Social Justice Tribunals Ontario
Providing fair and accessible justice
Landlord and Tenant Board

Application for a Rent Increase Above the Guideline
Form L5

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

PART 1: GENERAL INFORMATION

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.)
WYNFORD TOWER

Last Name

Company Name (if applicable)

Street Address
3520 PHARMACY AVENUE

Unit/Apt./Suite: 1
Municipality (City, Town, etc.): TORONTO
Prov.: ON
Postal Code: M1W 2T8

Day Phone Number: ( ) -
Evening Phone Number: ( ) -
Fax Number: ( ) -

E-mail Address

Address of the Residential Complex Covered by this Application

Street Number: 35
Street Name: WYNFORD HEIGHTS
Street Type (e.g. Street, Avenue, Road): CRESCENT
Direction (e.g. East):
Unit/Apt./Suite:
Municipality (City, Town, etc.): TORONTO
Prov.: ON
Postal Code:

M3C 1K9 (Units 101-1409)
M3C 1L1 (Units 1501-2607)

Tenants' Names and Addresses

Complete a *Schedule of Parties* form with the names and addresses, including unit numbers, of the tenants in the rental units covered by the application.

Rent Information

What is the date of the first rent increase you intend to take for the rental units covered by the application? 01/09/2018
dd/mm/yyyy

Previous Order

If the LTB previously issued an order for a rent increase above the guideline, fill in the file number

LANDLORD AND TENANT BOARD

OFFICE USE ONLY

File Number: TWL-05618-18

JUN 01 2018
TORONTO SOUTH

LANDLORD AND TENANT BOARD
JUN 06 2018
OTTAWA

PART 2: REASONS FOR YOUR APPLICATION

Shade the box completely next to each reason on which you are basing this application.

I am applying for a rent increase above the guideline because:

☐ **Reason 1:** The municipal taxes and charges for the residential complex increased by an "extraordinary" amount,

☐ **Reason 2:** Operating costs for security services for the residential complex have been experienced for the first time or have increased,

☒ **Reason 3:** Capital expenditure work was done in the residential complex.

Units included in the application

What is the total number of rental units in the complex? 217

How many rental units are covered by the application? 186

PART 3: OUTSTANDING ELEVATOR WORK

Answer the following questions.

Has a work order been issued that relates to one or more elevators in the residential complex?

○ Yes ◉ No

If yes, has the work been completed?

○ Yes ○ No

Has an order been made under section 21 of the *Technical Standards and Safety Act, 2000* relating to elevators?

○ Yes ◉ No

If yes, has the work been completed?

○ Yes ○ No

Has the LTB issued an order requiring you to do specified repairs or replacements to one or more elevators?

○ Yes ◉ No

If yes, has the work been completed?

○ Yes ○ No

If you indicated that any of the work has not been completed, you must complete a "*Summary of Outstanding Elevator Work*" and attach it to your application.

PART 4: SIGNATURE

Landlord/Legal Representative's Signature

24/05/2018
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: HEATHER

Last Name: WAESE

LSUC #: P02980

Company Name (if applicable): SPAR PROPERTY PARALEGAL PROF COR

Mailing Address: 30 ST. CLAIR AVENUE WEST

Unit/Apt./Suite: 1000

Municipality (City, Town, etc.): TORONTO

Prov.: ON

Postal Code: M4V 3A1

Day Phone Number: (416) 922-7897

Evening Phone Number: ( ) -

Fax Number: (416) 964-2025

E-mail Address: HWAESE@SPARPROPERTY.COM

Collecting Personal Information

Under section 185 of the *Residential Tenancies Act, 2006*, the Landlord and Tenant Board has the right to collect the personal information requested on this form. We use the information to resolve your application. After you file the form, your information may also be available to the public. If you have questions about how the LTB uses your personal information, contact one of our Customer Service Officers at **416-645-8080** or **1-888-332-3234** (toll-free).

Important Information from the Landlord and Tenant Board

1. The landlord must file this application at least 90 days before the date they intend to take the first rent increase for the rental units covered by the application.

2. Along with the application, the landlord must file evidence of the operating costs claimed in the application. They must also file proof that they have paid for those costs. If the landlord is applying for Reason #3, the landlord must also file a copy of the *Capital Expenditures*: *Additional Details* form for each capital expenditure item claimed in the application.

3. If the landlord is applying for Reason #3, the landlord must make the documents described above available to the tenants of the rental units covered by the application.
   - If the landlord has an office in or close to the residential complex, the landlord must allow the tenants to view a copy of the supporting documents during normal business hours.
   - If the landlord is required to provide the LTB with a compact disc containing the supporting documents, the landlord must provide a copy of the compact disc to a tenant who requests it. The landlord cannot charge more than five dollars for providing a copy of the compact disc. Alternately, if the landlord and tenant agree, the landlord can provide either of the following:
     - photocopies of all the supporting documents at a reasonable charge based on the landlord's out-of-pocket costs for making the copies, or
     - a copy of the supporting documents in PDF format, by e-mail, at no charge.
   - If the landlord does not have to provide the LTB with a compact disc containing the supporting documents, the landlord must provide a photocopy of the supporting documents to a tenant who requests it for a charge of not more than five dollars.

