# FORM 9 LANDLORD APPLICATION TO REQUEST ADDITIONAL RENT INCREASE

(subsection 50(1) of the Residential Tenancy Act "RTA")

I am requesting an additional rent increase above the annual guideline for the rental unit located at:

Address		Street	City	Postal Code			
The nun	mber of rental units	affected by the proposed addit	ional rent increase:	Total # of units			
Apartment / Unit # (e.g., 1, A, 1A)			Is the rental unit currently	vacant:/			
				Yes No			
A.			g?				
B.	Are you seeking t (Up to 3.0% per yea	he additional rent increase be par can be phased in over time (ss. 5	phased in over a period of time? 50(6)(c) & 50(7) of the RTA))	/ 			
C.							
Allowa	ble guideline rent i	%					
Additio	onal rent increase a	%					
*Total	percentage you v	vant to increase the rent (%):		%			
*Allowab	le guideline rent incre	ease percentage plus Additional ren	nt increase above allowable guideline	e.			
Current	rent: (\$)	p	er month / week (circle one).				
Propose	ed rent: (\$)	p	er month / week (circle one).				
Date of	the last rent increa	se:	(Day / Mo	onth / Year)			
			(Bay / Mil	sharr roary			
Effective	e date of the reque	sted rent increase:	(Day / Mo	onth / Year)			
The vea	ar you purchased	the rental unit	` <b>,</b>	,			
ino you	ar you puromasou		(Day / Month / Year)				
Why are	e you seeking an ac	dditional rent increase? (See re	levant factors on Form 10).				
Date: _	(Day / Month / Yea	Signature: _					
	(Day / Month / Yea	,					
		Print Name:					

#### FORM 9

### LANDLORD APPLICATION TO REQUEST ADDITIONAL RENT INCREASE

(subsection 50(1) of the Residential Tenancy Act "RTA")

#### Landlord / Representative / Applicant Information:

Name:					
Name: First		Middle		Last	
Name:First					
First		Middle		Last	
If the Landlord is a Corpo	oration:				
			Name		
Mailing Address:					
Mailing Address:	Address	Street	City		Postal Code
Telephone Number:			Mobile Number:		
Email:					
Tenant / Respondent In	formation:				
Name:					
Name:First		Middle		Last	
Name <sup>.</sup>					
Name: First		Middle		Last	
Mailing Address:					
	Address	Street	City		Postal Code
Telephone Number:			_Mobile Number:		
Email:					

Service: You must serve a copy of this application to the tenant(s) within ten (10) days of filing the application with the Rental Office. Failure to do so may result in the rejection and/or delay of processing your application (ss. 50(2) of the RTA). If filed in conjunction with the Form 8 – Tenant Notice of Annual Allowable Rent Increase, then it too must also be served on the tenant(s).

## Permitted Types of Service:

- 1. Hand delivered;
- 2. Posted to the front door of the rental unit;
- Mailed by registered or ordinary mail (please note this method deems service three days from mailing the document);
- 4. Email or texted message; or
- 5. Requesting an Order from the Director for substituted service.

#### **Rental Office Contact Information:**

PO. Box 577, Charlottetown, PE, C1A 7L1; Website: <a href="https://www.peirentaloffice.ca">www.peirentaloffice.ca</a>

Telephone: (902) 368-7878 or 1-800-501-6268; Email: <a href="mailto:askrental@peirentaloffice.ca">askrental@peirentaloffice.ca</a>

Fax: (902) 566-4076