Important Information for Tenants

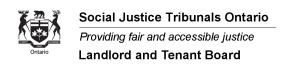
Use this form to apply to have the Board determine whether your landlord:

- has not repaired or maintained the rental unit or the residential complex, or
- has not complied with health, safety, housing or maintenance standards.

Instructions for Form T6 are available on the Board's website at sito.ca/LTB.

- 1. Complete all four 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,
 - your tenancy and any other unresolved applications that relate to the rental unit.
 - Part 2 asks you to select and explain the reasons for your application.
 - Part 3 asks you to select the remedies you want the Board to include in the order.
 - **Part 4** requires your signature or that of your representative, and, if you are being represented, your representative's contact information.
- 2. Complete the *Request for Accommodation or French-Language Services* 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 T6 application fee is \$50 for the first unit (or \$45 if you e-File) 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 e-File the application, you must pay by credit card or debit card.
- 5. Contact the Board if you have any questions or need more information.

416-645-8080 1-888-332-3234 (toll free) sjto.ca/LTB

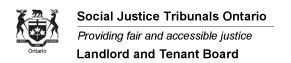


Read the instructions carefully before completing this form. Print or type in capital letters.

PART 1: GENERAL INFORMATION

Address of the Rental	Unit Covere	d by This	Application			
Street Number	Street Name					
Street Type (e.g. Street, Aven	ue, Road)	Direction	on (e.g. East)	Unit/Apt./Suite	е	
Municipality (City, Town, etc.)					Pr	rov. Postal Code
Tenant Names and Ad	dress					
Tenant 1: First Name (If there	are more than 2	tenants, comp	olete a <i>Schedule</i>	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 differer	nt from the addres	ss of the renta	l unit)			
Unit/Apt./Suite Mu	unicipality (City, To	own, etc.)			Prov.	Postal Code
Day Phone Number	i	Evening Phon	e Number		Fax Number	
() - E-mail Address		() -		() -

OFFICE USE ONLY	
File Number	
v. 16/01/2017	



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 application	able)						
Street Address							
Unit/Apt./Suite	Municipality (City,	Town, etc.)			Prov.	Postal Code	
Day Phone Number		Evening Pho	ne Number		Fax Number		
() E-mail Address	-	()	-	() -	
Questions about Y	our Tenancy						
When did you move	into the rental u	nit you are	applying al	pout?	/ dd/mm	/ n/yyyy	
Do you still live in th	e rental unit? Sh	nade the circ	cle complet	ely next to yo	ur answer.		
○ Yes							
○ No I	►When did you	move out?			/ dd/mm	/ n/yyyy	

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: REASONS FOR FILING THIS APPLICATION

I am applying to the Board because the landlord has not repaired or maintained the rental unit or the residential complex, or has not complied with health, safety, housing or maintenance standards.

Explaining your Reason

In the box below, describe the maintenance problems that led you to apply to the Board.

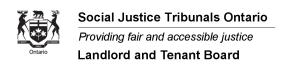
- What is the problem? If there is more than one problem, list each problem.
- Give the date each problem started.
- Has the problem been repaired? If so, give the date it was repaired and explain who repaired it.
- Explain who or what may have caused the problem.
- How did you inform the landlord about the problem?

When did you first tell the landlord about the maintenance problems?

Describe in Detail:						
Attach more sheets if necessary.						

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dd/mm/yyyy



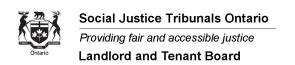
PART 3: REMEDIES

The remedies listed below are orders the Board can make to address your reasons for filing the application. Shade the box completely next to the remedies you want the Board to order. If the Board decides in your favour, it may decide to include a different remedy or remedies than the one(s) you selected.						
Remedy 1: The landlord must pay me a rent at	batement of \$ •					
My current rent is	\$					
I am required to pay rent by the	○ month ○ week ○ other (specify)					
Please explain: How did you calculate the rent	t abatement?					
Attach mor	re sheets if necessary.					
	costs to repair or replace my property that was damaged the landlord did not repair or maintain the rental unit or	,				
The total costs are	\$					
Please explain: How was your property damag to repair or replace it.	ged, destroyed or disposed of? List each item and the co	st				

