

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?

1

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

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 5-6

Form H Physician's Certificate Termination of Tenancy for Health Reasons

➡ see pages 9-10

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

➡ see pages 5-6

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

You may also require additional forms.

2

Do you have co-tenants?

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

OR

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

Form G Acknowledgement of Service

➡ see page 7

Form G Affidavit of Service

➡ see page 8

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 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.

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

You must give this notice at least 30 days before the end of a month. Put the last day of the month as the date in this notice.

Reason for termination

Check the situation that applies to you.

Other tenants

If you live alone, choose the first option.

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

Security deposit return

This section is optional. If you wish the landlord to return the security deposit, provide a mailing address or contact the landlord to do so at a later time. The Residential Tenancies Program recommends that landlords and their tenants or representatives inspect the unit at the end of the lease, and make a written agreement about the return of the security deposit.

Sign and date this form

Provide your full name. You may also wish to provide contact information.

How to complete Form G - Acknowledgement of Service

You must let others who live with you know that you are ending your lease before you tell the landlord. Doing this will end the lease for those tenants as well. If the landlord agrees, the people who live with you can sign a new lease with 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 person agrees, have them sign and date the **Acknowledgement of Service**.

OR

- 2 If the other person does not agree, you must complete an **Affidavit of Service**. This means you are swearing that you have correctly served each other tenant. Fill in the blanks with your name and address, and the day on which you served the other person. You can serve them by giving a copy to them directly, or by sending it by registered mail. Fill in those details. If you sent the form by registered mail, attach the receipt that shows it has been picked up.

Do not sign the affidavit. Take it to a lawyer or commissioner of oaths. There are commissioners of oaths at all Access Nova Scotia Centres. Sign the form in front of this witness.

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 **Affidavit of Service**

You may do this in two ways:

- 1 Personally hand the form to the landlord or the landlord's representative,
or have someone else do so on your behalf
OR
- 2 Send the form by registered mail to the landlord – it is served once the landlord
picks it up

If you have made several attempts to serve the landlord and have been unsuccessful,
contact the Residential Tenancies Program.

Keep a copy of all these forms for your records.

Form G

F1

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 number

City or town

Province

Postal code

I am giving one month's notice

that I am terminating my tenancy on (YYYY MM DD) because:

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
☐ **Affidavit 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 number

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.

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 sworn **Affidavit 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)

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)

X									
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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)

X									
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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)

X									
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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)

X									
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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)

X									
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Affidavit of Service

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

I, (name)

of

Street number and name (civic address)

Apartment number

City or town

Postal code

, Nova Scotia

in the County of , Nova Scotia,

make oath that on (day of the week) ,

the (date) day of (month) , 20

I served (name of person served)

with a true copy of the attached Tenant's Notice to Quit-Early Termination of Tenancy: (check applicable box)

☐ by personal service at (place of service) at (time) am pm.
OR

☐ by registered mail to

Street number and name (civic address)

Apartment number

City or town

Province

Postal code

and the receipt is attached.



Sign and date this form

Date (YYYY MM DD)

Applicant's signature

X

Sworn to before me on (YYYY MM DD)

in the county of

Signature of Barrister or
Commissioner of the Supreme Court of Nova Scotia

X

This affidavit must be completed by the person who served the document. Attach the receipt if you serve the document by registered mail. Sign in the presence of a lawyer or commissioner of oaths. (Many Service Nova Scotia and Municipal Relations staff are Commissioners.)

Form H Physician's Certificate Termination of Tenancy for Health Reasons

F5

(Section 10B or 10C 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.