

**FORM 9**  
**LANDLORD APPLICATION TO REQUEST ADDITIONAL RENT INCREASE**

TO: Residential Tenancy Office  
P.O. Box 577  
Charlottetown, PE C1A 7L1  
Telephone: (902) 368-7878 or 1-800-501-6268  
Email: [askrental@peirentaloffice.ca](mailto:askrental@peirentaloffice.ca)

RE: The residential property located at: \_\_\_\_\_

Number of rental units affected by the proposed rent increase: \_\_\_\_\_.

**Application Information:**

Apartment/Unit # \_\_\_\_\_ (e.g., Unit 2A)                      Is the rental unit vacant: \_\_\_ Yes \_\_\_ No

If No, Tenant(s) Name: \_\_\_\_\_

Current Rent: \_\_\_\_\_ per month/week (*circle one*)

Proposed Rent: \_\_\_\_\_ per month/week (*circle one*)

Allowable Rent Increase Percentage (%):	
Additional Rent Increase Percentage (%): ( <i>Please note there is a cap of 3%</i> )	
Total Rent Increase Percentage (%) requested:	

Effective Date of Proposed Increase: \_\_\_\_\_  
*(Day/Month/Year)*

Date of last rent increase: \_\_\_\_\_  
*(Day/Month/Year)*

Services provided and included in the rent are:

Heat: \_\_\_ Hot Water: \_\_\_ Water: \_\_\_ Electricity: \_\_\_ Cooking Stove: \_\_\_

Refrigerator: \_\_\_ Parking: \_\_\_ Internet: \_\_\_ Janitorial: \_\_\_ Snow Removal: \_\_\_

Lawn Care: \_\_\_ Cable: \_\_\_ Washer & Dryer: \_\_\_ Other: \_\_\_\_\_

The reasons for seeking this rent increases are:

# FORM 9

## LANDLORD APPLICATION TO REQUEST ADDITIONAL RENT INCREASE

### Landlord's Information:

Name(s): \_\_\_\_\_

I am a:            Landlord: \_\_\_\_            Property Manager: \_\_\_\_            Representative for Landlord: \_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### #1 Tenant Information:

Name(s): \_\_\_\_\_

They are a:            Tenant/Sub-tenant: \_\_\_\_            Representative for Tenant/Sub-tenant: \_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### #2 Tenant Information (if applicable):

Name(s): \_\_\_\_\_

They are a:            Tenant/Sub-tenant: \_\_\_\_            Representative for Tenant/Sub-tenant: \_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### #3 Tenant Information (if applicable):

Name(s): \_\_\_\_\_

They are a:            Tenant/Sub-tenant: \_\_\_\_            Representative for Tenant/Sub-tenant: \_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Service:

A landlord shall give a copy of this application to the tenant as notice of the Application\*\* within ten (10) days of filing it with the Director of Residential Tenancy (Section 50).

*\*\* If filed in conjunction with the annual allowable rent increase, a [Form 8 – Tenant Notice of Annual Allowable Rent Increase](#) must also be served on the tenant. Please review [Form 10 – Landlord Statement of Income and Expenses](#) as it will be required as evidence along with supporting documentation.*

### Permitted Types of Service / Substituted Service:

1. Hand delivered or posting the document to the front door of the rental unit;
2. Mailing by registered or ordinary mail;
3. E-mail;
4. If you are a Landlord, posting the document to the front door of the rental unit.

Date: \_\_\_\_\_  
(Day/Month/Year)

Signature: \_\_\_\_\_

\_\_\_\_\_  
(Print Name)