Remedy 3: I had or will have out-of-pocket expenses because the landlord did not repair or maintain the rental unit or the residential complex. The landlord must pay me for these expenses.							
These expenses total	.						
Please explain: How did you calculate the expenses?							
Attach more sheets if ne	cessary.						
Remedy 4: I did repairs, replacements or other work becau the rental unit or the residential complex. I wan to order the landlord to pay me for my costs.							
The total costs are	.						
Please explain: What work did you do? How did you calculate the costs?							
Attach more sheets if ne	cessary.						
Remedy 5: I want the Board to allow me to do the repairs, and to order the landlord to pay me for my cost							
Please explain: What work do you plan to do? How much will cost? Be specific.	vill it cost? How did you calculate how much it						

Attach more sheets if necessary. Remedy 7: I want the Board to order that the landlord cannot increase the rent for this rental unit until the landlord completes the work necessary to fix any serious maintenance problems that the landlord has been ordered to do or will be ordered to do. Remedy 8: I want the Board to end my tenancy on /// / / / / / / / / / / / / / / / /		Remedy 6: I want the Board to order the landlord to do the repairs, replacement or other work that is necessary.								
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		Pemedy 9: I want the Board to order other remedies. I have described	d those remedies below							
Please explain: What else do you want the Board to order?		Remedy 5. 1 want the board to order other remedies. I have described	those remedies below.							
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Attach more sheets if necessary.		Attach more cheets if necessary								

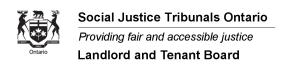
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PART 4: SIGNATURE

E-mail Address

Tenant/Represen	ntative's Signa	ature					
					/ / dd/mm/y	уууу	
Who has signed the	e application? S	hade the circ	cle complete	ely next to y	our answer.		
○ Tenant 1	Tenant 2	Representat	tive				
Information Abou	ut the Represe	entative					
First Name							
Last Name							
LSUC#	Company Name ((if applicable)					
Mailing Address							
Unit/Apt./Suite	Municipality (Ci	ty, Town, etc.)			Prov.	Postal Code	
Day Phone Number		,	none Number	_	Fax Number		_
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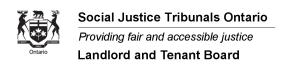
Collecting Personal Information

Under section 185 of the *Residential Tenancies Act, 2006*, the Landlord and Tenant Board has the right to collect the personal information requested on this form. We use the information to resolve your application. After you file the form, your information may also be available to the public. If you have questions about how the Board uses your personal information, contact one of our Customer Service Officers 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 Accommodation or French-Language Services* form included at the end of this application. If you are the respondent, the *Request for Accommodation or French-Language Services* form is available at Board offices and at the Board's website at sito.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 Accommodation or French-Language Services form included at the end of this application. If you are the respondent, the Request for Accommodation or French-Language Services form is available at Board offices and at the Board's website at sito.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 sjto.ca/LTB or you can buy a copy from a Board office.

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



Shade the appropriate boxes to indicate whether you need accommodation under the Ontario *Human Rights Code*, or French-language services, or both. We will not include a copy of this form when we give the other parties a copy of the application form. However, we will include the information in your application file. The file may be viewed by other parties to the application.

	Accommodation Under the Ontario Human Rights Code						
	The Board will provide accommodation for <i>Code</i> related needs to help you throughout the application and hearing process in accordance with the Social Justice Tribunals Ontario policy on accessibility and accommodation. For example, you may need a sign-language interpreter at your hearing. We may contact you about your request. You can obtain a copy of the policy at SJTO.ca .						
	Please explain: What accommodation do you need?						
L							
	French-Language Services						
	The Landlord and Tenant Board will assign a bilingual adjudicator to be in charge of the hearing. We will						

also arrange for a French-English interpreter to attend the hearing.

Part 1: Payment Method

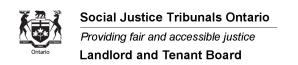
Select how	you are	paying the a	pplication fee:			
○ Cas	sh 🔘	Debit Card	O Money Order	Certified Cheq	ue	
			Money orders and ce payable to the "Minis		be made	
Credit	t Card:	○ Visa (MasterCard			
Imp	ortant	complet The infor confident	re paying by create the information you fill in the cial. It will be use on, but will not be	on on the next on the next page d to process you	: page . ge is ur	

Part 2: Information Required to Schedule the Hearing

The Board will normally schedule your hearing between 3 weeks and 6 weeks after the date you file your application. The Board 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 Board 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 Board will not contact you to schedule a hearing**.

I am not available on the following date(s).		



	Intor	mation
4 -11-		

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