Important Information for Tenants and Landlords

Use this form to apply to the Board because of issues related to assigning or subletting the rental unit. Instructions for Form A2 are available on the Board's website at tribunalsontario.ca/ltb.

- 1. Tenants who are applying must complete Parts 1, 2 and 4 of this application. Landlords who are applying must complete Parts 1, 3 and 4 of this application.
 - Part 1 asks for general information about:
 - · the rental unit covered by this application,
 - your contact information and that of the other parties to the application,
 - any other unresolved applications that relate to the rental unit.
 - Part 2 asks tenants to select and explain the reasons for their application.
 - Part 3 asks landlords to select and explain the reasons for their application.
 - **Part 4** requires your signature or that of your representative, and, if you are being represented, your representative's contact information.
- 2. Complete the *Request for French-Language Services or Request for Accommodation* 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 to the Board at the same time as you file the application. The Board will not process your application unless you pay the fee. Your A2 application fee is \$53 if you are a tenant and \$201 if you are a landlord. 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. If you pay online, email your receipt and application to LTBpayments@ontario.ca.
- 5. Contact the Board if you have any questions or need more information.

416-645-8080 1-888-332-3234 (toll free) tribunalsontario.ca/ltb



v. 22/03/2021

Application about a Sublet or an Assignment FORM A2

(Disponible en français)

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

Applicant Inform	ation		○ Lar	dlord	○ Ter	nant	
First Name (If there is	more than 1 applica	ant, complete a	a Schedule of Par	ties form an	d file it with this	application.))
Last Name							
Company Name (if app	olicable)						
Street Address							
Unit/Apt./Suite	Municipality (C	ity, Town, etc.)		Pro	ov. Posta	al Code
Day Phone Number		Evening	Phone Number		Fax Nu	mber	
() E-mail Address	-	()	-	()	-
Address of the Ro	ental Unit Cov	ered by th	nis Applicatio	on			
	ental Unit Cov Street Nar		nis Applicatio	on			
Street Number	Street Nar	me	nis Application		ot./Suite		
Street Number Street Type (e.g. Street	Street Nar t, Avenue, Road)	me			ot./Suite	Prov.	Postal Code
Street Number Street Type (e.g. Street	Street Nar t, Avenue, Road)	me			ot./Suite	Prov.	Postal Code
Street Number Street Type (e.g. Street	Street Nar t, Avenue, Road)	me			ot./Suite	Prov.	Postal Code
Street Number Street Type (e.g. Street	Street Nar t, Avenue, Road)	me			ot./Suite	Prov.	Postal Code
Street Number Street Type (e.g. Street	Street Nar t, Avenue, Road)	me			ot./Suite	Prov.	Postal Code
Address of the Ro	Street Nar t, Avenue, Road)	me			ot./Suite	Prov.	Postal Code



Application about a Sublet or an Assignment FORM A2

(Disponible en français)

Oth	er Parties to t	he Application	Landlord	○ Tenant	Subtenant	⊖ Cı	ırrent Occu	pant
First	Name							
Last	Name							
Com	npany Name (if appl	icable)						
Stre	et Address							
Unit/	/Apt./Suite	Municipality (City,	Town, etc.)			Prov.	Postal Code	
Day	Phone Number		Evening Phone I	Number	Fax	Number		
(E-ma) ail Address	-	()	-	()	-
hav		ord or tenant filed lved, list their file	numbers belo		elate to this ren	tai unit	and those	applications
PA	RT 2: REASON	S A TENANT CA	N APPLY					
	Reason 1: The unit (a) Shade the Please explain	landlord arbitrari to another perso circle completely n: Why do you be t the rental unit?	ly or unreasor n. to show whet	nably refused her you aske	d to allow me to	assigr	or sublet t	the rental



Application about a Sublet or an Assignment FORM A2

(Disponible en français)

(b) Shade the box completely next to the order you want the favour, it may decide to include a different remedy or re-	
I want the Board to:	
☐ Allow me to assign or sublet my unit to the following	g person:
Indicate the name of the person(s) that you want to	assign or sublet your unit to:
☐ End my tenancy	
Indicate the date you want your tenancy to end:	dd/mm/yyyy
$\hfill \square$ Order the landlord to pay me a rent abatement.	
Indicate the amount you are requesting:	.
Please explain: How did you calculate the rent abatem	nent?
Attach additional sheets	; if necessary.
Reason 2: The subtenant did not move out on the date we	e agreed to.
(a) Indicate the date the subtenant was supposed to move	out: / /
(a) Indicate the date the subtendit was supposed to move	dd/mm/yyyy
(b) Shade the box completely next to the order(s) you wan your favour, it may decide to include a different remedy	
I want the Board to:	
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	subtenant.
Order the subtenant to pay me compensation for each after the date they were supposed to move out.	ch day they remain in the unit
The total rent the subtenant pays is:	.
Shade the circle completely next to show whether th	ne subtenant is required to pay rent by the:
○ month ○ week ○ other (specify)	

(Disponible en français)

PART 3: REASONS A LANDLORD CAN APPLY

If you are the landlord, shade the box completely next to each of your reasons for applying.
Reason 1: The tenant transferred the tenancy to another person without my consent. This person is an unauthorized occupant.
Shade the box(es) completely next to the order(s) you want the board to make. If the Board decides in your favour, it may decide to include a different remedy or remedies than the ones you selected.
I want the Board to:
Issue an order ending the original tenancy and evicting the unauthorized occupant. Indicate the date you were first aware that were was an unauthorized occupant in the unit:
/ / dd/mm/yyyy
 Order the unauthorized occupant to pay me compensation for each day they remain in the rental unit.
How much rent was the tenant paying before they transferred occupancy of the rental unit:
\$
Shade the circle completely next to show whether the tenant is required to pay rent by the:
○ month ○ week ○ other (specify)
Compensation is calculated from the date the landlord discovered the unauthorized occupant. If you believe a different start date should be used, indicate the start date and explain why you believe the occupant owes you money from that date.

