Ontario Rental Housing Tribunal

Ontario

Tenant Application for a Rebate
Form T1

Read the Instructions carefully before completing the Form. Print or Type in Block or Uppercase.

Part 1: General Information

Tenants' Names and Addresses

Tenant 1: First Name ☐ Male ☐ Female Initial

Tenant 1: Last Name

Tenant 2: First Name ☐ Male ☐ Female Initial

Tenant 2: Last Name If there are more than 2 tenants, complete a Schedule of Parties form and file it with this application

Mailing Address (if different from the address of the rental unit covered by this application)

Unit Number City Province Postal Code

Day Phone Number ( ) Evening Phone Number ( ) Fax Number ( )

E-mail Address

Rental Unit Covered by this Application

Street Number Street Name

Street Label Direction Unit Number

City Province O N Postal Code

Landlord's Name and Address

First Name ☐ Male ☐ Female ☐ Company Initial

Last Name If there is more than 1 landlord, complete a Schedule of Parties form and file it with this application

Street Address

Unit Number City Province Postal Code

Day Phone Number ( ) Evening Phone Number ( ) Fax Number ( )

E-mail Address

Other Parties to the Application

Are there other parties to the application? ☐ Yes ☐ No

If yes, include their names and addresses on the Schedule of Parties form.

The Ontario Rental Housing Tribunal collects the personal information requested on this form under section 172 of the *Tenant Protection Act, 1997*. This information will be used to determine applications under this Act. After an application is filed, all information may become available to the public. Any questions about this collection may be directed to a Customer Service Representative at **416-645-8080** or toll-free at **1-888-332-3234.**

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For Office use only : File Number: –

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Part 1: General Information (Cont'd)

Related Applications
List the file numbers of any other applications to the Tribunal that relate to the same rental unit.

File Number 1 ☐☐☐-☐☐☐☐☐

File Number 2 ☐☐☐-☐☐☐☐☐

Part 2: Reasons for Your Application

The following are the reasons for making this application. For a further explanation of each reason, see the instructions to this form.

☐ **1. The landlord has charged me illegal rent.**

Explain why you think the rent you have been charged is illegal. Be as specific as possible.

Attach additional sheets if necessary

Indicate the total amount of rent you believe should be rebated to you. This is the amount of rent you were overcharged in the past 12 months. $☐☐,☐☐☐.☐☐

Show how you calculated the amount you were overcharged.

Attach additional sheets if necessary

Rent History When did you move into the rental unit covered by this application? ☐☐ / ☐☐ / ☐☐☐☐ (dd / mm / yyyy)

In the table below, indicate the rent you have been paying in the 12 months before you file the application (or since you moved in, if you moved in less than 12 months ago). Also show how frequently you paid rent and the periods over which you paid it. See the instructions for further information about how to fill out the table.

Rent Amount (per month/per week)	**Rent Period** **From:** (dd/mm/yyyy)	**To:** (dd/mm/yyyy)
$☐☐,☐☐☐.☐☐	☐☐ / ☐☐ / ☐☐☐☐	☐☐ / ☐☐ / ☐☐☐☐
$☐☐,☐☐☐.☐☐	☐☐ / ☐☐ / ☐☐☐☐	☐☐ / ☐☐ / ☐☐☐☐
$☐☐,☐☐☐.☐☐	☐☐ / ☐☐ / ☐☐☐☐	☐☐ / ☐☐ / ☐☐☐☐
$☐☐,☐☐☐.☐☐	☐☐ / ☐☐ / ☐☐☐☐	☐☐ / ☐☐ / ☐☐☐☐

Part 2: Reasons (continued)

☐ **2. The landlord, the landlord's agent or the superintendent has collected an illegal charge.**

Describe what the payment was for and why you think it was illegal.

Attach additional sheets if necessary

Provide the name and the title of the person to whom you made the payment.

Name

Title

Indicate the amount of payment. $, .

Indicate the date you made the payment. / / (dd mm yyyy)

☐ **3. The landlord did not allow me to move into the rental unit and did not return the money I paid as a deposit.**

What amount is the landlord holding? $, .

On what date were you supposed to move into the rental unit? / / (dd mm yyyy)

☐ **4. The last month's rent deposit was not used for the last rental period and the landlord has not returned it to me.**

What is the amount of the last month's rent deposit the landlord is holding? $, .

