

File Number of application to be re-opened:

Part 1: General Inf	ormation						
Requester's Inform First Name	Landlord	🗌 Со-ор	Tenant	☐ Co-c	op Memb	er 🗌 Other Party	
Last Name							
Mailing Address							
Unit/Apt./Suite	Municipality (City,	Town, etc.)			F	Prov.	Postal Code
Day Phone Number		Evening Phone	Number		Fax Numb	er	
()	-	() -		()	-
Rental Unit or Co-op Street Number	p Member Unit Street Name	t Covered b	y this Requ	est			
Street Type (e.g. Street, Av	venue, Road)	Directio	n (e.g. East)	Unit/Apt./Suite	е		
Municipality (City, Town, et	tc.)					Prov.	Postal Code
Other Parties to the First Name	Application	Landlord	🗌 Со-ор	Tenant	Co-c	op Memb	er 🗌 Other Party
Last Name							
Mailing Address							
Unit/Apt./Suite	Municipality (City,	Town, etc.)			F	Prov.	Postal Code
Day Phone Number		Evening Phone	Number		Fax Numb	er	
()	-	() -		()	-
If there is more than (including the unit nu	mbers) and file			Parties form	n with the	eir name	es and addresses
Related Applications List the file numbers of any other applications to the Board that relate to the same rental unit.							
File Number 1		File Number	2				

Part 2: Reasons for Re-Opening your Application
The application for the above address was resolved by (choose one of the following):
a mediated agreement that was reached with the assistance of a Board Mediator,
a consent order for a repayment plan, issued under section 206 of the <i>Residential Tenancies Act, 2006.</i>
I am requesting that the application be re-opened because (choose one of the following):
\Box 1. the other party did not meet a term of the mediated agreement or the consent order, or
2. the other party forced me to enter into the agreement or gave me false or misleading information on purpose that had a material effect on the mediated agreement or the consent order, or

3. the party making the request lacked the capacity to enter into the mediated agreement.

Explanation of Reason

If you chose reason #1, state specifically which terms of the agreement were not met and how they were not met. If you chose reason #2 or reason #3, explain what happened or why you chose this reason.

Part 3: Si	gnature				
Signature First Name	2	Requester	Representative	Other	
Last Name					
Phone Num	ber				
()	-			
Signature			Date (dd/m	m/yyyy)	

Representative Information (if applicable)

Name		LSUC #		Company Na	me (if applicable)
Mailing Address					Phone Number
Municipality (City, Town, etc.)	Province	;	Postal	Code	Fax Number

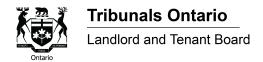
Important Information:

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- 1. A request to reopen an application that was resolved by a **mediated agreement** must be made within **one year** of the date the agreement was signed. The request can be filed by any party to the agreement. The person who makes the request must attach a copy of the mediated agreement.
- 2. A request to reopen an application that was resolved by a **consent order** under section 206 must be made no later than **30 days** after:
 - the tenant's failure to meet a term of the order, or
 - the date the order was made, on the basis that the other party coerced them or deliberately misled them.
- 3. When a party files this request with the LTB, the LTB will schedule a hearing and give the parties a Notice of Hearing.
- 4. It is an offence under the *Residential Tenancies Act, 2006* to file false or misleading information with the Landlord and Tenant Board.
- For further information, you may contact the Landlord and Tenant Board at **416-645-8080** or toll-free at **1-888-332-3234**. Or you may visit the LTB's website at <u>tribunalsontario.ca/ltb</u>.

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).

OFFICE USE ONLY:				File Number					
Delivery Method:	O In Person	🔵 Mail	\bigcirc Co	ourier	🔵 Email	◯ Efile	◯ Fax	FL	



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 *Human Rights Code* to participate in the dispute resolution process. The LTB will provide accommodation for *Code* 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?