(Disponible en français)

Important Information for Tenants

Use this form to apply to the Board if you and your landlord signed an N10 Agreement to Increase the Rent Above the Guideline Form and you want the portion of the rent increase that was above the guideline returned to you because your landlord broke all or part of the agreement. The agreement required the landlord to:

- · do major repairs or renovations to the rental unit,
- buy new equipment for the rental unit, or
- add a new service to your tenancy.

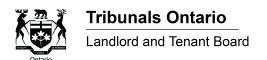
You must apply within two years of the date the rent increase took effect.

Instructions for Form T4 are available on the Board's website at tribunalsontario.ca/ltb.

- 1. Complete all three parts of this application.
 - Part 1 asks for general information about:
 - the rental unit covered by this application,
 - you and the other tenants living in the unit, your landlord and other parties to the application,
 - any other unresolved applications that relate to the rental unit.
 - Part 2 asks you to explain the reason for your application.
 - **Part 3** requires your signature or that of your representative, and, if you are being represented, your representative's contact information.
- 2. Complete the *Request for French-Language Services or Request for Accommodation* form at the end of this application if you will need additional services at the hearing.
- 3. File all pages of the application with the Board (not including this page). The Board will send you a *Notice* of Hearing showing the time and location of your hearing.
- 4. Pay the application fee to the Board at the same time as you file the application. The Board will not process your application unless you pay the fee. Your T4 application fee is \$53 for the first unit and \$5 for each additional unit to a maximum of \$450. If you file the application in person, you can pay the fee by cash, credit card, debit card, certified cheque or money order (certified cheques and money orders must be made payable to the Minister of Finance). If you mail the application, you can't pay by cash or debit card. If you pay online, email your receipt and application to LTBpayments@ontario.ca.
- 5. Contact the Board if you have any questions or need more information.

416-645-8080 1-888-332-3234 (toll free)

tribunalsontario.ca/ltb



(Disponible en français)

Read the instructions carefully before completing this form. Print or type in capital letters.

PART 1: GENERAL INFORMATION

| Address of the Re | ntal Unit Covere | ed by This | Application | | | | |
|---|--------------------------|-----------------|--------------------|---------------------|-----------------|--------------|------------|
| Street Number | Street Name | | | | | | |
| Street Type (e.g. Street, | Avenue, Road) | Direct | tion (e.g. East) | Unit/Apt./Suite | | | |
| Municipality (City, Town | , etc.) | | | | Pr | ov. P | ostal Code |
| Tenant Names an Tenant 1: First Name (I | | toponto com | anlata a Sahaduk | of Parties form a | nd file it with | this applic | ection) |
| renant i. First Name (ii | i mere are more man 2 | tenants, con | ipiete a Scriedule | e or Parties form a | nd lile it with | triis applic | auon.) |
| Tenant 1: Last Name | | | | | | | |
| Tenant 2: First Name | | | | | | | |
| Tenant 2: Last Name | | | | | | | |
| Mailing Address (if it is o | lifferent from the addre | ess of the rent | al unit) | | | | |
| Unit/Apt./Suite | Municipality (City, 1 | Γown, etc.) | | | Prov. | Postal Co | ode |
| Day Phone Number | | Evening Pho | ne Number | ſ | Fax Number | | |
| () | - | (|) | | (|) | - |
| E-mail Address | | | | | | | |
| | | | | | | | |



(Disponible en français)

Landlord's Name and Address

| First Name (If there is more than 1 landlord, complete a Schedule of Parties form and file it with this application.) | | | | | | | |
|--|---------------------|--------------|--------------|-------------|-----------|---|-----|
| Last Name | | | | | | | |
| Company Name (if applica | able) | | | | | | |
| Street Address | | | | | | | |
| Unit/Apt./Suite | Municipality (City, | Town, etc.) | | | Prov. | Postal Code | |
| Day Phone Number | | Evening Pho | ne Number | | Fax Numbe | r | |
| () | - | (|) | - | (|) | - |
| E-mail Address | | | | | | | |
| Related Applications If you or your landlord filed other applications that relate to this rental unit and those applications have not been resolved, list their file numbers below. File Number 1 File Number 2 PART 2: EXPLANATION OF YOUR APPLICATION The Board can order the landlord to pay you all or part of the rent increase that was above the guideline. Provide the following information to help the Board determine the amount of money the landlord may owe you. The date your rent was increased above the guideline / / dd/mm/yyyy The amount of the rent increase that was above the guideline \$ | | | | | | | |
| Please explain: What did you and the landlord agree to? How did the landlord break the agreement? | | | | | | | |
| Rent History: When | ı did you move iı | nto the rent | tal unit cov | ered by the | ſ | | / |
| application? | | | | | | <u>, , , , , , , , , , , , , , , , , , , </u> | · · |

dd/mm/yyyy



(Disponible en français)

In the table below, provide information about the rent you have paid in the past 2 years.

Rent Amount

Fill in each different rent amount you paid:

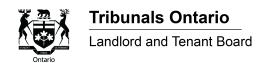
- in the 2 years before you filed this application OR
- since you moved in (if you moved in less than 2 years ago).