4. You can ask the LTB to provide French-language services at your hearing. If you are the applicant, you can fill out the *Request for Accommodation or French-Language Services* form included at the end of this application. If you are the respondent, the *Request for Accommodation or French-Language Services* form is available at LTB offices and at the LTB's website at sjto.ca/LTB.

5. You can ask the LTB 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 LTB 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 Accommodation or French-Language Services* form included at the end of this application. If you are the respondent, the *Request for Accommodation or French-Language Services* form is available at LTB offices and at the LTB's website at sjto.ca/LTB.

6. It is an offence under the *Residential Tenancies Act, 2006* to file false or misleading information with the Landlord and Tenant Board.

7. The LTB can order either the landlord or the tenant to pay the other's costs related to the application.

8. The LTB has *Rules of Practice* that set out rules related to the application process and *Interpretation Guidelines* that explain how the LTB might decide specific issues that could come up in an application. You can read the *Rules and Guidelines* on the LTB's website at sjto.ca/LTB or you can buy a copy from an LTB office.

OFFICE USE ONLY

Delivery Method: ○ In Person ○ Mail ○ Courier ○ Email ○ File ○ Fax MS ☐ FF ☐☐

Schedule 2
Details of Capital Expenditures

A. Description and Costs

If you are applying for reason #3 you must fill out this schedule. If you are applying for more than five capital expenditure items, complete additional copies of this schedule. See the L5 instructions for further information.

Item #	Description of Capital Expenditures	Date Completed (dd/mm/yyyy)	Useful Life	Labour / Material and Contract Costs	Landlord's Own Labour (Hours x Rate = Total)	Total Costs
1	BOILER RETROFIT	20/12/2016	15	$382,375.00		$382,375.00
2	ELEVATOR DOOR OPERATORS	01/02/2017	15	$29,267.00		$29,267.00
3	PAINTING	27/04/2017	10	$8,249.00		$8,249.00

Attach additional sheets if necessary

For each capital expenditure item you are claiming, indicate why you believe it is "eligible" under s.126(7) of the RTA.

Item #	Provide explanation as to why the item is "eligible"
1	IT IS NECESSARY TO MAINTAIN THE PROVISION OF A PLUMBING / HEATING SYSTEM – s. 126(7)(c)
2	IT IS NECESSARY TO MAINTAIN THE PROVISION OF A MECHANICAL SYSTEM – s. 126(7)(c)
3	IT IS NECESSARY TO COMPLY WITH SUBSECTION 20 (1) OR CLAUSES 161 (a) TO (e) – s. 126(7)(b)

Attach additional sheets if necessary

B. Is the cost for each capital expenditure to be applied to all of the rental units in the residential complex? If not, complete the table below.

Item #	List the unit numbers in the complex that the capital expenditure item should NOT be applied to. Be sure to also include units that are not covered by this application.

Attach additional sheets if necessary

C. Are any of the capital expenditure items listed in section A a major repair or replacement of a system or thing that already existed? If yes, complete the table below.

Item #	Did the item require replacement or major repair?	If yes, explain why. Also indicate when the item was last replaced or repaired. If no, explain how the item provides access for persons with disabilities; promotes energy or water conservation; or maintains or improves security.
1	◉ Yes ○ No	BOILERS WERE AT AT THE END OF THEIR USEFUL LIFE. RETROFITTED DUE TO ONGOING LEAKS & UNRELIABILITY.
2	◉ Yes ○ No	INSTALLED TO ASSURE APPROPRIATE DOOR OPENING & CLOSURE FOR PASSENGER SAFETY AS PER CODE.
3	◉ Yes ○ No	OLD PAINT WAS CHIPPING OFF AND IN POOR CONDITION.
	○ Yes ○ No	
	○ Yes ○ No	

Attach additional sheets if necessary

Schedule 2
Details of Capital Expenditures

D. Did you receive any money from an insurer, government grants, forgivable loans or other assistance, or proceeds from trade-in, salvage or resale for any capital expenditure item(s)?

◉ Yes ○ No

If yes, list the item number, the source of the funds, and the amount you received below.

Item #	Source of funds	Total Amount
1	PLEASE SEE CAPITAL EXPENDITURES: ADDITIONAL DETAILS - ITEM #1	

Attach additional sheets if necessary

E. Do any of the capital expenditures relate to non-residential portions of the complex or to other residential complexes?

○ Yes ◉ No

If yes, list the item and provide details below of how you propose costs should be allocated. See the L5 instructions for further information.

Attach additional sheets if necessary