On what date did you move out of the rental unit? / / (dd mm yyyy)

☐ **5. The landlord has not paid me the interest owing on the last month's rent deposit.**

How much interest on the last month's rent deposit does the landlord owe you? $, .

☐ **6. The landlord has not paid me compensation which is owed to me because I had to move out of the rental unit because the landlord intended to convert the unit to another use, demolish it or repair or renovate it.**

How much compensation do you believe the landlord owes you? $, .

☐ **7. The landlord has not paid me the proceeds from the sale of my personal property.**

How much do you believe the landlord owes you for the sale of your property? $, .

Explanation of Reasons

For reasons 3-7, explain how you determined the amount you believe you are owed. Also indicate the date the landlord should have paid you.

Attach additional sheets if necessary

Part 3: Signature

Tenant's/Agent's Signature ☐ Tenant ☐ Agent

Date

dd / mm / yyyy

If you are an agent, you must provide the following information:

First Name

Initial

Last Name

Title

Company Name

Mailing Address

Unit Number

City

Province

Postal Code

Phone Number ( )

Fax Number ( )

E-mail Address

Important Information

1. Once the tenant files this application with the Tribunal, the Tribunal will give the tenant a Notice of Hearing. The tenant must give the landlord and other parties to the application a copy of the application and the Notice of Hearing at least 10 calendar days before the hearing.

   Once the tenant has given the landlord and the other parties to the application a copy of the application and the Notice of Hearing, the tenant must file a Certificate of Service with the Tribunal showing how and when the tenant gave the documents to the landlord and the other parties.

2. A Tribunal mediator may contact the landlord and tenant to discuss resolving this application through mediation instead of the formal hearing process. If mediation takes place and the parties resolve the dispute by agreement, the hearing will not be held. If no agreement is reached, the hearing will take place as scheduled; it will not be delayed.

3. It is an offence under the *Tenant Protection Act* to file false or misleading information with the Ontario Rental Housing Tribunal.

4. The Tribunal can order either the landlord or the tenant to pay the other's costs related to the application.

5. The Tribunal has Rules of Practice that set out rules related to the application process, and Interpretation Guidelines that explain how the Tribunal might decide specific issues that may arise in an application. You can purchase a copy of the Rules and Guidelines from your local Tribunal office or view them online at **www.orht.gov.on.ca**.

6. You may contact the Ontario Rental Housing Tribunal at **416-645-8080** or toll-free at **1-888-332-3234** or visit the Tribunal's web site at **www.orht.gov.on.ca** for further information.

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T1 Payment and Scheduling Information Form

Part 1: Application Fee

The application fee is **$45** for the first unit + **$5.00** for each additional unit to a maximum of **$450.00**.

Select how you are paying the application fee:

☐ **Cash** ☐ **Debit Card** ☐ **Money Order**

☐ **Certified Cheque** Certified cheques and money orders must be made payable to the "Minister of Finance"

Credit Card: ☐ Visa ☐ MasterCard ☐ American Express

Credit Card Number

Expiry Date mm / yy

Cardholder's Name

Cardholder's Signature:

Important: The information you fill in under Part 1 is confidential. It will be used to process your application, but will not be placed on the application file.

Part 2: Information Required to Schedule the Hearing

What date will you give a copy of the Notice of Hearing to the landlord? dd / mm / yyyy

How will you give a copy of the Notice of Hearing to the landlord?

☐ **By Mail** ☐ **By Courier** ☐ **Another Method**

How do you want the Tribunal to give you the Notice of Hearing?
Select one of the following:

☐ **Pickup at Tribunal Office** dd / mm / yyyy **Which office?**

☐ **By Mail** ☐ **By Fax** ( )

Part 3: Special Services Required

Shade in whether you require either of the following services at the hearing:

☐ **French language interpreter** ☐ **Sign language interpreter**

Note: You must live in an area designated for French language services

FOR OFFICE USE ONLY:

HRM Code **HR Date** dd / mm / yyyy **Time** hr : min am/pm **OA** **AD** **F L**

Delivery Method: ☐ In Person ☐ Mail ☐ Fax ☐ Courier ☐ Email

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