Important Information for Landlords

Use this form to apply to the Landlord and Tenant Board to transfer a tenant from a care home because the tenant requires:

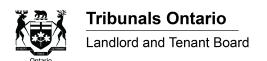
- less care than the care home provides, or
- · more care than the care home provides.

Instructions for Form L7 are available on the Board's website at tribunalsontario.ca/ltb.

- 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,
 - the tenant's representative or their substitute decision maker (if they have one),
 - any other unresolved applications that relate to the rental unit.
 - Part 2 asks you to select the reason for your application and explain why you think that the tenant requires either less or more care provided than the care home provides.
 - **Part 3** 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 of **\$201** 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. If you pay online, email your receipt and application to LTBpayments@ontario.ca.
- 5. Once you file this application with the Board, a Board mediator will call both you and the tenant about resolving the application by a mediated agreement. If you don't agree to try mediation, the Board may dismiss your application.
- Contact the Board if you have any questions or need more information.

416-645-8080 1-888-332-3234 (toll-free)

tribunalsontario.ca/ltb



PART 1: GENERAL INFORMATION

Application to Transfer a Care Home Tenant FORM L7

(Disponible en français)

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

Address of the Re	ental Unit Cover	ed by Th	nis Application	1			
Street Number	Street Name						
Street Type (e.g. Street,	Avenue, Road)	Dir	rection (e.g. East)	Unit/Apt./Su	uite		
Municipality (City, Town	, etc.)					Prov.	Postal Code
Landlord's Name							
First Name (If there is n	nore than 1 landlord,	complete a	Schedule of Parties	s form and file it	with this ap	plication.)	
Last Name							
Company Name (if appl	icable)						
Street Address							
Unit/Apt./Suite	Municipality (City,	Town, etc.))		Prov	. Post	al Code
Day Phone Number		Evening F	Phone Number		Fax Num	nber	
()	-	()	-	()	-
E-mail Address							

OFFICE USE ONLY		
File Number		
v. 22/03/2021	-	

Application to Transfer a Care Home Tenant FORM L7

(Disponible en français)

Tenant Name and Address

File Number 1

First Name (II there is mo	re man Tienani, co	mpiete a S <i>cn</i> e	dule of Parties	iorm and lile it wit	n tnis applicati	ion.)	
Last Name							
Mailing Address (if it is diff	ferent from the addr	ess of the renta	al unit)				
Unit/Apt./Suite	Municipality (City,	Town, etc.)			Prov.	Postal Code	
Day Phone Number () E-mail Address	-	Evening Pho	ne Number	-	Fax Number)	-
Tenant's Represent	tative / Substi	itute Decis	ion Maker				
First Name							
Last Name							
Street Address							
Unit/Apt./Suite	Municipality (City,	Town, etc.)			Prov.	Postal Code	
Day Phone Number		Evening Phor	ne Number		Fax Number		
() E-mail Address	-	()	-	()	-
Related Application If you or your tenant been resolved, list th	filed other appl		at relate to t	his rental unit	and those	applications	have not

File Number 2

Application to Transfer a Care Home Tenant FORM L7

(Disponible en français)

