

For updates about changes to the application process you can subscribe to email updates [here](#).

Information about the Claim Process
The Residential Tenancies Act, 2006 (s.70)

You should try to settle your dispute before applying to us. If you need to have the Office of Residential Tenancies (the ORT) resolve a residential landlord/tenant dispute, complete this form and deliver, mail, fax or email it to the ORT, together with the applicable fee and all supporting evidence (USBs will ONLY be accepted for video evidence).

The ORT will send you a Hearing Notice listing the date, time and place for a hearing. Details of your claim will be listed on the Hearing Notice based on the information you provided in this application. Amendments to your claim details MUST be made before the service deadline. You MUST deliver a copy of the final Hearing Notice on the tenant(s) and you MUST provide proof to the ORT, prior to the hearing date, that you have done so. Additional instructions are included with the Hearing Notice.

If an order is granted in your favour and the tenant(s) does/do not comply, you can contact the ORT. Orders may also be enforced through the Sheriff's Office.

Landlord Application – Monetary Claim

The Residential Tenancies Act, 2006

Form 9c

Office of Residential Tenancies

See reverse for instructions – All information provided in this application is public – Check all applicable boxes –
Include all details of your claim to be printed on your Hearing Notice – Submit all required documents.

Landlord Application for Damages/Losses:

Itemize your claim (attach evidence proving your claim):	\$ Amount

A. Rental Property Information

Street Address (Land Location): _____ Suite No.: _____

City/Town/Village/Hamlet: _____ Province: _____ Postal Code: _____

Tenancy start (dd/mm/yy): _____ End/last known day (dd/mm/yy): _____

Lease agreement? (Please attach)

Rent Ledger (MUST be submitted to prove rent arrears/rent loss)

B. Landlord Information

Landlord/Agent name (full legal name): _____

Mailing/Service Address: _____ Suite No.: _____

City/Town/Village/Hamlet: _____ Province: _____ Postal Code: _____

Primary Phone Number: _____ Alternate Phone Number: _____

Email: _____

C. Tenant Information

Tenant(s) first and last name(s): _____

Primary Phone Number: _____ Alternate Phone Number: _____

Email: _____

Present Mailing Address: _____ Suite No.: _____

City/Town/Village/Hamlet: _____ Province: _____ Postal Code: _____

Date of application _____ Signature of applicant _____

Receive Hearing Notice by: email _____ pick up, call: _____

Special accommodations (physical accessibility, translator, etc.): _____

* Evidence MUST be attached when submitting a claim. *
* A hearing will not be scheduled until evidence is submitted. *
*

Method of Payment (choose any one)

Fees may be waived. Use the [Application for Fee Waiver](#) to apply for a Fee Waiver Certificate under *The Fee Waiver Act*.

Application Fee: **\$50** - If sent by email, you must pay by credit card and submit the credit card payment form.

Fee Waiver Cash Interac Cheque Money order Credit Card (attach credit card payment form)

Regina: 304 - 1855 Victoria Avenue S4P 3T2

Saskatoon: 105 - 122 - 3rd Avenue North S7K 2H6

Toll Free: 1-888-215-2222; Outside SK call: 306-787-2699

Email: ort@gov.sk.ca

For office use only

Payment received by _____

Payment Reference no. _____

June 2019 Form 9c

Credit Card Payment Form

PLEASE TYPE, OR PRINT CLEARLY (IF NOT TYPED)

Date: _____

Application/Claim No. (if known): _____

TO:
Office of Residential Tenancies:

Regina: 304 - 1855 Victoria Avenue S4P 3T2

Saskatoon: 105 - 122 - 3rd Avenue North S7K 2H6

Toll Free: 1-888-215-2222; Outside SK call: 306-787-2699

Email: ort@gov.sk.ca

With Regard to:

Address of rental unit: _____

My credit card number and expiry date are listed below:

Mastercard Visa

Account Number: _____

Expiry Date: _____

CVR Number from the back of the card (3 digits): _____

Security Deposit Amount Being Paid: \$ _____

Application Fee Amount Being Paid (\$50/application): \$ _____

Total Amount to be Charged: \$ _____

Print name above and sign below

Authorized Signature

This form will be a digital image in ORT and stored securely. No printed image will be kept.