

Important Information for Landlords

Use this form to apply to the Landlord and Tenant Board to transfer a tenant from a care home because the tenant requires:

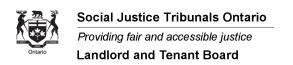
- less care than the care home provides, or
- more care than the care home provides.

Instructions for Form L7 are available on the Board's website at sito.ca/LTB.

- 1. Complete all three parts of this application.
 - Part 1 asks for general information about:
 - the rental unit covered by the application,
 - you (your name, etc),
 - the tenants in possession of the rental unit,
 - the tenant's representative or their substitute decision maker (if they have one),
 - any other unresolved applications that relate to the rental unit.
 - **Part 2** asks you to select the reason for your application and explain why you think that the tenant requires either less or more care provided than the care home provides.
 - **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 Accommodation or French-Language Services* form at the end of this application if you need additional services at the hearing.
- 3. File all pages of the application (not including this page) with the Board. The Board will send you a *Notice of Hearing* showing the time and location of your hearing.
- 4. Pay the application fee of **\$190** to the Board at the same time as you file the application. The Board 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.
- Once you file this application with the Board, a Board mediator will call both you and the tenant about resolving the application by a mediated agreement. If you don't agree to try mediation, the Board may dismiss your application.
- Contact the Board if you have any questions or need more information.

416-645-8080 1-888-332-3234 (toll-free)

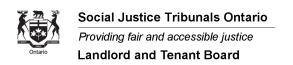
sjto.ca/LTB



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

PART 1: GENERAL IN	FORMATION							
Address of the Renta	l Unit Covere	d by This	Application					
Street Number	Street Name							
Street Type (e.g. Street, Aver	nue, Road)	Direction	on (e.g. East)	Unit/Apt./Suite	e			
Municipality (City, Town, etc.))					Prov.	Postal Code	
Landlord's Name and	Address							
First Name (If there is more	than 1 landlord, co	omplete a Sche	edule of Parties	form and file it w	vith this app	olication.)		
Last Name								
Company Name (if applicable))							
Street Address								
Unit/Apt./Suite M	lunicipality (City, T	own, etc.)			Prov.	Postal	Code	
Day Phone Number		Evening Phon	e Number		Fax Numb	per		
()	-	()	-	()	-	
E-mail Address								

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

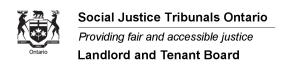


Tenant Name and Address

File Number 1

First Name (If there is mo	ore than 1 tenant, co	mplete a <i>Sche</i>	edule of Parties	form and file it with	n this applicati	on.)	
Last Name							
Mailing Address (if it is diff	ferent from the addre	ess of the rent	al unit)				
Unit/Apt./Suite	Municipality (City,	Town, etc.)			Prov.	Postal Code	
Day Phone Number	_	Evening Pho	ne Number	_	Fax Number) .	_
E-mail Address		•	,			,	
Tanant's Panrosan	tativo / Subst	ituta Dacid	sion Makor				
Tenant's Represen	tative / Substi	itute Decis	ыоп макег				
First Name							
Last Name							
Street Address							
Unit/Apt./Suite	Municipality (City,	Town, etc.)			Prov.	Postal Code	
Day Phone Number		Evening Pho	ne Number		Fax Number		
() E-mail Address	-	()	-	()	-
Related Application If you or your tenant been resolved, list th	filed other appl		at relate to t	his rental unit	and those	applications h	nave not

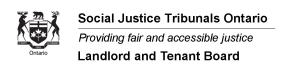
File Number 2



PART 2: REASON FOR YOUR APPLICATION

Shade the circle completely next to your reason for applying to transfer the tenant from the care home.				
I am applying to the Board for an order to transfer the tenant from the care home because:				
○ Reason 1: The tenant does not require as much care as the care home provides				
 In the box below, describe: the minimum level of care provided in the care home, why the tenant requires less than this level of care. 				
Please explain: Be as specific as possible.				
Attach more sheets, if necessary				
 Reason 2: The tenant requires a higher level of care than the care home can provide, even with additional care services available from service providers in the community 				
 In the box below describe: the level of care service provided in the care home, why the tenant's needs cannot be met with this level of service, what care services are available from community based service providers, and why the tenant's needs cannot be met if care services are provided by both the care home and community service providers. 				
Please explain: Be as specific as possible.				

Attach more sheets, if necessary



Shade the circle completely to answer	whether other appropriate accommodation is available for
the tenant at this time	

C) Yes	○ No					
If •		ne and the addres rangements have					the tenant
Please ex	plain: Be as spec	ific as possible.					
		Attach	more sheets, i	f necessary			
PART 3: S	SIGNATURE						
Landlord/	'Representative	's Signature					
					dd/mm/yyy	/у	
Who has si	igned the applicat	ion? Shade the cir	cle completely	y next to your	answer.		
○ Landlor	d 🔘 Represen	tative					
Informati	on About the Re	presentative					
First Name							
Last Name							
LSUC#	Company	Name (if applicable)					
Mailing Addre	200						
Walling / tour							
Unit/Apt./Suit	te Municipa	ality (City, Town, etc.)			Prov.	Postal Code	
Day Phone N	lumber	Evening Pl	none Number		Fax Number		
() -	()	-	()	-
E-mail Addre	SS						

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).**

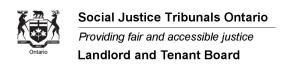
Important Information from the Landlord and Tenant Board

- 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 on the Board's website at sjto.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 on the Board's website at sito.ca/LTB.
- 3. Once the landlord files this application with the Board, a Board mediator will call both the landlord and the tenant about resolving the application by a mediated agreement. The Board may dismiss the application if the landlord refuses to try mediation to resolve the application.

If the landlord and tenant do not resolve the application by mediation, the Board will hold a hearing.

- 4. If the tenant requires a higher level of care, the Board will not issue an order to transfer the tenant unless it is satisfied that:
 - the tenant's care needs cannot be met by care services provided by both the care home and community service providers, and
 - other appropriate accommodation is available for the tenant.
- 5. It is an offence under the *Residential Tenancies Act, 2006* to file false or misleading information with the Landlord and Tenant Board.
- 6. 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 sito.ca/LTB or you can buy a copy from a Board office.

OFFICE USE ONL	.Y:						
Delivery Method:	○ In Person	○ Mail	O 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?
	French-Language Services
Ш	The Landlord and Tenant Board will assign a bilingual adjudicator to be in charge of the hearing. We will

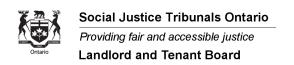
also arrange for a French-English interpreter to attend the hearing.

alt I. 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: O Visa	○ MasterCard	
comple The info confide	are paying by credit card, you must ete the information on the next page. Ormation you fill in on the next page is ntial. It will be used to process your cion, but will not be placed on file.	
art 2: Information Require	ed 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
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Credit Card Number:	Expiry Date (mm/yy):
Cardholder's Name:	
Cardholder's Signature:	