



## Checklist

### Did you fill out the application completely?

**Make sure to:**

- Fill out the application completely
- Include the correct and complete name of each Co-op member whose occupancy rights are being terminated in the application
- Include the Co-op member's email address, where available
- Fill out the member unit address completely, including the postal code
- Specify which forms you are including in the application
- Fill out the forms you are including in the application
- Complete the Declaration
- Check the math to ensure that all amounts owing are correctly calculated, where applicable
- Complete the *Co-op/Representative Signature* section

### Are you filing the application by e-mail with all of the necessary documents?

**Make sure all the necessary documents set out below are included with your email.**

- Completed application including all forms you are including in the application,
- Any additional evidence which the Co-op will rely on at the hearing, and

**If you are including *Form C1* or *Form C2* in your application, you must also include:**

- A copy of the ledger showing all housing charges and other amounts owing (***Form C1 only***),
- A copy of the termination notice,
- A copy of the *Certificate of Service* signed by the person who served the termination notice on the Co-op member, and
- A completed *Request for French-Language Services* or *Request for Accommodation* form, if applicable.

**If you are including *Form C3* in your application, you must also include:**

- A signed declaration or sworn affidavit verifying the reason for terminating the membership and occupancy rights.

**If you are including *Form C4* in your application, you must also include:**

- A signed declaration or sworn affidavit specifying how the Co-op member failed to meet conditions of the mediated settlement or order, and
- A copy of the mediated settlement or order.

### Have you paid for the application?

**You must send payment separately from your emailed application.** You must complete the Payment Information form and fax it to 416-314-9567. The fee for filing this application is \$190. Your application will not be processed until payment is received. (Note: Payment is not required if you are only filing ***Form C4***.)

**To file your application, send an email with all of the necessary documents to**  
[co-opprocessingLTB@ontario.ca](mailto:co-opprocessingLTB@ontario.ca).

If you cannot file the application by email, contact the LTB Co-op Application Processing Office at 416-314-7061 or toll-free at 1-844-288-7221 for instructions on filing another way.

**Note that the LTB CANNOT accept payment information by email.**



## GENERAL INFORMATION

### Address of Member Unit 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

### Co-op Name and Address

Name of Co-op

Street Address

Unit/Apt./Suite

Municipality (City, Town, etc.)

Prov.

Postal Code

Day Phone Number

Fax Number

( )

-

( )

-

E-mail Address

### Co-op Member Name and Address

(If there are more than 2 Co-op members in the unit, complete a *Schedule of Parties* form and file it with this application.)

Member 1: First Name

Member 1: Last Name

Member 1: E-mail Address

Member 2: First Name

Member 2: Last Name

Member 2: E-mail Address

Mailing Address (if it is different from the address of the member unit)

Unit/Apt./Suite

Municipality (City, Town, etc.)

Prov.

Postal Code

Day Phone Number

Fax Number

( )

-

( )

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**Is the Co-op member still in possession of the member unit?**

- Yes       No

**Note:** The Co-op member must be in possession of the member unit. If you answered no, the Co-op cannot file this application unless it is filing a *Form C2* because the Co-op member abandoned the member unit.

**INFORMATION ABOUT THE FORMS YOU ARE FILING IN THIS APPLICATION**

Check the box(es) to indicate which form(s) you are filing in this application. Make sure to fully complete each form that you are filing.

- Form C1:** Application to End the Occupancy and Evict a Co-op Member for Non-Payment of Housing Charges and to Collect the Housing Charges that the Co-op Member Owes
- Form C2:** Application to End the Occupancy of the Member Unit and Evict the Member
- Form C3:** Application to End the Occupancy of the Member Unit and Evict the Member – Based on the Member’s Consent or Notice
- Form C4:** Application to End the Occupancy of the Member Unit and Evict the Member because the Member failed to Meet Conditions of a Settlement/Order

**You must complete the form(s) you selected above and attach them to this application.**

**DECLARATION – TERMINATION OF MEMBERSHIP AND OCCUPANCY RIGHTS**

Before you file this application with the Landlord and Tenant Board, the Co-op member’s membership and occupancy rights must have been terminated in accordance with the requirements of s.171.8 of the *Co-operative Corporations Act*.

I, \_\_\_\_\_, declare that the  
(name)

\_\_\_\_\_ followed the  
(name of Co-op)

requirements under s.171.8 of the *Co-operative Corporations Act* in terminating the occupancy rights of the Co-op member(s) named in this application.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(title)



**CO-OP/REPRESENTATIVE SIGNATURE**

*I declare that the information provided in this application, including the attached form(s), and in any documents to support it are correct to the best of my knowledge and belief.*

Signature	Date (dd/mm/yyyy)
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**Who has signed the application?**       Co-op       Representative

Name	Title	LSUC #	
Company			
Mailing Address	Municipality (City, Town, etc.)	Province	Postal Code
Phone Number	Fax Number	Email Address	

**IMPORTANT INFORMATION FROM THE LANDLORD AND TENANT BOARD (LTB)**

1. When filing this application, the Co-op must also file all documents upon which it intends to rely to support this application.
2. The Co-op member must file a response to the application, responding to all allegations in the application.
3. The LTB conducts hearings in both French and English. If you are the applicant and wish to participate in French, complete the *Request for French-Language Services or Request for Accommodation* form included at the end of this application. If you are the Co-op member and wish to participate in French, you can find this form on the LTB's website at [sjto.ca/LTB](http://sjto.ca/LTB). A request for French language services should be made as soon as possible.
4. The LTB is committed to providing its services in accordance with the *Human Rights Code*. You can ask the LTB for accommodation of *Code*-related needs to allow you to fully participate in our proceedings. For example, you can ask the LTB to make arrangements for a sign-language interpreter. Request *Code*-related accommodation by email at [co-opprocessingLTB@ontario.ca](mailto:co-opprocessingLTB@ontario.ca) or by telephone at 416-314-7061 or toll-free at 1-844-288-7221. If you are the applicant, you can also fill out the *Request for French-Language Services or Request for Accommodation* form at the end of this application. If you are the Co-op member, you can find this form on the LTB's website at [sjto.ca/LTB](http://sjto.ca/LTB).
5. It is an offence under the *Residential Tenancies Act, 2006* to file false or misleading information with the LTB.
6. The LTB can order either the applicant or the respondent to pay the other's costs related to the application.
7. The LTB has *Rules of Practice* which apply generally to its application process and specifically to co-op applications and a *Practice Direction* that describes the process for hearing and deciding co-op applications. You should read the Rules and Practice Direction, as well as the LTB's *Interpretation Guidelines* on the LTB's website at [sjto.ca/LTB](http://sjto.ca/LTB).

**COLLECTING PERSONAL INFORMATION**

The LTB collects the personal information requested on this form under section 185 of the *Residential Tenancies Act, 2006*. This information will be used to determine applications under this Act. After this form is filed, your information may also become available to the public. Any questions about the collection of this information may be directed to a Customer Service Representative at 416-645-8080 or toll-free at 1-888-332-3234.