PART 2: REASON FOR YOUR APPLICATION

Shade the circle completely next to your reason for applying to transfer the tenant from the care home.			
I am applying to the Board for an order to transfer the tenant from the care home because:			
Reason 1: The tenant does not require as much care as the care home provides			
 In the box below, describe: the minimum level of care provided in the care home, why the tenant requires less than this level of care. 			
Please explain: Be as specific as possible.			
Attach more sheets, if necessary			
Attach more sheets, if necessary Reason 2: The tenant requires a higher level of care than the care home can provide, even with additional care services available from service providers in the community			
Reason 2: The tenant requires a higher level of care than the care home can provide, even with additional care services available from service providers in the community In the box below describe:			
 Reason 2: The tenant requires a higher level of care than the care home can provide, even with additional care services available from service providers in the community In the box below describe: the level of care service provided in the care home, 			
 Reason 2: The tenant requires a higher level of care than the care home can provide, even with additional care services available from service providers in the community In the box below describe: the level of care service provided in the care home, why the tenant's needs cannot be met with this level of service, what care services are available from community based service providers, and 			
 Reason 2: The tenant requires a higher level of care than the care home can provide, even with additional care services available from service providers in the community In the box below describe: the level of care service provided in the care home, why the tenant's needs cannot be met with this level of service, 			
 Reason 2: The tenant requires a higher level of care than the care home can provide, even with additional care services available from service providers in the community In the box below describe: the level of care service provided in the care home, why the tenant's needs cannot be met with this level of service, what care services are available from community based service providers, and why the tenant's needs cannot be met if care services are provided by both the care 			
 Reason 2: The tenant requires a higher level of care than the care home can provide, even with additional care services available from service providers in the community In the box below describe: the level of care service provided in the care home, why the tenant's needs cannot be met with this level of service, what care services are available from community based service providers, and why the tenant's needs cannot be met if care services are provided by both the care home and community service providers. 			
 Reason 2: The tenant requires a higher level of care than the care home can provide, even with additional care services available from service providers in the community In the box below describe: the level of care service provided in the care home, why the tenant's needs cannot be met with this level of service, what care services are available from community based service providers, and why the tenant's needs cannot be met if care services are provided by both the care home and community service providers. 			
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Attach more sheets, if necessary



LSUC#

Mailing Address

Unit/Apt./Suite

E-mail Address

(

Day Phone Number

)

Company Name (if applicable)

Municipality (City, Town, etc.)

(

Evening Phone Number

)

Application to Transfer a Care Home Tenant FORM L7

(Disponible en français)

Shade the circle completely to answer whether other appropriate tenant at this time	oriate accommodation is available for
○ Yes ○ No	
 If yes: provide the name and the address of the facility that v explain what arrangements have been made with the 	
Please explain: Be as specific as possible.	
Attach more sheets, if necess.	ran/
Attach more sheets, if necessi	ar y
PART 3: SIGNATURE	
Landlord/Representative's Signature	
	/ / dd/mm/yyyy
Who has signed the application? Shade the circle completely next to	o your answer.
○ Landlord○ Legal Representative	
Information About the Legal Representative	
First Name	
Last Name	

Postal Code

)

Prov.

Fax Number

Application to Transfer a Care Home Tenant FORM L7

(Disponible en français)

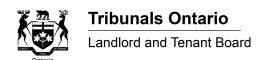
Collecting Personal Information

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 on 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 on the Board's website at tribunalsontario.ca/ltb.
- 3. Once the landlord files this application with the Board, a Board mediator will call both the landlord and the tenant about resolving the application by a mediated agreement. The Board may dismiss the application if the landlord refuses to try mediation to resolve the application.
 - If the landlord and tenant do not resolve the application by mediation, the Board will hold a hearing.
- 4. If the tenant requires a higher level of care, the Board will not issue an order to transfer the tenant unless it is satisfied that:
 - the tenant's care needs cannot be met by care services provided by both the care home and community service providers, and
 - other appropriate accommodation is available for the tenant.
- 5. It is an offence under the *Residential Tenancies Act, 2006* to file false or misleading information with the Landlord and Tenant Board.
- 6. 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 ONLY	Y :						
Delivery Method:	O In Person	○ Mail	Ourier	◯ Email	○ Efile	○ Fax	MS FL

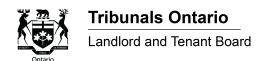


Request for French-Language Services or Request for Accommodation

(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 <u>tribunalsontario.ca</u> .					
Please explain: What accommodation do you need?					



Part 1: Pav	ment Method
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Select how you are payi	ng the application fee:			
Online Payment	Receipt #:			
Note: Receipt m	nust be emailed with application to LTBpayments@ontario.ca.			
◯ Cash ◯ Debi	t Card			
Money orders and certified cheques must be made payable to the "Minister of Finance"				
Credit Card: Visa MasterCard				
CC Th	ryou are paying by credit card, you must complete the information on the next page. The information you fill in on the next page is confidential. It will be used to process your coplication, but 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 am not available on the following date(s).					



	rmation
~ -11.	

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