



Tenant's Application

Residential Tenancy Dispute Resolution Service (RTDRS)

Unit 112, 10025-102A Avenue NW
Edmonton Alberta T5J 2Y8
Fax: 780-644-2266

Main Floor, Rocky Mountain Plaza
180 - 615 Macleod Trail SE
Calgary Alberta T2G 4T8
Fax: 403-297-2669

Toll-free 310-0000
then dial 780-644-3000
www.rtdrs.alberta.ca

This personal information is being collected for the purpose of dispute resolution in accordance with the *Residential Tenancies Act*. If you have any questions please contact the RTDRS Administrator at toll free 310-0000, then 780-644-3000.

RTDRS Case No.

This is an application to the Residential Tenancy Dispute Resolution Service (RTDRS) for the following remedies under the *Residential Tenancies Act*:

- ☐ Termination of the tenancy
- ☐ Abatement (reduction) of rent
- ☐ Damages (losses) for breach of tenancy agreement
- ☐ Compensation for performing the landlord's obligation
- ☐ Recovery of the security deposit

Tenant(s) / Applicant(s)

Tenant's Address for Service

City or Town

Province

Postal Code

Phone Number

Fax Number

Email Address:

Landlord(s) / Respondent(s)

Landlord's Address for Service

City or Town

Province

Postal Code

Phone Number

Fax Number

Email Address:

Rental Premises Address

City or Town

Province

Postal Code

Have you made an application with the Provincial Court or Court of Queen's Bench on this matter?

☐ Yes

☐ No

Have you been served with a Provincial Court or Court of Queen's Bench application on this matter?

☐ Yes

☐ No

Have you been served with a RTDRS application package by the respondent(s)?

☐ Yes

☐ No

If yes, provide RTDRS case number

Tenant(s) / Applicant(s)

Landlord(s) Respondent(s)

Rental Premises Address

Tenant's Evidence Summary

A. General

1. Rental premises type ☐ House ☐ Main Floor ☐ Basement ☐ Room ☐ Apartment ☐ Townhouse
☐ Other

2. Current rent per month Security deposit

3. Type of Tenancy ☐ Fixed term ☐ Month to month ☐ Other

Date yyyy-mm-dd

4. Tenancy Agreement attached? ☐ Yes ☐ No, tenancy started on ITEM

5. Are you still residing in the rental premises? ☐ Yes ☐ No, vacated on

6. Are there previous Orders or Judgments regarding this tenancy? ☐ No ☐ Yes, copy attached

ITEM(S)

B. Termination of the Tenancy and/or Recovery of Possession

Date yyyy-mm-dd

I am applying to terminate the tenancy by , for the following reasons:

Was a notice to terminate served on the landlord? ☐ No ☐ Yes, copy attached

ITEM(S)

Attach all evidence supporting the termination request.

Tenant(s) / Applicant(s)

Landlord(s) Respondent(s)

Rental Premises Address

C. Abatement of Rent

Provide reasons for the abatement (reduction) of rent request and explain the amount claimed:

Attach all evidence supporting the abatement and amount claimed.

ITEM(S)

Total Claim for Abatement of Rent

Tenant(s) / Applicant(s)

Landlord(s) Respondent(s)

Rental Premises Address

D. Damages (Losses) Due to Breach of the Tenancy Agreement by the Landlord

Attach all evidence supporting the breaches and amount claimed.

ITEM(S)

Total Claim for Damages

Tenant(s) / Applicant(s)

Landlord(s) Respondent(s)

Rental Premises Address

E. Compensation for Performing the Landlord's Obligation

Provide the reasons for the compensation and explain the amount claimed

Attach all evidence supporting the compensation and amount claimed.

ITEM(S)

Total Claim for Compensation

Tenant(s) / Applicant(s)

Landlord(s) Respondent(s)

Rental Premises Address

F. Recovery of Security Deposit

1. Has the security deposit, or any part of it, been returned to you?

☐ No

☐ Yes, date returned:

Date yyyy-mm-dd

2. Was a move-in inspection done? ☐ No ☐ Yes, copy attached

ITEM(S)

3. Was a move-out inspection done? ☐ No ☐ Yes, copy attached

ITEM(S)

4. Did you receive a Statement of Account for your security deposit? ☐ No ☐ Yes, copy attached

ITEM(S)

Provide details of your claim for recovery of the security deposit

Attach all evidence supporting the amount claimed.

ITEM(S)

Total Claim for Return of Security Deposit

Tenant(s) / Applicant(s)

Landlord(s) Respondent(s)

Rental Premises Address

G. Costs of Filing this Application

☐ I am claiming the \$75.00 RTDRS filing fee.

☐ I am claiming the following other costs of filing this application.

Attach all evidence supporting the amount claimed.

ITEM(S)

Total Claim for Costs

Total Amount Claimed for this Application (C + D + E + F + G) =

Witnesses ☐ I will ☐ I will not call witnesses to give evidence.

Witness names

By filing this application I confirm that my claim is less than \$50,000. I understand that I am abandoning any part of my claim that is over \$50,000. I understand that I cannot recover any part of the claim that has been abandoned either at the RTDRS or any court.

Applications can be made to the RTDRS within 2 years from the date the claim is discovered.

Position (e.g. Tenant, Agent, Representative, etc.)

Print Name

Date yyyy-mm-dd

Dated

Signature