



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. [Instructions](#) for Form L5 are available on the LTB's website at sjto.ca/LTB.

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:
 - 2 additional photocopies of the application,
 - 2 additional photocopies 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),
 - a compact disc that contains a scanned version of the documents in portable document format (PDF) - **Note:** you do not have to file the compact disc if the residential complex has 6 or fewer units, is located in a rural or remote area and you cannot reasonably provide a compact disc.
5. Your L5 application fee is **\$220** 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 Accommodation or French-Language Services* 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)

sjto.ca/LTB



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

PART 1: GENERAL INFORMATION

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

Address of the Residential Complex 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

Tenants' Names and Addresses

Complete a *Schedule of Parties* form with the names and addresses, including unit numbers, of the tenants in the rental units covered by the application.

Rent Information

What is the date of the first rent increase you intend to take for the rental units covered by the application?

/ /
dd/mm/yyyy

Previous Order

If the LTB previously issued an order for a rent increase above the guideline, fill in the file number

OFFICE USE ONLY

File Number



PART 2: REASONS FOR YOUR APPLICATION

Shade the box completely next to each reason on which you are basing this application.

I am applying for a rent increase above the guideline because:

- ☐ **Reason 1:** The municipal taxes and charges for the residential complex increased by an "extraordinary" amount,
- ☐ **Reason 2:** Operating costs for security services for the residential complex have been experienced for the first time or have increased,
- ☐ **Reason 3:** Capital expenditure work was done in the residential complex.

Units included in the application

What is the total number of rental units in the complex?

How many rental units are covered by the application?

PART 3: OUTSTANDING ELEVATOR WORK

Answer the following questions.

Has a work order been issued that relates to one or more elevators in the residential complex?

☐ Yes ☐ No

If yes, has the work been completed?

☐ Yes ☐ No

Has an order been made under section 21 of the *Technical Standards and Safety Act, 2000* relating to elevators?

☐ Yes ☐ No

If yes, has the work been completed?

☐ Yes ☐ No

Has the LTB issued an order requiring you to do specified repairs or replacements to one or more elevators?

☐ Yes ☐ No

If yes, has the work been completed?

☐ Yes ☐ No

If you indicated that any of the work has not been completed, you must complete a "*Summary of Outstanding Elevator Work*" and attach it to your application.



PART 4: SIGNATURE

Landlord/Legal Representative's Signature

/ /
dd/mm/yyyy

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

☐ Landlord ☐ 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

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 LTB 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. 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.
 - If the landlord is required to provide the LTB with a compact disc containing the supporting documents, the landlord must provide a copy of the compact disc to a tenant who requests it. The landlord cannot charge more than five dollars for providing a copy of the compact disc. Alternately, if the landlord and tenant agree, the landlord can provide either of the following:
 - photocopies of all the supporting documents at a reasonable charge based on the landlord's out-of-pocket costs for making the copies, or
 - a copy of the supporting documents in PDF format, by e-mail, at no charge.
 - If the landlord does not have to provide the LTB with a compact disc containing the supporting documents, the landlord must provide a photocopy of the supporting documents to a tenant who requests it for a charge of not more than five dollars.
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 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 LTB offices and at the LTB's website at sjto.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 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 LTB offices and at the LTB's website at sjto.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 sjto.ca/LTB or you can buy a copy from an LTB office.

OFFICE USE ONLY:

Delivery Method: ☐ In Person ☐ Mail ☐ 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

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: _____ yyyy	Base Year: _____ yyyy
Costs		

Shade the circle completely to show whether or not the costs affect all the rental units in the complex.

- ☐ These costs affect all of the rental units in the complex.
- ☐ These costs affect some, but not all of the rental units in the complex.

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. ☐ Yes ☐ No

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

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

Attach additional sheets if necessary

Did you take these amounts into account when you determined the costs for the reference year and the base year indicated above?

- ☐ Yes ☐ No



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 Periods	Reference Year (dd/mm/yyyy)	Base Year (dd/mm/yyyy)
	From: _____ To: _____	From: _____ To: _____
Security Services		

Shade the circle completely next to your answer.

- ☐ The costs in all the categories above affect all of the rental units in the complex.
- ☐ The costs in one or more of the categories listed above affect some, but not all of the rental units in the complex.

C. Do any of the operating cost categories (municipal taxes and charges or security services) relate to non-residential portions of the complex or to other residential complexes?

- ☐ Yes ☐ No

If yes, list the category and provide details below of how you propose costs should be allocated. See the L5 instructions for further information.



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 all of the rental units in the residential complex? If not, 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.
	<input type="radio"/> Yes <input type="radio"/> No	
	<input type="radio"/> Yes <input type="radio"/> No	
	<input type="radio"/> Yes <input type="radio"/> No	
	<input type="radio"/> Yes <input type="radio"/> No	
	<input type="radio"/> Yes <input type="radio"/> No	

Attach additional sheets if necessary



D. Did you receive any money from an insurer, government grants, forgivable loans or other assistance, or proceeds from trade-in, salvage or resale for any capital expenditure item(s)?

☐ Yes ☐ No

If yes, list the item number, the source of the funds, and the amount you received below.

Item #	Source of funds	Total Amount

Attach additional sheets if necessary

E. Do any of the capital expenditures relate to non-residential portions of the complex or to other residential complexes?

☐ Yes ☐ No

If yes, list the item and provide details below of how you propose costs should be allocated. See the L5 instructions for further information.

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Attach additional sheets if necessary



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



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 LTB will provide accommodation for *Code* 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](https://www.sjto.ca).

Please explain: What accommodation do you need?

☐ **French-Language Services**

The LTB 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.



Payment Method

Select how you are paying the application fee:

☐ 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

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