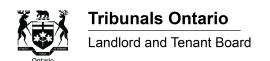
Important Information for Landlords

Use this form to apply to have the Landlord and Tenant Board (LTB) issue an order allowing a rent increase of more than the guideline for any or all of the rental units in the residential complex. <u>Instructions</u> for Form L5 are available on the LTB's website at <u>tribunalsontario.ca/ltb</u>.

- 1. Complete all three parts of this application.
 - Part 1 asks for general information.
 - Part 2 asks you to select your reason(s) for applying for a rent increase above the guideline.
 - **Part 3** requires your signature or that of your representative, and, if you are being represented, your representative's contact information.
- 2. Complete the appropriate schedules, depending on your reason(s) for applying.
- 3. File all pages of the application (not including this page), and the appropriate schedules with the LTB. Also file evidence of all the costs you claimed in the application and proof that you paid for those costs.
- 4. If you are applying because you did capital expenditure work in the residential complex, file the following additional documents with the LTB:
 - 1 additional photocopy of the application,
 - 1 additional photocopy of all the supporting documents you filed with the LTB (including supporting documents related to operating costs, if you also applied because your operating costs increased),
 - An electronic copy of the supporting documents.
- 5. Your L5 application fee is \$233 for the first 10 units and \$10 for each additional unit to a maximum of \$1000. The LTB will not process your application unless you pay the fee. 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.
- 6. 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.
- 7. The LTB will send you a Notice of Hearing showing the time and location of your hearing.
- 8. Contact the LTB if you have any questions or need more information.

416-645-8080 1-888-332-3234 (toll free) tribunalsontario.ca/ltb



v. 22/03/2021

Application for a Rent Increase Above the Guideline FORM L5

(Disponible en français)

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

		LINFORMATI							
		and Address more than 1 landlo		a Schedule of Pa	arties form and fi	le it with this apլ	olication.)		
Last N	ame								
Compa	any Name (if appl	licable)							
Street	Address								
Unit/Aլ	pt./Suite	Municipality (C	City, Town, etc	.)		Prov.	. Postal C	code	
Day Pl	hone Number		Evening	Phone Number		Fax Num	ber		
()	-	()	-	()	-	
E-mail	Address								
Addr	ess of the Re	esidential Cor	nplex Cov	ered by this	s Applicatio	n			
Street	Number	Street Na	me						
Street	Type (e.g. Street	, Avenue, Road)	D	irection (e.g. Ea	st) Unit/Apt.	/Suite			
Munici	pality (City, Town	ı, etc.)					Prov. P	ostal Code	
Tena	nts' Names a	and Addresse	:s						
		ı <i>le of Parties</i> fo vered by the ap		e names and	addresses, i	ncluding unit	t numbers,	of the tena	ints in
Rent	Information	1							
		the first rent id by the applic		u intend to t	ake for the		dd/mm/yyy	/y	
If the		ly issued an or the file numb		ent increase	above				
OFF	ICE USE ON	LY							
File N	Number								

Application for a Rent Increase Above the Guideline FORM L5

(Disponible en français)

PART 2: REASONS FOR YOUR APPLICATION

Shade the	box completely next to each reason on which you are basing this application.
I am appl	ying for a rent increase above the guideline because:
Reaso	n 1: The municipal taxes and charges for the residential complex increased by an "extraordinary" amount,
Reaso	on 2: Operating costs for security services for the residential complex have been experienced for the first time or have increased,
Reaso	on 3: Capital expenditure work was done in the residential complex.
Units incl	uded in the application
What is	the total number of rental units in the complex?
How ma	any rental units are covered by the application?
PART 3:	OUTSTANDING ELEVATOR WORK
Answer th	e following questions.
Has a wor	k order been issued that relates to one or more elevators in the residential complex?
○ Yes	○ No
If yes, has	s the work been completed?
○ Yes	○ No
Has an ordelevators?	der been made under section 21 of the Technical Standards and Safety Act, 2000 relating to
○ Yes	○ No
If yes, has	s the work been completed?
○ Yes	○ No
Has the LT	TB issued an order requiring you to do specified repairs or replacements to one or more elevators?
○ Yes	○ No
If yes, has	s the work been completed?
○ Yes	○ No
	cated that any of the work has not been completed, you must complete a "Summary of and Elevator Work" and attach it to your application.



