RESIDENTIAL TENANCY Dispute Resolution Service

Open the door to a new way of resolving disputes.

Application Package for Landlords



A. Instructions for completing a Notice of Application for Hearing -Residential Tenancy Dispute Resolution Service

 Obtain a copy of the *Residential Tenancies Act*. Copies can be purchased through the **Alberta Queen's Printer Bookstore:** Main Floor, Park Plaza, 10611 - 98 Avenue, Edmonton AB T5K 2P7 Phone: (780) 427 – 4952

Or may be viewed online at www.qp.gov.ab.ca

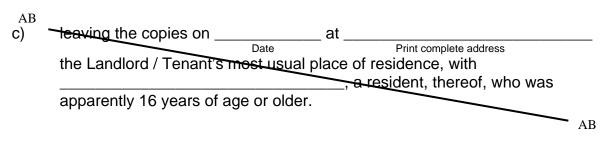
 Complete the Notice of Application for Hearing and Affidavit in Support of an Application by Landlord/Tenant. File these documents, along with any additional documents noted in item #4, at the Residential Tenancy Dispute Resolution Service office located at 1703 TD Tower, 10088 – 102 Avenue, Edmonton, Alberta.

You are required to pay the prescribed filing fee of \$75.00.

- 3. Scheduled hearing dates are on a "first come first served" basis. The Residential Tenancy Dispute Resolution Service office will provide you with the date and time of your hearing which will be heard at this office.
- 4. Depending on the nature of the claim, additional documents may be required such as:
 - a. Lease/Residential Tenancy agreement
 - b. Statement of Account
 - c. Notice of termination of tenancy
 - d. Summary of Witness(es). (Use only it you are planning to bring a witness)
- 5. These documents will be marked and sworn as exhibits to the Affidavit in Support of an Application by Landlord/Tenant.
- Related information can be accessed on the following website:
 www.governmentservices.gov.ab.ca_ -

B. Instructions for completing the Affidavits

Cross out and initial ALL sections that do not apply, as shown below



It is your responsibility to notify the Residential Tenancy Dispute Resolution Service office of any change in your address.

C. CHECKLIST

Prior to visiting the Residential Tenancy Dispute Resolution Service office to file your application, the following checklist may be of assistance to ensure you have all the information you need:

- □ The full name(s) of the landlord & tenant
- □ The full address(es) of the landlord & tenant, including the postal codes
- □ The address of the rental premises in dispute
- The daytime telephone number, especially important if the one of the parties reside in another location
- A concise summary of your claim, including details, that you will write on the application form

COPIES OF EACH OF THE FOLLOWING THAT APPLY:

- Document specifying the amount you are claiming, if this applies
- □ All receipts, invoices, and estimates to support your monetary claim
- □ Termination notice(s), if requesting an order of possession or an order setting aside the notice
- \Box Tenancy agreement, if there is one
- □ Notice of Rent Increase, if requesting an order setting aside the notice
- Summary of Witness(es), if you intend to bring a witness to support your claim
- □ The filing fee necessary to file the claim, or proof of financial situation if requesting that the fee be waived.



NOTICE OF APPLICATION FOR HEARING BY LANDLORD

Residential Tenancy Dispute Resolution Service The Residential Tenancies Act

1703 TD Tower, 10088 – 102 Avenue, Edmonton, Alberta T5J 2Z1 Website: www.governmentservices.gov.ab.ca Email: RTDRS@gov.ab.ca Phone: (780) 644-2267

Case No

Counter Claim / Cross Reference No.

PLEASE READ THE FOLLOWING

It is important that you or your agent attend the Hearing. If you or your Agent do not appear, an Order may be made in your absence. If you or your Agent appear, bring your evidence.

This Notice of Application for Hearing, the Affidavit in Support, and all Exhibits attached to the Affidavit must be served on the other party not less than **three (3)** business days before the date your Application is scheduled to be heard. The **three (3)** days do not include the day the documents are served, the date the Application is to be heard, Saturdays, Sundays, or statutory holidays.

LANDLORD:	Print full name	Daytime Telephone: ()
	Print full name	
	Full address including City/Town, F	Province and Postal Code
TENANT:		Daytime Telephone: ()
	Print full name	
	Full address including City/Town, F	Province and Postal Code
The attached Affida	vit in Support of this application will be read at the	e hearing.
The Landlord has r	equested a hearing by a Tenancy Dispute Officer	in respect of rental premises located at
		, Edmonton, Alberta , for an Order for:
	Full address of rental premises	
	LANDLORD'S REMEDIES under section 2	26

- Damages for breach of tenancy agreement
- Compensation for overholding tenant
- Recovery of possession of premises
 - Termination of tenancy for substantial breach

Cross Reference No

By checking this box, I give my permise	ion to use the above information for the purpose of evaluating this p			
project. I prefer to be contacted by:	Telephone	Regular Mail	No preference	

- I abandon that part of my Claim that exceeds the \$25,000 financial jurisdiction of this Residential Tenancy Dispute Resolution Service. I understand and agree that I cannot recover in this Residential Tenancy Dispute Resolution Service or any other court the part of my claim that is abandoned, unless the court agrees.
- I hereby certify that I have not been served, nor do I believe that an application has been filed in the Court process in this matter, prior to the filing of this application and further, if I become aware that a pre-existing application has been filed in this matter, I shall advise the Residential Tenancy Dispute Resolution Service and agree to withdraw this application.

