

# Guide Form G/H: Tenant's Notice to Quit—Early Termination of Tenancy

(Section 10B, 10C or 10D of the Residential Tenancies Act)

## What are these forms for?

**Use these forms to** give a landlord notice that you are ending a lease early because:

- 1 Your health has declined and you can no longer afford to pay your rent.

**OR**

- 2 Your health has declined and you cannot stay in the unit.

**OR**

- 3 You have been accepted into a nursing home or home for special care.

## Which forms do I need?

### What is your reason for terminating your tenancy?

**IF** your health has declined and you can either no longer afford to pay your rent or you cannot stay in the unit **THEN you will require**

**Form G Tenant's Notice to Quit Early Termination of Tenancy** ➡ see pages F1–F4

**Form H Physician's Certificate Termination of Tenancy for Health Reasons** ➡ see pages F5–F6

**OR**

**IF** you have been accepted into a nursing home or home for special care **THEN you will require**

**Form G Tenant's Notice to Quit Early Termination of Tenancy** ➡ see pages F1–F4

**A letter from the nursing home or special care home confirming your acceptance**

## You may also require additional forms.

### Do you have co-tenants?

**IF** you have co-tenants that agree to the termination of tenancy **THEN you will ALSO require**

**Form G Acknowledgement of Service** ➡ see page F3

**OR**

**IF** you have co-tenants that **DO NOT** agree to the termination of tenancy **THEN you will ALSO require**

**Form G Certificate of Service** ➡ see page F4

## Guide

Form G/H: Tenant's Notice to Quit—Early Termination of Tenancy



## How to complete Form G - Tenant's Notice to Quit

### To

Give the landlord's name as it appears in the lease. If you do not have a lease, use the landlord's full name or company name

### Address of residential premises

Give the complete address of the place you are renting as it appears on the lease. If you do not have a lease, give the full civic address, including the postal code

### I am giving one month's notice that I am terminating my tenancy on

Give this notice to your landlord before the day of the month when your rent is payable under your current lease.

### Reason for termination

Check the situation that applies to you.

### Other tenants (co-tenants)

If you live alone, choose the first option.

If you live with others, you must tell them you are ending your lease. (See Note to Tenant page F2.)

### Security deposit return

This section is optional.

The Residential Tenancies Program recommends landlords and their tenants (or their representatives) inspect the unit at the end of the lease and make a written agreement about the return of the security deposit.

If you wish to have your security deposit returned, either provide a mailing address or contact your landlord.

### Sign and date this form

Provide your full name. Providing contact information is optional.

## How to complete Form G - Acknowledgement of Service

**If you live with others and the lease is in your name, your notice to quit ends the lease for them as well. You must tell them you are ending your lease before you tell the landlord.**

**Make a copy of this form and give it to each person who lives with you.**

You then have two options:

- 1 If the other people who live with you agree with ending the lease, have them sign and date Form G: Acknowledgement of Service. If the landlord agrees, the people who live with you can sign a new lease with the landlord.

**OR**

- 2 If the other people do not agree with ending the lease, you must complete a Certificate of Service on page F4 of the form. This means you are confirming that you have correctly served each of the other tenants. Fill in the blanks with your name and address, and the day on which you served the other person. The date the form is successfully served will depend on how you served it. The Certificate of Service on page F4 of the form will provide you this information.

## How to complete Form H - Physician's Certificate

**Complete tenant section only.**

### Tenant's name

Give your name as it appears in the lease. If you do not have a lease, use your full name.

### Address of residential premises

Give the complete address of the place that is being rented as it appears on the lease. If you do not have a lease, give the full civic address, including the postal code.

### Landlord name and telephone

Give the landlord name and telephone number that appear in your lease, or, if you don't have a lease, ask the landlord what name and telephone number to use.

### Physician section

Have your doctor complete the rest of the form. The doctor's office may charge a fee for this.

## What do I do with the completed forms?

### ➡ Formally serve the landlord with

- 1 The original of Form G** (2 pages)  
AND
- 2 Physician's Certificate Form H** (2 pages)  
or **letter from the nursing home** or **home for special care**  
AND (if you live with others)
- 3 Acknowledgement** or **Certificate of Service**

You may do this in several ways:

- 1** Personally, hand the form to the landlord or an agent of the landlord, the property manager or the superintendent. You can also have someone else do this for you.  
Date served is the same date.
- 2** Leaving a copy in the landlord's mailbox or mail slot at an address listed in the lease for the landlord, property manager or superintendent  
Date served is the same date.
- 3** Sending it by pre-paid registered mail, express post or courier service to an address:
  - a. Stated in the lease
  - b. Where the landlord carries on business as a landlord
  - c. Where the rent is payableDate served is the 3<sup>rd</sup> day after the date mailed. Keep a copy of the receipt showing proof that the notice was prepaid and sent.
- 4** Sending it electronically, only if the landlord has provided in the lease an electronic address to receive documents. The electronic copy must be substantially the same as the original and capable of being retained by the landlord so that they can use for later reference.  
Date served depends on the time and the day sent as follows:
  - If sent before 4:00 pm on any day other than a Saturday, Sunday or holiday, it is deemed to have been served on the day sent.
  - If sent after 4:00 pm on any day, it is deemed to have been served on the next day that is not a Saturday, Sunday or holiday.
  - If sent on a Saturday, Sunday or holiday, it is deemed to have been served on the next day that is not a Saturday, Sunday or holiday.

***Keep a copy of all these forms for your records.***

# Form G: Tenant's Notice to Quit—Early Termination of Tenancy

(Section 10B, 10C or 10D of the Residential Tenancies Act)



To (landlord's name) \_\_\_\_\_

### Address of residential premises

Street number and name (civic address) \_\_\_\_\_ Apartment \_\_\_\_\_

City or town \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_



I am giving one month's notice that I am terminating my tenancy on (YYYY MM DD) \_\_\_\_\_ because:

**Tenant please note:** This notice must be given to the landlord before the day of the month that rent is payable under the lease.

### Reason for termination (check one)

- A significant deterioration of my health has reduced my income so that I can no longer pay my rent in addition to my other reasonable expenses (Section 10B of the Act). I am attaching a Physician's Certificate in Form H.
- A significant deterioration of my health has, in the opinion of my physician, resulted in my inability to continue the lease or makes these residential premises inaccessible to me (Section 10C of the Act). I am attaching a Physician's Certificate in Form H.
- I have been accepted into a nursing home or home for special care on a permanent basis (Section 10D of the Act). I am attaching a letter from the nursing home or home for special care confirming this.

### Other tenants (check applicable box)

- No other tenants reside in the residential premises.
- I am attaching proof that I have served all of my co-tenants with a copy of this Notice to Quit. Proof is attached as a completed (choose one)  **Acknowledgment of Service** form  **Certificate of Service** form

### Security deposit return This section is optional. (check one)

- I will make arrangements at a future time for the return of my security deposit.
- Please return my security deposit to me at the forwarding address below:

Street number and name (civic address) \_\_\_\_\_ Apartment \_\_\_\_\_

City or town \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_



### Sign and date this form

Tenant's signature \_\_\_\_\_ Date (YYYY MM DD) \_\_\_\_\_

**Tenant: Keep a copy of this form and attachments for your records.**

## Form G: Tenant's Notice to Quit—Early Termination of Tenancy

(Section 10B, 10C or 10D of the Residential Tenancies Act)



### Note to Tenant: Proof of Service to All Co-Tenants

**If other tenants reside in the same residential premises, you must serve all the tenants in the same residential premises (your co-tenants) with a copy of this Notice to Quit at least 1 month before the termination of tenancy.** You must give the landlord proof of service of all your co-tenants with a copy of this Notice to Quit, which means that for each co-tenant, you must give your landlord either:

An **Acknowledgment of Service**, in the form attached, signed by each co-tenant acknowledging that they have been served with a copy of this Notice to Quit;

**OR**

A **Certificate of Service**, in the form attached, for each co-tenant saying how you served a copy of this Notice to Quit on them.

*(See subsections 10B(1), 10B(3), 10C(1), 10C(3), 10D(1) and 10D(3) of the Act and Section 4F of the regulations)*

### Important Information for all Co-Tenants

**This notice means that your tenancy is terminated on the date of termination of tenancy on page 1.**

You may make arrangements with our landlord to sign a new lease. The landlord cannot refuse to sign a new lease without a valid reason. Please contact the landlord to make arrangements to do this.

**OR**

If you do not make arrangements with the landlord, you must vacate the premises by the date of termination of tenancy listed on page 1.

*(See subsections 10B(2), 10C(2) and 10D(2) of the Act)*

## Form G: Tenant's Notice to Quit—Early Termination of Tenancy

(Section 10B, 10C or 10D of the Residential Tenancies Act)



### Acknowledgement of Service

**Optional** - only required if there are co-tenants.

**Name of co-tenant** (print) \_\_\_\_\_

I acknowledge that I have been served with a copy of the attached Tenant's Notice to Quit—Early Termination of Tenancy.

Co-tenant's signature \_\_\_\_\_ Date (YYYY MM DD) \_\_\_\_\_

**Name of co-tenant** (print) \_\_\_\_\_

I acknowledge that I have been served with a copy of the attached Tenant's Notice to Quit—Early Termination of Tenancy.

Co-tenant's signature \_\_\_\_\_ Date (YYYY MM DD) \_\_\_\_\_

**Name of co-tenant** (print) \_\_\_\_\_

I acknowledge that I have been served with a copy of the attached Tenant's Notice to Quit—Early Termination of Tenancy.

Co-tenant's signature \_\_\_\_\_ Date (YYYY MM DD) \_\_\_\_\_

**Name of co-tenant** (print) \_\_\_\_\_

I acknowledge that I have been served with a copy of the attached Tenant's Notice to Quit—Early Termination of Tenancy.

Co-tenant's signature \_\_\_\_\_ Date (YYYY MM DD) \_\_\_\_\_

**Name of co-tenant** (print) \_\_\_\_\_

I acknowledge that I have been served with a copy of the attached Tenant's Notice to Quit—Early Termination of Tenancy.

Co-tenant's signature \_\_\_\_\_ Date (YYYY MM DD) \_\_\_\_\_

**Name of co-tenant** (print) \_\_\_\_\_

I acknowledge that I have been served with a copy of the attached Tenant's Notice to Quit—Early Termination of Tenancy.

Co-tenant's signature \_\_\_\_\_ Date (YYYY MM DD) \_\_\_\_\_

# Form G: Tenant's Notice to Quit—Early Termination of Tenancy

(Section 10B, 10C or 10D of the Residential Tenancies Act)



## Certificate of Service

**Optional** - only required if there are co-tenants who *will not sign* the Acknowledgement of Service form.

I, (name) \_\_\_\_\_

of (civic address) \_\_\_\_\_ hereby certify

that on (day of the week) \_\_\_\_\_, (month/day) \_\_\_\_\_, 20\_\_ .

I served (name of person served) \_\_\_\_\_ with a true copy of the attached Tenant's Notice to Quit—Early Termination of Tenancy by (check applicable box)

**personal service at** (place of service) \_\_\_\_\_

at (time) \_\_\_\_\_  am  pm (check applicable box).

OR

**leaving a copy in the tenant's mailbox or mail slot at** (address) \_\_\_\_\_

OR

**prepaid registered mail, prepaid express post or prepaid courier service to** (address) \_\_\_\_\_ and the receipt is attached showing proof that the notice was prepaid and sent.

OR

**sending it electronically to** (electronic address) \_\_\_\_\_

at (time) \_\_\_\_\_  am  pm (check applicable box).

Date \_\_\_\_\_ Signature \_\_\_\_\_

Print name \_\_\_\_\_

- This Certificate must be completed by the person who served the Tenant's Notice to Quit—Early Termination of Tenancy.
- If you served the notice by registered mail, express post or courier service, it is deemed to have been served on the 3<sup>rd</sup> day after the day of mailing. Attach the receipt for each tenant showing proof that the notice was prepaid and sent.
- If you served the notice electronically and it is sent by 4:00 pm, it is deemed to have been served on the day it was sent, unless
  - it is sent on a Saturday, Sunday or holiday, in which case it is deemed to have been served on the next day that is not a Saturday, Sunday or holiday; or
  - it is sent after 4:00 pm on any day, in which case it is deemed to have been served on the next day that is not a Saturday, Sunday or holiday.
- If you served the notice electronically, keep a copy of the email showing the date and time it was sent for 1 year after the termination of tenancy in case you need to prove service.

