



Part 1: General Information

Applicant / Requester Information

First Name:

Landlord Tenant

Last Name:

Address of Rental Unit in the Application

Unit/Apt./Suite: Street Address:

Municipality (City/Town):

Province:

Postal Code:

File Number (if applicable):

Complete this form to pay by credit card and file your application or request by mail or courier to the Landlord and Tenant Board (LTB). You must include this completed form with your application or request when you submit it to the LTB. Do not complete this form if you are filing your application through the Tribunals Ontario Portal.

The information you fill in is confidential. It will be used to process your application or request but will not be saved by the LTB or placed on file.

Part 2: Application / Request Type

Select the application or request type you are filing:

Application / Request Type	Fee
<input type="checkbox"/> Application about Whether the Act Applies (A1)	\$53
<input type="checkbox"/> Application for a Rent Increase Above the Guideline (L5)	\$233 for first ten units + \$10 for each additional unit to a maximum of \$1,000
<input type="checkbox"/> Landlord application (L1, L2, L3, L6, L7, L8, L9, L10, A2, or A4)	\$201
<input type="checkbox"/> Tenant Application (T1, T2, T3, T4, T5, T6, T7, A2, or A4)	\$53 for first unit + \$5 each additional unit to a maximum of \$450
<input type="checkbox"/> Request to Review an Order	\$58
<input type="checkbox"/> Request for a Hearing Recording	\$16.15

Part 3: Credit Card Information

Visa Mastercard

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

Important: To protect your privacy, do not include your credit card information on this form and upload it to the Tribunals Ontario Portal. If you accidentally upload this form, it will be deleted as soon as possible. However, other parties may see your credit card information before it is deleted.