NOTICE OF VACANCY

Name of Co-operative or Non Profit:			
Street #:	**Street Name:**	**Apt. #:**	**Available Date for Occupancy:**
City:			**Move Out Date:**

Unit Type:		Elevator	**Bedroom Size:**						**RGI or MKT:**
	Detached	Walk Up							
	Bungalow	Balcony	B	1	2	3	4	5	**Housing Charge: $**
	Semi-Detached	**Facilities:**							
	Townhouse	Main Floor Washroom							
	Apartment	Handicapped (Modified)							
	Floor Level	Physically Handicapped Equipment							

Outgoing Tenant Name 1:	**Outgoing Tenant Name 2:**

ARREARS REPORTING

Rent Owing ❒ Yes ❒ No

Damages ❒ Yes ❒ No

If yes, rent amount owing $_____

If yes, damages amount owing $_____

TOTAL ARREARS OWING $_____

Social Insurance Number (Tenant 1) _____

Date of Birth (Tenant 1) _____

Social Insurance Number (Tenant 2) _____

Date of Birth (Tenant 2) _____

Additional Comments:

Completed By:

Date Completed: