

**Notice to End your Tenancy  
Because the Landlord, a Purchaser or a Family Member Requires the Rental Unit  
N12**

<b>To: (Tenant's name)</b> include all tenant names	<b>From: (Landlord's name)</b>
<b>Address of the Rental Unit:</b>	

**This is a legal notice that could lead to you being evicted from your home.**

**The following information is from your landlord**

**I am giving you this notice because I want to end your tenancy. I want you to move out of your rental unit by the following termination date:**

		/			/				
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 .  
dd/mm/yyyy

**My Reason for Ending your Tenancy**

I have shaded the circle next to my reason for ending your tenancy.

**Reason 1:** The following person intends to move into the rental unit:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> <b>Me</b>        | <input type="checkbox"/> <b>My spouse</b>         | <input type="checkbox"/> <b>My child</b>           |
| <input type="checkbox"/> <b>My parent</b> | <input type="checkbox"/> <b>My spouse's child</b> | <input type="checkbox"/> <b>My spouse's parent</b> |

**Or**  **A person who provides or will provide care services to:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> <b>Me</b>        | <input type="checkbox"/> <b>My spouse</b>         | <input type="checkbox"/> <b>My child</b>           |
| <input type="checkbox"/> <b>My parent</b> | <input type="checkbox"/> <b>My spouse's child</b> | <input type="checkbox"/> <b>My spouse's parent</b> |

**Reason 2:** I have signed an Agreement of Purchase and Sale of the rental unit and the following person intends to move into the rental unit:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> <b>The purchaser</b>          | <input type="checkbox"/> <b>The purchaser's spouse</b>         | <input type="checkbox"/> <b>The purchaser's child</b>           |
| <input type="checkbox"/> <b>The purchaser's parent</b> | <input type="checkbox"/> <b>The purchaser's spouse's child</b> | <input type="checkbox"/> <b>The purchaser's spouse's parent</b> |

**Or**  **A person who provides or will provide care services to:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> <b>The purchaser</b>          | <input type="checkbox"/> <b>The purchaser's spouse</b>         | <input type="checkbox"/> <b>The purchaser's child</b>           |
| <input type="checkbox"/> <b>The purchaser's parent</b> | <input type="checkbox"/> <b>The purchaser's spouse's child</b> | <input type="checkbox"/> <b>The purchaser's spouse's parent</b> |

**OFFICE USE ONLY:**

File Number 

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Delivery Method:  In Person  Mail  Courier  Email  Efile  Fax FL 

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