



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



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

PART 1: GENERAL INFORMATION

Address of the Rental Unit Covered by This Application

Street Number

Street Name

Street Type (e.g. Street, Avenue, Road)

Direction (e.g. East)

Unit/Apt./Suite

Municipality (City, Town, etc.)

Prov.

Postal Code

Tenant Names and Address

Tenant 1: First Name (If there are more than 2 tenants, complete a *Schedule of Parties* form and file it with this application.)

Tenant 1: Last Name

Tenant 2: First Name

Tenant 2: Last Name

Mailing Address (if it is different from the address of the rental unit)

Unit/Apt./Suite

Municipality (City, Town, etc.)

Prov.

Postal Code

Day Phone Number

() -

Evening Phone Number

() -

Fax Number

() -

E-mail Address

OFFICE USE ONLY

File Number



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 applicable)

Street Address

Unit/Apt./Suite

Municipality (City, Town, etc.)

Prov.

Postal Code

Day Phone Number

Evening Phone Number

Fax Number

() -

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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 \$

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Please explain: What did you and the landlord agree to? How did the landlord break the agreement?

Rent History: When did you move into the rental unit covered by the application?

/ /
dd/mm/yyyy



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

- Under **From**, fill in the date you started to pay each rent amount, and
- Under **To**, fill in the last date of the rental period you were charged each rent amount.

Rent Amount \$ (per month / per week)	Rent Period	
	From: (dd/mm/yyyy)	To: (dd/mm/yyyy)
\$.	/ /	/ /
\$.	/ /	/ /
\$.	/ /	/ /
\$.	/ /	/ /

I am required to pay rent by the ☐ month ☐ week ☐ other (specify) _____

PART 3: SIGNATURE

Tenant/Representative's Signature

/ /
dd/mm/yyyy

Who has signed the application? Shade the circle completely next to your answer.

☐ Tenant 1 ☐ Tenant 2 ☐ Legal Representative

Information About the Legal Representative

First Name

Last Name

LSUC # Company Name (if applicable)

Mailing Address

Unit/Apt./Suite Municipality (City, Town, etc.) Prov. Postal Code

Day Phone Number Evening Phone Number Fax Number
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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 [Access to Records Policy](#) 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 LTB@ontario.ca 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 ONLY:

Delivery Method: ☐ In Person ☐ Mail ☐ Courier ☐ Email ☐ Efile ☐ Fax

MS ☐ FL ☐



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 *Human Rights Code* to participate in the dispute resolution process. The LTB will provide accommodation for *Code* 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?



Part 1: Payment Method

Select how you are paying the application fee:

☐ [Online Payment](#) Receipt #: _____

Note: Receipt must be emailed with application to LTBpayments@ontario.ca.

☐ Cash ☐ Debit Card ☐ Money Order ☐ Certified Cheque

Money orders and certified cheques must be made payable to the "Minister of Finance"

Credit Card: ☐ Visa ☐ MasterCard

Important: If you are paying by credit card, you must complete the information on the next page.
The information you fill in on the next page is confidential. It will be used to process your application, 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).



Card Information

Credit Card Number:	Expiry Date (mm/yy):
Cardholder's Name:	
Cardholder's Signature:	