

| | |
|---------------------------------|---------------|
| Landlord | Address |
| Landlord's telephone/fax number | Tenant |
| Rental unit | |
| Tenancy began | Tenancy ended |

Present address of tenant (*if known*) or of a person listed as next of kin on lease.

| | | |
|---|---------------|--------------|
| Total proceeds of sale | \$ (1) _____ | |
| Expenses | Amount | |
| Removal | \$ _____ | |
| Storage | _____ | |
| Advertising | _____ | |
| Sale costs (<i>specify</i>) _____ | _____ | |
| Other (<i>specify</i>) _____ | _____ | |
| Total expenses | \$ (2) _____ | |
| Less | | |
| Amount awarded to landlord by order of the Director or order of the Small Claims Court | \$ (3) _____ | |
| Expenses (<i>enter amount from line 2</i>) | \$ (4) _____ | |
| Total (<i>add lines 3 and 4</i>) | \$ (5) _____ | \$ (5) _____ |
| Net proceeds (subtract line 5 from line 1 and enter on line 6) | | \$ (6) _____ |
| Net proceeds enclosed | \$ _____ | |

Please make cheque payable to the Public Trustee if net proceeds are shown.

| | |
|---|-------|
| I certify all information given to be true, correct and complete to the best of my knowledge: | |
| _____ | _____ |
| Signature of Landlord | Date |
| _____ | _____ |
| Witness | Date |