

## Final Tenant Displacement Report

Tenant name: \_\_\_\_\_

Address: \_\_\_\_\_ (unit) - \_\_\_\_\_ (Street Address)

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

1. If assistance was provided to find suitable accommodation, indicate which were provided (check if yes). If some elements were not met, explain why.

Element	Requested	Met
Number of Bedrooms ( ____ )	_____	_____
Access to work	_____	_____
Access to school	_____	_____
Access to support/medical	_____	_____
Accessible/Wheelchair-friendly	_____	_____
Senior-friendly	_____	_____
Youth-friendly	_____	_____
Children-friendly	_____	_____
Pet-friendly	_____	_____
Smoking allowed	_____	_____
Other ( _____ )	_____	_____

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2. Where was the tenant relocated to (check one)?

\_\_\_ Hotel/short-term rental/temporary lodging

\_\_\_ For how long?

\_\_\_ Other unit provided by the landlord

\_\_\_ Other unit provided by a different landlord

3. Has the tenant returned to the unit?

Yes

No. Contact was attempted but unsuccessful (explain contact efforts below).

No. The tenant did not request to return.

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**Declaration**

*I hereby certify that the above information is correct and complete, and that I have fulfilled the requirements of the Housing Incentives Policy Tenant Protections Framework. I acknowledge that the information collected on and within this report is handled and maintained in accordance with The Local Authority Freedom of Information and Protection of Privacy Act. It will be retained as a record of my participation in the Housing Incentives Policy and may be used to contact the parties involved. The information contained in this report may also be used by the City for compliance or other legal action pursuant to The Housing Incentives Policy, The Cities Act, The Construction Codes Act, the City's Building Bylaw, The Planning and Development Act and any other bylaws, legislation, or regulations.*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature