



Important Information for Landlords

Use this form to apply for an order to **end a tenancy** and **evict a tenant** if the tenant gave you a notice to end their tenancy or you and the tenant agreed to terminate the tenancy. Instructions for Form L3 are available on the Board's website at sjto.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,
 - any other unresolved applications that relate to the rental unit.
 - **Part 2** asks you to select the reason for your application.
 - **Part 3** requires your signature or that of your representative, and, if you are being represented, your representative's contact information.
2. File all pages of the application with the Board (not including this page) no later than **30 days** after the termination date set out in the notice the tenant gave you or the agreement to terminate the tenancy.
3. 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.
4. You must also file the following documents with your application:
 - a copy of the notice or agreement to terminate the tenancy (if the agreement is written),
 - an affidavit confirming the contents of the notice or agreement to terminate the tenancy. (You must swear or affirm that the information in the affidavit is true before a Notary Public or a Commissioner of Oaths. The Board has staff in many of its offices who can commission your oath.)
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 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

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

() -

() -

() -

E-mail Address

OFFICE USE ONLY

File Number



Tenant Names and Address

Tenant 1: First Name (If there are more than 2 tenants, complete a *Schedule 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 different from the address of the rental unit)

Unit/Apt./Suite Municipality (City, Town, etc.) Prov. Postal Code

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

E-mail Address

Related Applications

If you or your tenant 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: REASON FOR YOUR APPLICATION

Shade the appropriate circle completely to indicate whether you are applying to end the tenancy and evict the tenant based on a *Tenant's Notice to End the Tenancy* or an *Agreement to End the Tenancy*. Also indicate the date the tenancy is supposed to end.

- The tenant gave me a notice to end the tenancy.
- The tenant agreed to end the tenancy.

What is the date the tenancy is supposed to end? / /
 dd/mm/yyyy



PART 3: SIGNATURE

Landlord/Representative's Signature

/ /
 dd/mm/yyyy

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

Landlord Representative

Information About the 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
 () - () - () -

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 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. After the landlord files the application, the Board will normally issue an order terminating the tenancy without holding a hearing.
2. It is an offence under the *Residential Tenancies Act, 2006* to file false or misleading information with the Landlord and Tenant Board.
3. The Board can order either the landlord or the tenant to pay the other's costs related to the application.
4. 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: In Person Mail Courier Email Efile Fax MS FL



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.



File Number _____

I, _____ of the City/Town/Municipality of _____
 make an oath or affirm and say as follows:

Sworn (or affirmed) before me at the _____ of _____
 this _____ day of _____, 20_____.

 Signature of Commissioner

 Signature of Deponent

OFFICE USE ONLY:

Delivery Method: In Person Mail Courier Email Efile Fax FL