

**Notice To Terminate a Tenancy at the End of the
Term For Landlord's or Purchaser's Own Use
Form N12**

Read the Instructions carefully before completing this form.

To: (Tenant's name and address) Kelly Cleverdon 1037 Oak Lane South Sharbot Lake, ON K0H 2P0	From: (Landlord's name and address) Barry Friedman 480 Tweedsmuir Ave. Ottawa, ON K1Z 5N9
Address of the Rental Unit: 1037 Oak Lane South, Sharbot Lake, ON K0H 2P0	

**Termination
Date**

You must move out of the rental unit identified above on or before 31/Oct/2012
(day/month/year)

**Reason for
this Notice**

I am giving you this notice because:

- ☒ 1. The following person wants to move into the rental unit:
- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> myself | <input type="checkbox"/> my spouse | <input type="checkbox"/> my child |
| <input type="checkbox"/> my parent | <input type="checkbox"/> my spouse's child | <input type="checkbox"/> my spouse's parent |
| <input type="checkbox"/> a person who provides or will provide care services to: | | |
| <input type="checkbox"/> myself | <input type="checkbox"/> my spouse | <input type="checkbox"/> my child |
| <input type="checkbox"/> my parent | <input type="checkbox"/> my spouse's child | <input type="checkbox"/> my spouse's parent |
- ☐ 2. I have signed an Agreement of Purchase and Sale of the residential complex, and the following person wants to move into the rental unit:
- | | | |
|--|---|--|
| <input type="checkbox"/> the purchaser | <input type="checkbox"/> the purchaser's spouse | <input type="checkbox"/> the purchaser's child |
| <input type="checkbox"/> the purchaser's parent | <input type="checkbox"/> the purchaser's spouse's child | <input type="checkbox"/> the purchaser's spouse's parent |
| <input type="checkbox"/> a person who provides or will provide care services to: | | |
| <input type="checkbox"/> the purchaser | <input type="checkbox"/> the purchaser's spouse | <input type="checkbox"/> the purchaser's child |
| <input type="checkbox"/> the purchaser's parent | <input type="checkbox"/> the purchaser's spouse's child | <input type="checkbox"/> the purchaser's spouse's parent |

Important Information

1. **The termination date** cannot be earlier than 60 days after the date the landlord gives the tenant this notice. Also, the date must be the last day of the rental period, or, if the tenancy is for a fixed term, the last day of the fixed term.
2. **If the tenant moves out by the termination date in this notice**, the tenancy will end on the termination date. The tenant may, however, terminate the tenancy on an earlier date by giving the landlord at least ten calendar days written notice.
3. **If the tenant disagrees with what the landlord claims in this notice**, the tenant does not have to move out of the rental unit. However, the landlord may apply to the Board for an order terminating the tenancy and evicting the tenant.
4. **The landlord's application to the Board:** The landlord may file their application as soon as they have given the tenant this notice. If the landlord applies, the Board will schedule a hearing. The landlord must give the tenant a copy of the application and the Notice of Hearing.



5. **If the landlord is giving this notice because a person who provides or will provide care services wants to move into the rental unit**, then the person who is receiving or will be receiving the care services must live in the same building or group of buildings as the rental unit. If the rental unit is in a mobile home park or land lease community, then the person who is receiving or will be receiving the care services must live in the same mobile home park or land lease community as the rental unit.
6. **If you have any questions** about the law related to terminating tenancies and how it applies to this notice, you may contact the Landlord and Tenant Board at **416-645-8080** or toll-free at **1-888-332-3234**. Or, you may visit the Board's website at **www.LTB.gov.on.ca** for further information.

Signature☐ Landlord☐ Agent

First Name

B A R R Y

Last Name

F R I E D M A N

Phone Number

(6 1 3) 7 2 5 3 1 9 8

Signature

Barry Friedman

Date (dd/mm/yyyy)

16 08 2012

Agent Information (if applicable)

Name		Company Name (if applicable)	
Mailing Address		Phone Number	
Municipality (city, town, etc.)	Province	Postal Code	Fax Number

FOR OFFICE USE ONLY:

File Number

-

F L

Delivery Method :☐ In Person☐ Mail☐ Fax☐ Courier☐ Email