Application about a Sublet or an Assignment FORM A2

(Disponible en français)

NSF Cheque Charges

Fill in the table below if you are applying to collect money from the unauthorized occupant because you had bank or administration charges for NSF cheques they gave you.

Cheque Amount \$	Date of Cheque dd/mm/yyyy	Date NSF Charge Incurred dd/mm/yyyy	Bank Charge for NSF Cheque \$	Landlord's Administration Charge \$	Total Charge \$
•	1 1	1 1	•	•	•
•	1 1	1 1	•	•	•
•	1 1	1 1	•	•	•
		Total NSF Rela	ted Charges Ov	ving \$	•
	Attach add	itional sheets if necessar	γ.		
	the Board to evict the ant has not moved out		subtenancy h	nas ended and	d the

Indicate the date the subtenant was supposed to move out:		/ dd	/ /mm/yyyy		
Reason 3: I want the Board to determine that my reasons for refrequest to assign their mobile home or land lease site				the tena	ant's
You must apply no later than 15 days after the day the tenant as assign the rental unit. If you are filing the application later than 1 consent, you must also file a "Request to Extend or Shorten Time"	5 days				
plain your reasons for refusing to give consent and why you e circumstances:	belie	ve th	ney were	reaso	nable under



Day Phone Number

E-mail Address

)

(

Application about a Sublet or an Assignment FORM A2

Fax Number

(Disponible en français)

PART 4: SIGNATURE Landlord/Tenant/Representative's Signature dd/mm/yyyy Who has signed the application? Shade the circle completely next to your answer. Candlord ○ Tenant 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

Evening Phone Number

)

(

Tribunals Ontario

Landlord and Tenant Board

(Disponible en français)

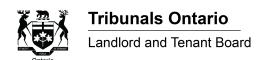
Collecting Personal Information

The Landlord and Tenant Board has the right to collect the information requested on this form to resolve your application under section 185 of the *Residential Tenancies Act, 2006*. After you file the form, all information related to the proceeding may become publicly available in a tribunal decision, order or other document, in accordance with Tribunals Ontario's <u>Access to Records Policy</u> and the *Tribunal Adjudicative Records Act, 2019*. Parties wanting records or information to remain confidential must seek a confidentiality order from the adjudicator. If you have questions about confidentiality orders or access to records, please contact us by email at <u>LTB@ontario.ca</u> or our Contact Center 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 French-Language Services or Request for Accommodation* form included at the end of this application. If you are the respondent, the *Request for French-Language Services or Request for Accommodation* form is available at Board offices and at the Board's website at tribunalsontario.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 French-Language Services or Request for Accommodation form included at the end of this application. If you are the respondent, the Request for French-Language Services or Request for Accommodation form is available at Board offices and at the Board's website at tribunalsontario.ca/ltb.
- 3. It is an offence under the *Residential Tenancies Act, 2006* to file false or misleading information with the Landlord and Tenant Board.
- 4. The Board can order either the landlord or the tenant to pay the other's costs related to the application.
- 5. 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 tribunalsontario.ca/ltb or you can buy a copy from a Board office.

OFFICE USE ONL	_Y:						
Delivery Method:	O In Person	○ Mail	O Courier	◯ Email	○ Efile	○ Fax	MS _ FL

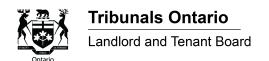


Request for French-Language Services or Request for Accommodation

(Disponible en français)

Use this form to ask the Landlord and Tenant Board (LTB) to provide French-language services or to let the LTB know you need accommodation under the Ontario *Human Rights Code*.

Part 1: Request for French-Language Services
Check this box if you want the dispute resolution process (e.g. case conferences and hearings) to be conducted in French.
Part 2: Request for Accommodation under the Ontario Human Rights Code
Check this box if you need accommodation under the Ontario <i>Human Rights Code</i> to participate in the dispute resolution process. The LTB will provide accommodation for <i>Code</i> related needs to help you throughout the application and hearing process in accordance with the Tribunals Ontario policy on accessibility and accommodation. You can get a copy of the policy at tribunalsontario.ca .
Please explain: What accommodation do you need?



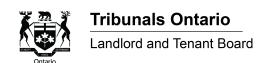
Select how you	are paying the applicatio	on fee:
Online P	ayment Receipt #:	
Note: R	eceipt must be emailed v	with application to LTBpayments@ontario.ca.
○ Cash	O Debit Card O Mor	oney Order Certified Cheque
		orders and certified cheques must be made le to the "Minister of Finance"
Credit Care	d: OVisa Maste	erCard
Importa	complete the information confidential. It was a second confidential of the complete the comple	ring by credit card, you must information on the next page. In you fill in on the next page is will be used to process your to will not be placed on file.

Part 2: Information Required to Schedule the Hearing

The LTB will normally schedule your hearing between 3 weeks and 6 weeks after the date you file your application. The LTB 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 LTB 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 LTB will not contact you to schedule a hearing**.

I	I am not available on the following date(s).						
	3 · · · · · · · · · · · · · · · · · · ·						



	rmation
~ -11.	

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