



Read the Instructions carefully before completing the Form. Print or Type in Uppercase.

Part 1: General Information

Landlord's Name and Address (if there is more than 1 landlord, complete a Schedule of Parties form and file it with this application)

Form fields for Landlord's Name and Address including First Name, Last Name, Street Address, Unit/Apt./Suite, Municipality, Province, Postal Code, Day Phone Number, Evening Phone Number, Fax Number, and E-mail Address.

Rental Unit Covered by this Application

Form fields for Rental Unit Covered by this Application including Street Number, Street Name, Street Type, Direction, Unit/Apt./Suite, Municipality, Province, and Postal Code.

Tenants' Names and Addresses (if there are more than 2 tenants, complete a Schedule of Parties form and file it with this application)

Form fields for Tenants' Names and Addresses including Tenant 1 and Tenant 2 names, Mailing Address, and contact information (Unit/Apt./Suite, Municipality, Province, Postal Code, Day Phone Number, Evening Phone Number, Fax Number, E-mail Address).

Related Applications

List the file numbers of any other applications to the Board that relate to the same rental unit.

The Landlord and Tenant Board collects the personal information requested on this form under section 185 of the Residential Tenancies Act, 2006. This information will be used to determine applications under this Act. After an application is filed, all information may become available to the public. Any questions about this collection may be directed to a Customer Service Representative at 416-645-8080 or toll-free at 1-888-332-3234.

For Office use only : File Number: [] - []



Part 4: Signature

Landlord's/Agent's Signature

Landlord Agent

Date
[][] / [][] / [][][][]
dd mm yyyy

If you are an agent or an officer of a corporation, you must provide the following information:

First Name

Last Name

Company Name (if applicable)

Mailing Address

Unit/Apt./Suite

Municipality (city, town, etc.)

Province

Postal Code

Phone Number

([][][]) [][][] [][][][]

Fax Number

([][][]) [][][] [][][][]

E-mail Address

Important Information

1. You must attach to the application a copy of the mediated settlement or the order that resolved the previous application.

You must also attach an affidavit that sets out which conditions the tenant did not comply with and in what way the tenant did not comply with them. Your affidavit must also provide additional information. Refer to the Instructions for details about what must be included.

The affidavit form is attached to this application. 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.

2. You must file this application no later than 30 days after the tenant failed to meet a condition of the mediated settlement or order.
3. Once you file this application with the Board, the Board will normally issue an order without holding a hearing. You are not required to give the tenant a copy of this application.
4. It is an offence under the *Residential Tenancies Act* to file false or misleading information with the Landlord and Tenant Board.
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 may arise in an application. You can purchase a copy of the Rules and Guidelines from your local Board office or view them online at **www.LTB.gov.on.ca**.
6. 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 Board's website at **www.LTB.gov.on.ca** for further information.



Form L4 AFFIDAVIT
Tenant failed to meet conditions of a Settlement or Order

If you are applying because the tenant did not meet:

- the conditions set out in an order, go to **Sections A, B and C** below.
- the conditions set out in a mediated settlement, go to **all sections** below.

If any of the items below are not relevant, cross them out and initial the deletion.

Section A - General Information

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

The tenant did not meet a condition(s) of the:

- order** or **mediated settlement**

Indicate the condition(s) that was not met and how it was not met:

Section B - New Rent and Charges Owing

New Rent Owing :

Only complete this section if you previously applied for an order for arrears at the same time that you applied to terminate the tenancy, and the mediated settlement or order required the tenant to pay some or all of the rent arrears. If both of these conditions do not apply, cross this section out and initial the deletion.

The tenant has failed to pay additional rent that became owing after the date of the order or mediated settlement, as set out below:

Rent Period		Rent Charged \$	Rent Paid \$	Rent Owing \$
From: (dd/mm/yy)	To: (dd/mm/yy)			
□□ / □□ / □□	□□ / □□ / □□	□,□□□.□□	□,□□□.□□	□□,□□□.□□
□□ / □□ / □□	□□ / □□ / □□	□,□□□.□□	□,□□□.□□	□□,□□□.□□
□□ / □□ / □□	□□ / □□ / □□	□,□□□.□□	□,□□□.□□	□□,□□□.□□
Total New Rent Arrears Owing \$				□□,□□□.□□



New NSF and/or related Administration Charges Owning:

The following NSF cheque charges were incurred after the date of the order or mediated agreement as a result of a cheque(s) given to me by, or on behalf of, the tenant:

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 \$
□□□□.□□	□□ / □□ / □□□□	□□ / □□ / □□□□	□□.□□	□□.□□	□□□□.□□
□□□□.□□	□□ / □□ / □□□□	□□ / □□ / □□□□	□□.□□	□□.□□	□□□□.□□
□□□□.□□	□□ / □□ / □□□□	□□ / □□ / □□□□	□□.□□	□□.□□	□□□□.□□
Total New NSF Charges				\$	□□,□□□□.□□

