

THE RENT RESTRICTION ACT

(Section 18 (1)

FORM OF APPLICATION FOR DETERMINATION OF STANDARD RENT

In the Rent Assessment Board for.....

1. ADDRESS OF PREMISES.....

.....

2. TYPE OF PROPERTY ☐ Residential ☐ Commercial ☐ Mixed Use

3. DESCRIPTION OF PREMISES ☐ Room ☐ Public Building ☐ Duplex House

☐ Part of a House ☐ Building Land ☐ Multi-tenanted House

☐ Single Family House ☐ Apartment Building

4. WAS THE BUILDING CONSTRUCTED AFTER AUGUST 31,1980 ☐ Yes ☐ No

5..... STATE APPROXIMATE AGE OF THE BUILDING

6..... STATE DATE OF PURCHASE

7..... IF REGISTERED, STATE VOLUME NO. FOLIO NO.....

8. NAME AND ADDRESS OF OWNER..... TELEPHONE NO.....TRN.....

9. NAME AND ADDRESS OF AGENT..... TELEPHONE NO.....

10. NAME OF TENANT(S) AND TELEPHONE NO(S).....

11. IS THE PREMISES NOW TENANTED? Yes ☐ No ☐ IF YES, STATE PRESENT NUMBER OF TENANCIES.....

10. STATE TOTAL RENT BEING CHARGED \$.....PER MONTH

12. IF PREMISES NOT YET RENTED, STATE PROPOSED RENT \$.....PER MONTH

13. DOES TENANT SHARE ANY ACCOMMODATION -

(i) WITH THE LANDLORD? ☐ Yes ☐ No (ii) WITH OTHER TENANTS? ☐ Yes ☐ No

IF YES, GIVE DETAILS..... IF YES, GIVE DETAILS.....

14. IS ANY FURNITURE PROVIDED BY THE LANDLORD? ☐ Yes ☐ No

IF YES, GIVE DETAILS OR ATTACH INVENTORY.....

15. ARE ANY SERVICES PROVIDED BY THE LANDLORD ☐ Yes ☐ No

IF YES, GIVE DETAILS.....

16. IF RENT STATED INCLUDES PAYMENT FOR SERVICES, STATE THE AMOUNT CHARGED FOR THESE SERVICES.....

I HEREBY DECLARE that to the best of my knowledge the information I have given herein is true and correct.

Signed.....

OWNER/AGENT (TENANT/PROSPECTIVE TENANT) (cross out whichever does not apply)

Fee Payable: \$20.00