Rent Period

E-mail Address

- Under **From**, fill in the date you started to pay each rent amount, and

| | - | | or the rental p | | | | |
|---------------------------------|-------------|-------------------|-----------------|-------------|-----------|-----------|-------------|
| Rent Amou | | | Rent Period | | | | |
| (per month / p | er week) | From: (c | ld/mm/yyyy) | То | (dd/mr | n/yyyy) | |
| \$ | • | / | / | | / | | |
| \$ | • | / | / | | / | | |
| \$ | • | / | 1 | | / | , | |
| \$ | • | / | / | | / | | |
| I am required to PART 3: SIGNA | . , , | the () m | onth () wee | k () othe | r (specif | ·y) | |
| Tenant/Repres | entative's | Signature | | | _ | | |
| | | | | | | / dd/mm/ | ууууу |
| Who has signed t | he applicat | ion? Shade t | the circle com | pletely nex | t to you | answer. | |
| ○ Tenant 1 (| Tenant 2 | ○ Legal | Representativ | ve | | | |
| Information Ab | out the Le | gal Repres | entative | | | | |
| First Name | | | | | | | |
| Last Name | | | | | | | |
| LSUC# | Company | Name (if applic | able) | | | | |
| Mailing Address | | | | | | | |
| Unit/Apt./Suite | Municipa | ality (City, Towr | n, etc.) | | | Prov. | Postal Code |
| Day Phone Number | | Eve | ening Phone Num | ber | | Fax Numbe | r |



(Disponible en français)

Collecting Personal Information

The Landlord and Tenant Board has the right to collect the information requested on this form to resolve your application under section 185 of the *Residential Tenancies Act, 2006*. After you file the form, all information related to the proceeding may become publicly available in a tribunal decision, order or other document, in accordance with Tribunals Ontario's <u>Access to Records Policy</u> and the *Tribunal Adjudicative Records Act, 2019*. Parties wanting records or information to remain confidential must seek a confidentiality order from the adjudicator. If you have questions about confidentiality orders or access to records, please contact us by email at <u>LTB@ontario.ca</u> or our Contact Center at **416-645-8080** or **1-888-332-3234** (toll free).

Important Information from the Landlord and Tenant Board

- 1. You can ask the Board to provide French-language services at your hearing. If you are the applicant, you can fill out the *Request for French-Language Services or Request for Accommodation* form included at the end of this application. If you are the respondent, the *Request for French-Language Services or Request for Accommodation* form is available at Board offices and at the Board's website at tribunalsontario.ca/ltb.
- 2. You can ask the Board to make special arrangements (called a Request for Accommodation) under the Ontario Human Rights Code to help you participate in the hearing. For example, you can ask the Board to make arrangements to provide a sign-language interpreter. You can make a request for accommodation under the Code by telephone, fax or mail. If you are the applicant, you can fill out the Request for French-Language Services or Request for Accommodation form included at the end of this application. If you are the respondent, the Request for French-Language Services or Request for Accommodation form is available at Board offices and at the Board's website at tribunalsontario.ca/ltb.
- 3. It is an offence under the *Residential Tenancies Act, 2006* to file false or misleading information with the Landlord and Tenant Board.
- 4. The Board can order either the landlord or the tenant to pay the other's costs related to the application.
- 5. The Board has *Rules of Practice* that set out rules related to the application process and *Interpretation Guidelines* that explain how the Board might decide specific issues that could come up in an application. You can read the *Rules and Guidelines* on the Board's website at tribunalsontario.ca/ltb or you can buy a copy from a Board office.

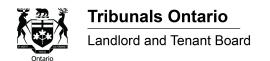
| OFFICE USE ONL | .Y: | | | | | | |
|------------------|-------------|--------|--------|---------|---------|-------|---------|
| Delivery Method: | O In Person | ○ Mail | Ourier | ○ Email | ○ Efile | ○ Fax | MS _ FL |

Request for French-Language Services or Request for Accommodation

(Disponible en français)

Use this form to ask the Landlord and Tenant Board (LTB) to provide French-language services or to let the LTB know you need accommodation under the Ontario *Human Rights Code*.

| Part 1: Request for French-Language Services |
|---|
| Check this box if you want the dispute resolution process (e.g. case conferences and hearings) to be conducted in French. |
| Part 2: Request for Accommodation under the Ontario Human Rights Code |
| Check this box if you need accommodation under the Ontario <i>Human Rights Code</i> to participate in the dispute resolution process. The LTB will provide accommodation for <i>Code</i> related needs to help you throughout the application and hearing process in accordance with the Tribunals Ontario policy on accessibility and accommodation. You can get a copy of the policy at tribunalsontario.ca . |
| Please explain: What accommodation do you need? |
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| Part 1: | Paymen | it Metl | hod |
|---------|---------------|---------|-----|
| | | | |

| elect how you are payi | ng the application fee: | | | | | |
|--|---|--|--|--|--|--|
| Online Payment | Receipt #: | | | | | |
| Note: Receipt must be emailed with application to <u>LTBpayments@ontario.ca</u> . | | | | | | |
| ○ Cash ○ Debi | Card Money Order Certified Cheque | | | | | |
| | Money orders and certified cheques must be made payable to the "Minister of Finance" | | | | | |
| Credit Card: | /isa | | | | | |
| Th | you are paying by credit card, you must emplete the information on the next page. The information you fill in on the next page is enfidential. It will be used to process your explication, but will not be placed on file. | | | | | |

Part 2: Information Required to Schedule the Hearing

The LTB will normally schedule your hearing between 3 weeks and 6 weeks after the date you file your application. The LTB will schedule your hearing on the first available hearing date within this 3 week period.

List the date(s) you are **not available** during this 3 week period. The LTB will not schedule your hearing on the date(s) you indicate you are not available and will schedule your hearing on the next available hearing date. **The LTB will not contact you to schedule a hearing**.

| I am not available on the following date(s). | | | | | |
|--|--|--|--|--|--|
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| Credit Card Number: | Expiry Date (mm/yy): |
|-------------------------|----------------------|
| Cardholder's Name: | |
| Cardholder's Signature: | |