

# FORM 3 TENANT NOTICE OF TERMINATION

TO: \_\_\_\_\_  
[Landlord]

I HEREBY give you notice of termination of the tenancy agreement and give up possession of the residential unit located at \_\_\_\_\_, effective the \_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_ (the “Effective Date”).

I am terminating our tenancy agreement and giving up possession of the residential unit for the following reason:

1. \_\_\_\_ **Week-to-week Agreement.** We have a week-to-week agreement and the Effective Date, listed above, is at least **seven (7) days** from the date of this notice, and is prior to the rent being payable under our agreement.
2. \_\_\_\_ **Periodic Agreement.** We have a periodic agreement (other than a week-to-week agreement), and the Effective Date, listed above, is at least **one month** from the date of this notice, and is prior to the rent being payable under our agreement.
3. \_\_\_\_ **Fixed-Term Agreement.** We have a fixed-term agreement and the Effective Date, listed above, is at least one month from the date of this notice, not earlier than the termination date specified in our agreement, and prior to the rent being payable under our agreement.
4. \_\_\_\_ **Victims of Family Violence Act.** A copy of the order or statement.
5. \_\_\_\_ **Human Rights Act.** The Effective Date, listed above, is at least one month from the date of this notice and is prior to the rent being payable under our agreement. A copy of the Order issued by the Human Rights Commission is attached.
6. \_\_\_\_ **Illness or Long-Term Care.** The required evidence of the illness is attached.

Date: \_\_\_\_\_  
(Day/Month/Year)

Signature: \_\_\_\_\_

\_\_\_\_\_  
(Print Name)