Section C - Information about the Rent Deposit

Rent Deposit and Interest

The amount of rent currently on deposit: \$□□,□□□□.□□

The date the rent deposit was collected: □□ / □□ / □□□□
dd mm yyyy

The last period for which interest on the rent deposit was paid: □□ / □□ / □□□□ to □□ / □□ / □□□□
dd mm yyyy dd mm yyyy

Section D - Information about the Mediated Settlement

Amounts owing in the mediated settlement:

The amount of rent arrears the tenant agreed to pay as a result of the mediated settlement dated □□ / □□ / □□□□ was \$□□,□□□□.□□
dd mm yyyy

The rent arrears cover the period up to and including □□ / □□ / □□□□
dd mm yyyy

The tenant also agreed to pay \$□□,□□□□.□□ for charges related to NSF cheques and \$□□□□.□□ for the fee for the previous application.

Payments received:

The tenant has made the following payment(s) towards the mediated settlement:

Date the Payment was made dd/mm/yyyy	Amount of Payment \$	What the Payment was for
□□ / □□ / □□□□	□,□□□.□□	<input type="checkbox"/> Arrears <input type="checkbox"/> NSF <input type="checkbox"/> NSF Admin Charge <input type="checkbox"/> Application Fee <input type="checkbox"/> Rent <input type="checkbox"/> Other _____
□□ / □□ / □□□□	□,□□□.□□	<input type="checkbox"/> Arrears <input type="checkbox"/> NSF <input type="checkbox"/> NSF Admin Charge <input type="checkbox"/> Application Fee <input type="checkbox"/> Rent <input type="checkbox"/> Other _____
□□ / □□ / □□□□	□,□□□.□□	<input type="checkbox"/> Arrears <input type="checkbox"/> NSF <input type="checkbox"/> NSF Admin Charge <input type="checkbox"/> Application Fee <input type="checkbox"/> Rent <input type="checkbox"/> Other _____
□□ / □□ / □□□□	□,□□□.□□	<input type="checkbox"/> Arrears <input type="checkbox"/> NSF <input type="checkbox"/> NSF Admin Charge <input type="checkbox"/> Application Fee <input type="checkbox"/> Rent <input type="checkbox"/> Other _____
□□ / □□ / □□□□	□,□□□.□□	<input type="checkbox"/> Arrears <input type="checkbox"/> NSF <input type="checkbox"/> NSF Admin Charge <input type="checkbox"/> Application Fee <input type="checkbox"/> Rent <input type="checkbox"/> Other _____
□□ / □□ / □□□□	□,□□□.□□	<input type="checkbox"/> Arrears <input type="checkbox"/> NSF <input type="checkbox"/> NSF Admin Charge <input type="checkbox"/> Application Fee <input type="checkbox"/> Rent <input type="checkbox"/> Other _____
□□ / □□ / □□□□	□,□□□.□□	<input type="checkbox"/> Arrears <input type="checkbox"/> NSF <input type="checkbox"/> NSF Admin Charge <input type="checkbox"/> Application Fee <input type="checkbox"/> Rent <input type="checkbox"/> Other _____
□□ / □□ / □□□□	□,□□□.□□	<input type="checkbox"/> Arrears <input type="checkbox"/> NSF <input type="checkbox"/> NSF Admin Charge <input type="checkbox"/> Application Fee <input type="checkbox"/> Rent <input type="checkbox"/> Other _____
□□ / □□ / □□□□	□,□□□.□□	<input type="checkbox"/> Arrears <input type="checkbox"/> NSF <input type="checkbox"/> NSF Admin Charge <input type="checkbox"/> Application Fee <input type="checkbox"/> Rent <input type="checkbox"/> Other _____
□□ / □□ / □□□□	□,□□□.□□	<input type="checkbox"/> Arrears <input type="checkbox"/> NSF <input type="checkbox"/> NSF Admin Charge <input type="checkbox"/> Application Fee <input type="checkbox"/> Rent <input type="checkbox"/> Other _____

*Note: NSF charges cannot exceed the actual amount charged by the financial institution. NSF Administration Charges cannot exceed the prescribed amount. The application fee cannot exceed the actual cost of the application. See the instructions for more detailed information.

IMPORTANT: Do not complete this section until you are before the Commissioner.

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

 Signature of Commissioner

 Signature of Deponent

FOR OFFICE USE ONLY:						OA	AD	FL
Delivery Method:	<input type="checkbox"/> In Person	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax	<input type="checkbox"/> Courier	<input type="checkbox"/> Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