Application for a Rent Increase Above the Guideline FORM L5

(Disponible en français)

PART 4: SIGNATU	JRE						
Landlord/Legal R	epresentativ	e's Signatu	ıre				
					/ / dd/mm/y	уууу	
Who has signed the	e application? S	Shade the ci	rcle complet	ely next to y	our answer.		
○ Landlord ○	Legal Represe	ntative					
Information About	ıt the Legal F	Representa	tive				
Last Name							
LSUC#	Company Name	(if applicable)					
Mailing Address							
Unit/Apt./Suite	Municipality (C	city, Town, etc.)			Prov.	Postal Code	
Day Phone Number		Evening F	Phone Number		Fax Numbe	·r	
()	-	()	-	() -	
E-mail Address							

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).

Tribunals Ontario Landlord and Tenant Board

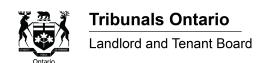
Application for a Rent Increase Above the Guideline FORM L5

(Disponible en français)

Important Information from the Landlord and Tenant Board

- 1. The landlord must file this application at least 90 days before the date they intend to take the first rent increase for the rental units covered by the application.
- 2. Along with the application, the landlord must file evidence of the operating costs claimed in the application. They must also file proof that they have paid for those costs. If the landlord is applying for Reason #3, the landlord must also file a copy of the *Capital Expenditures: Additional Details* form for each capital expenditure item claimed in the application.
- 3. If the landlord is applying for Reason #3, the landlord must make the documents described above available to the tenants of the rental units covered by the application.
 - If the landlord has an office in or close to the residential complex, the landlord must allow the tenants to view a copy of the supporting documents during normal business hours.
 - The landlord is required to provide the LTB with an electronic copy of the supporting documents.
 - The landlord must provide an electronic copy of the supporting documents to a tenant who requests it, at no charge.
 - If the landlord and tenant agree, the landlord may provide photocopies of all the supporting documents at a reasonable charge based on the landlord's out-of-pocket costs for making the copies.
- 4. You can ask the LTB 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 LTB offices and at the LTB's website at tribunalsontario.ca/ltb.
- 5. You can ask the LTB 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 LTB 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 LTB offices and at the LTB's website at tribunalsontario.ca/ltb.
- 6. It is an offence under the *Residential Tenancies Act, 2006* to file false or misleading information with the Landlord and Tenant Board.
- 7. The LTB can order either the landlord or the tenant to pay the other's costs related to the application.
- 8. The LTB has *Rules of Practice* that set out rules related to the application process and *Interpretation Guidelines* that explain how the LTB might decide specific issues that could come up in an application. You can read the *Rules and Guidelines* on the LTB's website at tribunalsontario.ca/ltb or you can buy a copy from an LTB office.

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



If you are applying for Reasons 1 and/or 2, you must fill out this schedule. See the L5 instructions for further information.

A. Municipal Taxes and Charges

Yes

 \bigcirc No

In the table below, fill in the annual accounting periods and the costs you are claiming for each period. See the L5 instructions for information about how to determine the accounting periods.

Accounting Periods	Reference Year:	Base \	Year:					
Costs								
Shade the circle completely to show whether or not the costs affect all the rental units in the complex.								
○ These costs affect a	II of the rental units in the comp	lex.						
These costs affect s	ome, but not all of the rental un	its in the com	nplex.					
Did you receive any refunds, rebates, grants or other types of financial assistance for this cost category for the reference year or the base year indicated above?								
Shade the circle completely next to your answer.								

If yes, indicate the source of the assistance, the total amount and the period to which it applies.

Source	Pe From (dd/mm/yyyy)	Total Amount \$	

Attach additional sheets if necessary

Did you	take these	amounts	into ac	count	when y	you	determined	the	costs	for the	reference	year a	and the
base yea	r indicated	l above?											



B. Security Services

In the table below, fill in the annual accounting periods and the costs you are claiming for each period. See the L5 instructions for information about how to determine the accounting periods.

Accounting Davis de	Reference	Year (dd/mm/yyyy)	Base Ye	ear (dd/mm/yyyy)
Accounting Periods	From:	To:	From:	То:
Security Services				
nade the circle complete	ely next to your	answer.		
) The costs in all the ca	ategories above	affect all of the rental u	nits in the comple	ex.
The costs in one or m in the complex.	ore of the categ	gories listed above affect	t some, but not a	ll of the rental units
services) relate to no complexes? Yes No	on-residential	gories (municipal tax portions of the com	plex or to othe	er residential
Fig. 1 yes , list the category See the L5 instructions f	and provide det or further inforn	tails below of how you propertion.	ropose costs snot	nu de allocated.



D. Information about Units Affected by Operating Costs

You must provide the following information about rental units affected by increased operating costs for municipal taxes or security services.

