

FORM DIRECTIONS: If you are accessing this agreement from the B.C. Government Web site, it can be filled out at a computer workstation. It can also be printed and completed by hand. If completing sections by hand, please *print clearly, using dark ink*. If you are completing this form at a computer, simply type in your response in the boxes. If you cannot complete all the sections at the computer right away, you can print off what you have completed, and fill in the remaining fields by hand. It's important to note that you **cannot save** the completed form to your computer, therefore, after you complete the form, make sure you review the form for accuracy and print the number of copies you require **before** you leave the document or shut down the program/computer.

Notes:

This information is collected under the Residential Tenancy Act ("RTA") and the Manufactured Home Park Tenancy Act ("MHPTA"). Information collected on this form may be disclosed to the public in accordance with the Freedom of Information and Protection of Privacy Act and will be used to process your application for review of the decision or order of an arbitrator. If you have any questions about the collection and use of this information, please contact the Residential Tenancy Office (RTO).

IMPORTANT: The RTA and the MHPTA allows, but does not require you to be represented by a lawyer or agent.

This form is to be used by either a Landlord or Tenant to request a review of an Arbitrator's Decision or Order.

A. APPLICANT(S) *(person[s] asking for the review):* (check one box) **Tenant** **Landlord**

Full name(s) of Applicant(s): *(if entry for landlord is a business name, use the 'last name' field box to enter the full legal business name)*

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last name

first name

middle name(s)

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last name

first name

middle name(s)

Address of Applicant(s) *(current address for service of documents):*

--	--	--	--	--	--

suite or site number

street number

street name

city

province

postal code

--	--

() home phone

--	--

() business phone

--	--

() service fax

B. RESPONDENT(S) *(other party(s) to the arbitration):* (check one box) **Tenant** **Landlord**

Full name(s) of Respondent(s): *(if entry for landlord is a business name, use the 'last name' field box to enter the full legal business name)*

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last name

first name

middle name(s)

--	--	--

last name

first name

middle name(s)

Address of Respondent(s) *(current address for service of documents):*

--	--	--	--	--	--

suite or site number

street number

street name

city

province

postal code

--	--

() home phone

--	--

() business phone

--	--

() service fax

FOR MORE INFORMATION . . . visit our Web site: www.rto.gov.bc.ca

OR call the Residential Tenancy Office at:

• In the Lower Mainland 604 660-1020 • elsewhere in B.C. call toll free: 1 800 665-8779

C. DECISION or ORDER TO BE REVIEWED

Complete **one** application form for **each** arbitrator's decision or order you wish to have reviewed. **Attach** a copy of the applicable decision or order to this completed application form.

Residential Tenancy Office File No. (see decision letter) :

Hearing Date:
day month year

Decision or Order Date:
day month year

Date You Received Decision or Order:
day month year

Address Under Dispute:
 B.C.
suite or site number street number street name city province postal code

D. REQUEST FOR EXTENSION OF TIME TO APPLY FOR REVIEW

If you are submitting this application late, the arbitrator will decide whether the time limit for application will be extended. Late means you are submitting this application:

- **more than 2 days** after the date you receive the decision or order where the decision or order relates to an early end of tenancy, an order of possession for a landlord or tenant, unreasonable withholding of consent by a landlord regarding assignment and subletting or a landlord's notice to end a tenancy for non-payment of rent.
- **more than 5 days** after the date you receive the decision or order, where the decision or order relates to a notice to end of a tenancy agreement, repairs or maintenance, or services or facilities.
- **more than 15 days** after the date you receive the decision or order, where the decision or order relates to **any** other part of the RTA or the MHPTA.

If you are filing this application beyond the time allowed by the RTA or the MHPTA you must complete the following:

I am requesting an extension of time to make this application:

1. List the reason or reasons you were unable to apply for review within the required time frame.

2. How many days have passed since you received a copy of the arbitrator's decision or order?

3. You must attach evidence, such as the originals of any documents or legible copies you have, which will help to prove the accuracy of what you listed as your reason(s) for being unable to apply for review on time.

E. REASONS FOR REQUESTING A REVIEW

You must have at least one of the following three reasons (outlined on pages 3 to 5 of this form) to have the original decision reviewed. Please check off the reason(s) that you are requesting a review and answer all of the relevant questions listed below that reason. Provide additional information or arguments on a separate page if necessary.

