FORM 9
LANDLORD APPLICATION TO REQUEST ADDITIONAL RENT INCREASE

TO: The Director of Residential Tenancy
P.O. Box 577
Charlottetown, PE C1A 7L1
Telephone: (902) 892-3501 or 1-800-501-6268
Email: 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 Week

Proposed Rent: _____ per Week

Percentage (%) Increase in rent: _____% (**Please note there is a cap of 3%**)

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:

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).

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.

Date: _____ Signature: _____
(Day/Month/Year)

_____
(Print Name)