Dated on _____, 2006

at Edmonton, Alberta

Signature of Landlord / Agent / Lawyer (Circle the one that applies)

TO BE COMPLETED BY OFFICE STAFF						
THE HEARING will be held at 1703 TD Tower, 10088 – 102 Avenue, Edmonton, Alberta.						
DATE:, 2006	TIME:					
Issued by the Residential Tenancy Dispute Resolution Service						
on, 2006	Administrator					



Counter Claim Case No. _

Case No_____

Affidavit in Support of Landlord's Application for Hearing under Section 26

[Complete each section for which a remedy is claimed. If not enough space is provided for details, attach a separate page. Cross out and initial all sections that do not apply.]

LAND	LORD:						
	Print full name						
	Full address including City/Town, Province and Postal Code						
TENA	NT:Print full name						
	Find full name						
	Full address including City/Town, Province and Postal Code						
I,	make oath and say / solemnly affirm I am:						
	\Box the landlord \Box the agent for the landlord \Box the lawyer for the landlord.						
Attach	ed as Exhibit "" is a copy of:						
	the residential tenancy agreement OR there is no written tenancy agreement						
	Arrears of Rent						
	Rent in the sum of \$ is in arrears for the period from, 20 to						
	, 20 Attached as Exhibit "" is a statement truly setting of all charges and all payments or other credits under the tenancy agreement since the tenancy agreement went into default.						
	Damages for breach of the tenancy agreement. Details of the breach are as follows:						
	The amount of the claim for damages is \$						
	Compensation from overholding tenant						
	e effective date of termination / expiration was, 20						
	Attached as Exhibit "" is a copy of the Notice of Termination of Tenancy served by						
	on, 20						
	Name Time Date						

	The nature of the use and occupation is (if known)				
	The rent payable under the residential tenancy agreement was \$				
	The amount of compensation claimed is \$ per day.				
	Recovery of possession of the premises from overholding tenant				
	The date of termination / expiration was	·			
	Attached as Exhibit "" is a copy of the Notice of Termination of Tenancy served by	/			
	at on The requested possession date is Time Date		, 2		
	Termination of the tenancy for substantial breach. Details of the breach are as follo	ows:			
	The requested termination date is, 20				
rn	The requested termination date is, 20				
	n / Affirmed before me	Ire			
	n / Affirmed before me	Ire			
	n / Affirmed before me				

This information is being collected for the purpose of dispute resolution in accordance with the *Residential Tenancies Act*. Questions may be directed to the Residential Tenancy Dispute Resolution Service at (780) 644-2267.

Cross Reference No. _____

AFFIDAVIT OF SERVICE

	Print full name					
-	Print complete address including City/Town, Province, Postal Code					
ake	ake oath and say / solemnly affirm and declare that on behalf of the applicant, I served the respondent,					
	, with a true copy of the following filed of	locuments:				
	Notice of Application for Hearing Affidavit in Support of Landlord's Applica	tion				
	Affidavit in Support of Tenant's application Order					
hicl	nich are hereunto annexed					
y:	y:					
	Delivering the copies on, 20, 20 personally to the respondent at					
	Print complete address including City/Town, Province, Postal Code					
7	Mailing the conice to the reconcident of					
	Mailing the copies to the respondent at	Mailing the copies to the respondent at Print complete address including City/Town, Province, Postal Code				
	If serving the Tenant, write the address of the rented premises or if serving the Landlord, write the Land at which rent is payable or the address of the Notice of Landlord given under section 18 of the <i>Residen</i> <i>Act.</i>					
	Attached and marked Exhibit "A" is the printed verification receipt from Canada Post on-line. Attached Exhibit "B" is the acknowledgement of receipt from the respondent or a person receiving it on the respo					
	dated on, 20, 20					
_	_					
	Leaving the copies with an adult person residing with the respondent/by posting the copies on a con-					
	on the rented premises, namely, Print complete address of place they were posted, including City/Town, Province, Postal Com-	le				
	on, 20 because I believed the respondent to be absent from the premises/ service.	evading				
	Leaving the copies on, 20 at the registered office of the above named corporation	on at				
	Print complete address including City/Town, Province, Postal Code					

	Leaving the copies on		, 20	with			
	Leaving the copies on	Date			Name of individual personally serv	ed	
a / an President, Head Officer, Director, Manager, Agent or Officer of the Corporation (Circle the one that applies)							
	at	Print complete a	address inc	cluding City/Town, Prov	ince, Postal Code		
As dire	As directed by the Residential Tenancy Dispute Resolution Service (Stipulate date and method)						
Sworn	/ Affirmed before me						
on		_, 2006			Signatur	е	
at Edmonton, Alberta							
	A Commissioner for Oaths				(Print name)		
(Printed	or stamped name and expiry date)		-				
	mation is being collected for the purpose of di Dispute Resolution Service at (780) 644-2267		in accorda	nce with the <i>Residentia</i>	al Tenancies Act. Questions may be dire	ected to the Residential Page 2 of 2	

Mailing the copies on ______, 20 _____ by registered mail to the registered office of the Date from postal receipt

Attached and marked Exhibit "A" is the printed verification receipt from Canada Post on-line.

above named corporation at _____