Operating Costs Categories	Column 1 Units that are affected by the cost category and are covered by this application (list unit numbers)	Column 2 Total rent charged for units listed in Column 1	Column 3 Total rent charged for all rental units in the complex affected by the operating cost
Municipal taxes and charges			
Security Services			



A. Description and Costs

If you are applying for reason #3 you must fill out this schedule. If you are applying for more than five capital expenditure items, complete additional copies of this schedule. See the L5 instructions for further information.

Item #	Description of Capital Expenditures	Date Completed (dd/mm/yyyy)	Useful Life	Labour / Material and Contract Costs	Landlord's Own Labour (Hours x Rate = Total)	Total Costs

Attach additional sheets if necessary

For each capital expenditure item you are claiming, indicate why you believe it is "eligible" under s.126(7) of the RTA.

Item #	Provide explanation as to why the item is "eligible"

Attach additional sheets if necessary



B. Is the cost for each capital expenditure to be applied to	\cdot all of the rental units in the residential complex? If no
complete the table below.	

Item #	List the unit numbers in the complex that the capital expenditure item should NOT be applied to. Be sure to also include units that are not covered by this application.					

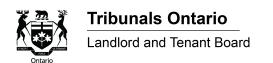
Attach additional sheets if necessary

C. Are any of the capital expenditure items listed in section A a major repair or replacement of a system or thing that already existed? If yes, complete the table below.

Item #	Did the item require replacement or major repair?	If yes, explain why. Also indicate when the item was last replaced or repaired. If no, explain how the item provides access for persons with disabilities; promotes energy or water conservation; or maintains or improves security.
	◯ Yes ◯ No	
	◯ Yes ◯ No	
	○ Yes ○ No	
	◯ Yes ◯ No	
	○ Yes ○ No	

Attach additional sheets if necessary

Page ___ of ___



E.

○ Yes	○ No	
If yes, l	list the item number, the source of the funds, and the amount you received below.	
Item #	Source of funds	Total Amour
_	Attach additional sheets if necessary y of the capital expenditures relate to non-residential portions of the co	omplex or to other residential complex
_		omplex or to other residential complex
○ Yes	y of the capital expenditures relate to non-residential portions of the co	
○ Yes	y of the capital expenditures relate to non-residential portions of the co \bigcirc No	
○ Yes	y of the capital expenditures relate to non-residential portions of the co \bigcirc No	
⊖ Yes	y of the capital expenditures relate to non-residential portions of the co \bigcirc No	
○ Yes	y of the capital expenditures relate to non-residential portions of the co \bigcirc No	
○ Yes	y of the capital expenditures relate to non-residential portions of the co \bigcirc No	
○ Yes	y of the capital expenditures relate to non-residential portions of the co \bigcirc No	
○ Yes	y of the capital expenditures relate to non-residential portions of the co \bigcirc No	



If you are applying for Reason #3, you must provide the following information for each rental unit in the residential complex, including units not covered by the application, vacant units or units that are not rented. If necessary, attach additional copies of this schedule. See the L5 instructions for further information.

Unit number	Unit not covered by application (Place an "X" in this column if the unit is not covered by the application)	Total current rent (Place "\$0.00" in this column if the unit is vacant or not rented)	Frequency of Rent (per month/week, etc.)	Date current tenancy began (dd/mm/yyyy) (Complete only if the tenancy began less than 18 months before the deadline to file the application)



Item number and description of work:	Total labour, material & contract costs claimed in application for this item (not including landlord's own labour)*: \$	Date work completed:
--------------------------------------	---	----------------------

Name of contractor /supplier	Invoice/ bill number	Invoice/ bill date (dd/mm/yyyy)	Invoice/ bill amount \$	Method of payment	Cheque number	Payment amount \$	Payment date (dd/mm/yyyy)	Amount related to this item \$	Remarks:
							Total*: \$		



Fill out the following information and attach this summary to your *Application for a Rent Increase Above the Guideline* if in Part 3 of the application you indicated that there is any work related to elevators that was ordered and is not yet complete. You must complete this summary even if the deadline for doing the work has not yet passed.

Name of person or entity who issued the work order	Date of work order (dd/mm/yyyy)	Compliance date for work to be completed (dd/mm/yyyy)	Description of the work that was ordered to be done



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	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					
r a	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 .					
اِ	Please explain: What accommodation do you need?					



Payment Me	thod			
Select how yo	u are paying the a	application fee:		
○ Cash	O Debit Card			
Credit Ca	nrd: O Visa	○ MasterCard		
Credit Care	d Number:		Expiry Date (mm/yy):	
Cardholde	r's Name:			
Cardholde	r's Signature:			

Important: The information you fill in is confidential. It will be used to process your application, but will not be placed on the application file.