- 1) **A party was unable to attend the hearing because of circumstances that could not be anticipated and were beyond the party's control:**

a. List the reason(s) for being unable to attend.

b. Explain why the circumstance(s) could not be anticipated and were beyond your control. Give details including dates, times and events that occurred, where applicable.

c. Indicate what evidence you would have presented had you attended the hearing.

d. Attach evidence supporting the reasons and/or circumstances which supports your inability to attend the hearing (e.g. medical report from doctor; invoice from towing company for disabled vehicle).

E. REASONS FOR REQUESTING A REVIEW (cont'd from page 3)

2) A party has new and relevant evidence that was not available at the time of the original hearing.

a. List each piece of new and relevant evidence which was not available at the time of the original hearing.

b. For each piece of evidence listed, state in what way it is relevant to the application. Give details.

c. For each piece of evidence listed, state in what way the decision and/or order of the arbitrator may have differed if the evidence was available and introduced at the time of the hearing.

d. For each piece of evidence listed, separately state why it was not available at the time of the hearing. Give details including dates and times where applicable.

e. Attach evidence which shows that the evidence is new and was unavailable at the time of the hearing (e.g. a letter from a municipality saying that a particular required report was not yet produced on the day the hearing was held).

E. REASONS FOR REQUESTING A REVIEW (cont'd from page 4)

3) A party has evidence that the arbitrator's decision or order was obtained by fraud.

a. Describe or list the evidence which is considered to be fraudulent.

b. Indicate the nature of the fraud for each item of evidence listed.

c. Indicate, for each item of evidence listed, who committed the fraud.

d. Indicate, for each item of evidence listed, how the decision and/or order of the arbitrator may have differed if the fraudulent evidence had not been considered.

e. Attach evidence supporting the claim that the arbitrator's decision or order was obtained by fraud.

F. SUBMITTING COMPLETED APPLICATION

ATTACHMENTS:

All written evidence to support your application must be attached to this form, including a copy of the decision(s) and/or order(s) being reviewed.

Please check off what is attached to this form:

- copy of decision or order you wish to have reviewed requested in Section C of this form
- evidence as outlined in Section D3 of this form
- evidence as outlined in Section E1(d) of this form
- evidence as outlined in Section E2(e) of this form
- evidence as outlined in Section E3(e) of this form
- additional pages (identify the sections you have continued with on attached additional page(s) if this form did not have enough space):

FEE:

There is a fee of \$25 to file this application, as established under the RTA and the MHPTA, which must be paid at the time of application, and may be paid in cash, debit card, or by cheque (identification is required, cheque must have current address encoded). (An administration fee of \$20 will be charged on NSF cheques.) Make cheque payable to the Minister of Finance.

WHERE TO SUBMIT:

Completed *Application to Review Arbitrator's Decision or Order*, with attachments and fee, must be filed, **in person**, at one of the following offices:

Residential Tenancy Office

BURNABY: 400 - 5021 Kingsway Avenue
VICTORIA: 1st Floor, 1019 Wharf Street
INTERIOR: 305-478 Bernard Avenue, Kelowna

If there is no Residential Tenancy Office in your area, you can file your application at any **Service BC-Government Agent Office** (To locate an office near you, call Enquiry BC 1 800 663-7867)

PROCESS:

- The Director of Residential Tenancy, or the Director's designate, may refuse to accept an application that is not properly completed.
- If an application for review is accepted, the Director will assign an arbitrator, generally the arbitrator who issued the decision and/or order, to determine, based on the contents of the review application, whether to conduct a review.
- The arbitrator may dismiss or refuse to consider this application if full details or sufficient grounds are not given.
- The arbitrator must also be satisfied that a basis to alter or set aside the decision exists, and that the matter could not be dealt with as a correction or clarification.

G. Signature(s) (required to commence review)

I/We, the Applicant(s)/Agent for the Applicant(s), apply to the Director of the Residential Tenancy Office for a review of this decision and/or order of an arbitrator. I/we have read this application in full. The information provided is true and correct to the best of my/our knowledge.

Name(s): (if name entry for landlord is a business name, use the 'last name' field box to enter the full legal business name)

last name	first name	middle name(s)
last name	first name	middle name(s)

Signature(s): _____

Date: _____
 day month year

Date: _____
 day month year