



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/l7b.

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,
 - 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 L7Bpayments@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.
6. Contact the Board if you have any questions or need more information.

416-645-8080

1-888-332-3234 (toll-free)

tribunalsontario.ca/l7b



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 Name and Address

First Name (If there is more than 1 tenant, complete a *Schedule of Parties* form and file it with this application.)

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

Tenant's Representative / Substitute Decision Maker

First Name

Last Name

Street Address

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 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

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.

Please explain: Be as specific as possible.

Attach more sheets, if necessary



Shade the circle completely to answer whether other appropriate accommodation is available for the tenant at this time

Yes No

If yes:

- provide the name and the address of the facility that will provide accommodation to the tenant
- explain what arrangements have been made with the facility to transfer the tenant.

Please explain: Be as specific as possible.

Attach more sheets, if necessary

PART 3: SIGNATURE

Landlord/Representative's Signature

/ /
dd/mm/yyyy

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

Landlord Legal Representative

Information About the Legal 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

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 [Access to Records Policy](#) 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 LTB@ontario.ca 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:

Delivery Method: In Person Mail Courier Email Efile Fax MS 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?



Part 1: Payment Method

Select how you are paying the application fee:

Online Payment Receipt #: _____

Note: Receipt must be emailed with application to LTBpayments@ontario.ca.

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

Important: If you 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 application, 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).



Card Information

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