to another Co-op or NP <input type="checkbox"/> Bought a Home <input type="checkbox"/> No Reason Given <input type="checkbox"/> Left without notice/abandoned unit/skipped/signed lease didn't move in
Tribunal Order Number:		

Target Units		Actual Units			
MKT		MKT			How will unit be filled:
RGI		RGI			Internal Transfer:
Total		Total			RGI Household from Centralized Waitlist:
				MKT Household from Centralized Waitlist:	
				MKT Household from Internal Waitlist:	

Completed by: _____ Date: _____

Comments: _____