**Form H: Physician's Certificate Termination of Tenancy for Health Reasons** (Section 10B, 10C or 10D of the Residential Tenancies Act)



**Tenant to fill out this section**

**Tenant's name** (print) \_\_\_\_\_

Tenant's telephone \_\_\_\_\_

**Address of residential premises**

Street number and name (civic address) \_\_\_\_\_ Apartment Number \_\_\_\_\_

City or town \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

**Landlord's name** (print) \_\_\_\_\_

Landlord's telephone \_\_\_\_\_

**Physician to fill out this section**

**Physician information:** This form requires you to certify that your patient has a significant deterioration of health that prevents them from continuing to reside in their residential premises. **By signing this form, you are providing evidence that will permit your patient to terminate his or her lease.**

Early termination of the lease must be in accordance with Section 10B or 10C of the Residential Tenancies Act, as printed on page F6 of this form.

**Physician's name** (print) \_\_\_\_\_

Street number and name (civic address) \_\_\_\_\_ Unit Number \_\_\_\_\_

City or town \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

Phone number \_\_\_\_\_

**I hereby certify that I have examined the above-named tenant and that s/he has suffered a significant deterioration of health that** (check applicable box)

- has resulted in a reduction of the tenant's income so that the tenant can no longer pay his/her rent in addition to the tenant's other reasonable expenses.
- has resulted in the inability of the tenant to continue the lease.
- renders the residential premises inaccessible to the tenant.

**Sign and date this form**

Physician's signature \_\_\_\_\_ Date (YYYY MM DD) \_\_\_\_\_

## Residential Tenancies Act Section 10B and 10C

### Early Termination Upon Income Reduction

- 10B (1)** Notwithstanding Section 10, where the income of a tenant, or one of a group of the tenants in the same residential premises, is so reduced because of a significant deterioration of a tenant's health that it is not reasonably sufficient to pay the rent in addition to the tenant's other reasonable expenses, or if there is more than one tenant, the tenant's portion of the rent and other reasonable expenses, the tenant may terminate a year-to-year or fixed-term tenancy by giving the landlord
- (a) one month's notice to quit, in the form prescribed by regulation;
  - (b) a certificate of a medical practitioner, in the form prescribed by regulation, evidencing the significant deterioration of health; and
  - (c) proof of service, in the form prescribed in the regulations, of all the tenants in the same residential premises with a copy of the notice to quit.
- 10B (2)** Where a tenancy is terminated pursuant to subsection (1), the tenancy is terminated for all the tenants in the same residential premises, but the other tenants may enter a new landlord and tenant relationship with the landlord with the consent of the landlord, which consent must not be arbitrarily or unreasonably withheld.
- 10B (3)** Where other tenants reside in the same residential premises, the tenant seeking to terminate a tenancy pursuant to this Section shall serve all the tenants in the same residential premises with a copy of the notice to quit at least one month before the termination of tenancy.

### Early Termination For Health Reasons

- 10C (1)** Notwithstanding Section 10, where a tenant or a family member residing in the same residential premises in a year-to-year or fixed-term tenancy has suffered a significant deterioration in health that, in the opinion of a medical practitioner, results in the inability of the tenant to continue the lease or where the residential premises are rendered inaccessible to the tenant, the tenant may terminate the tenancy by giving the owner
- (a) one month's notice to quit, in the form prescribed in the regulations;
  - (b) a certificate of a qualified medical practitioner, in the form prescribed by regulation, evidencing the significant deterioration of health; and
  - (c) proof of service, in the form prescribed by regulation, of all the tenants in the same residential premises with a copy of the notice to quit.
- 10C (2)** Where a tenancy is terminated pursuant to subsection (1), the tenancy is terminated for all the tenants in the same residential premises, but the other tenants may enter a new landlord and tenant relationship with the landlord with the consent of the landlord, which consent must not be arbitrarily or unreasonably withheld.
- 10C (3)** Where other tenants reside in the same residential premises, the tenant seeking to terminate a tenancy pursuant to this Section shall serve all the tenants in the same residential premises with a copy of the notice to quit at least one month before the termination of tenancy.