



Name: (Member's name)	LTB File Number:
Member's Unit Address:	Member's Phone Number:

Instructions:

Use this form if the Co-op has filed an application against you with the Landlord and Tenant Board (LTB). If you do not respond to the application, you may be deemed to have accepted all of the facts and allegations in the application, and the LTB may proceed without further notice to you.

You must file your response with the LTB as soon as possible but no later than the deadline specified in the Notice of Hearings. You must provide a copy of your response to the applicant.

PART A: Explain why you disagree with what the Co-op is claiming in its application to evict you.
(If you need more space, attach additional pages. Include the LTB file number on each additional page.)

COLLECTING PERSONAL INFORMATION

The Landlord and Tenant Board has the right to collect the information requested on this form to resolve your application under section 185 of the *Residential Tenancies Act, 2006*. After you file the form, all information related to the proceeding may become publicly available in a tribunal decision, order or other document, in accordance with Tribunals Ontario's [Access to Records Policy](#) and the *Tribunal Adjudicative Records Act, 2019*. Parties wanting records or information to remain confidential must seek a confidentiality order from the adjudicator. If you have questions about confidentiality orders or access to records, please contact us by email at LTB@ontario.ca or our Contact Center at **416-645-8080** or **1-888-332-3234** (toll free).

PART B: If you believe it would be unfair for the LTB to grant the Co-op's application for eviction, give reasons why you believe this. *(If you need more space, attach additional pages. Include the LTB file number on each additional page.)*

PART C: If you believe that the LTB should delay the enforcement of the eviction order, give reasons why it should be delayed. *(If you need more space, attach additional pages. Include the LTB file number on each additional page.)*

PART D: Your contact information

If you provide your email address in the space provided below, you are consenting to the LTB and the Co-op delivering documents and other information to you about this application by email:

Email address: _____

Signature:

Date:

The response form may be filed by email at co-opprocessingLTB@ontario.ca, in person to an LTB or Service Ontario location, by fax at 416-314-9567 or toll-free at 1-855-220-1676, or by mail to Toronto North District Office, 47 Sheppard Avenue East, Suite 700, Toronto, Ontario M2N 5X5.