CITY OF VICTORIA

Tenant Assistance Plan

The Tenant Assistance Plan and appendices must be submitted at the time of your rezoning application, and should be submitted directly to housing@victoria.ca. Please contact your Development Services Planner with questions or concerns.

Date of submission of Tenant Assistance Plan to Housing Policy staff:

Current Site Information

Site Address:

Owner Name:

Applicant Name and Contact Info:

Tenant Relocation Coordinator (Name, Position, Organization and Contact Info):

Existing Rental Units

Unit Type	# of Units	Average Rents ($/Mo.)
Bachelor		
1 BR		
2 BR		
3 BR		
3 BR+		
Total		

Current Building Type (check all that apply):

Purpose-built rental building

Non-market rental housing

Condominium building

Single family home(s), with or without secondary suites

Other, please specify:

Rights and Responsibilities of Landlords and Tenants

The rights and responsibilities of landlords and tenants are regulated by the Province and is set out in the Residential Tenancy Act.

The City of Victoria's Tenant Assistance Policy is intended to supplement the Residential Tenancy Act and offer additional support for tenants in buildings that are being considered for redevelopment. To review the full Tenant Assistance Policy and supporting documents, please refer to the City of Victoria's website.

POLICY APPLICATION

If your plans to redevelop this property will result in a loss of residential rental units AND will require tenants to relocate out of the existing building(s), please submit a Tenant Assistance Plan with your application.

Do you have tenant(s) who have been residing in the building for more than one year, at the time when application is submitted?

Yes   No

If yes, tenants are eligible for support. Please complete the full form.

If no, please skip to and complete Appendix A: Occupant Information and Rent Roll.

When completing this form, please refer to the Tenant Assistance Policy guidelines for Market Rental and Non-Market Rental Housing Development. Please note that the form includes the required FOIPPA section 27(2) privacy notification which should be communicated to tenants.

APPLICANT: **Please complete the following sections to confirm the details of the Tenant Assistance Plan:**		CITY STAFF: **Did applicant meet policy?**
Compensation Please indicate how you will be compensating the tenant(s). Please specify whether option 1 or 2 will be provided, and whether at existing rents or CMHC average rates. (See Policy Section 4.1 or 5.1)		**Yes** **No**
Moving Expenses Please indicate how the tenant(s) will receive moving expenses and assistance. Please specify whether option 1 or 2 will be offered. (See Policy Section 4.2)		**Yes** **No**
Relocation Assistance Please indicate how the tenant(s) will receive relocation assistance, including the staff responsible or whether a third-party will be involved. (See Policy Section 4.3 or 5.3)		**Yes** **No**
Right of First Refusal Please indicate whether the applicant is offering right of first refusal to the tenant(s). Please indicate your reasoning. (See Policy Section 4.4 or 5.5).		**Yes** **No** **N/A**
Tenants Requesting Additional Assistance Please indicate whether tenant(s) have requested additional assistance above policy expectations, and specify what additional assistance will be provided. (See Policy Section 6.0)		**Yes** **No**

APPLICANT:

Please complete the following sections to confirm the details of the Tenant Assistance Plan:

How and when did you inform tenants of the rezoning or development application? (Please refer to Policy Section 3.4)	
How will you be communicating to tenants throughout the rezoning or development application (including decisions made by Council)? (Please refer to Policy Section 3.4)	
What kind of resources will you be communicating to your tenants and how will you facilitate tenants in accessing these resources? (Please see the City's website for a list of resources)	

Other comments (if needed):

FINAL Tenant Assistance Plan Review - [For City Staff to complete]

Application reviewed by _____ (City Staff) on _____ (Date)

Did the applicant meet TAP policy?   Yes   No   N/A

Staff comments on
final plan: