

**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 email, or mail it to the ORT, together with the applicable fee, a copy of the served eviction notice, certificate of service, and all supporting evidence (USBs will ONLY be accepted for video evidence). Evidence will not be returned.

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, by the service deadline, that you have done so. Additional instructions are included with the Hearing Notice.

If a Writ of Possession is granted in your favour and the tenant(s) does/do not vacate, you can enforce the Writ through the Sheriff's Office.

**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*.

Non-Refundable 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)

**Mailing Address:** 304 - 1855 Victoria Avenue, Regina, Canada S4P 3T2

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

**Email:** [ort@gov.sk.ca](mailto:ort@gov.sk.ca)

# Landlord Application for Possession

The Residential Tenancies Act, 2006

Form 9a

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 Possession (NOT s. 68, Specified Access, Monetary, or Security Deposit claims).

- |   |  |
|---|--|
| <input type="checkbox"/> Immediate Notice to Vacate (Form 7: 15 days)   | <input type="checkbox"/> Notice of Utility arrears (Form 7a & Form 7)          |
| <input type="checkbox"/> Notice to Vacate – One Calendar Month (Form 8) | <input type="checkbox"/> Notice to Vacate – Employee (Form 8a)                 |
| <input type="checkbox"/> Notice to Vacate – Owner Occupy (Form 8b)      | <input type="checkbox"/> Notice to Vacate – Purchaser Occupy (Form 8c)         |
| <input type="checkbox"/> Notice to Vacate – Specified Uses (Form 8d)    | <input type="checkbox"/> Notice to Vacate – Housing Program Purposes (Form 8e) |

Provide details of your claim (attach evidence proving your claim) and indicate if you are claiming the \$50 application fee:

### A. Rental Property Information

Street Address (Land Location): \_\_\_\_\_ Suite No.: \_\_\_\_\_

City/Town/Village/Hamlet: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tenancy start (dd/mm/yy): \_\_\_\_\_

- Lease agreement? (Please attach)
- Rent Ledger (MUST be submitted when applying for possession based on rent arrears or repeated late rent payments)

### 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 and Decision by email at (required): \_\_\_\_\_

**I am able to serve the tenant(s) electronically and understand that if there is more than one tenant, EACH tenant MUST be served a hearing notice. I will also post a copy of the notice to the front door of the unit.**

- Selecting this option will allow for quicker scheduling of the hearing date. You must be certain of this service method as you will not be able to post and mail, as the post and electronic service option are a shorter deadline. However, you will be able to personally serve if you miss the post and electronic service deadline. Failure to meet the service method deadlines chosen will result in cancellation of the hearing and application.

Special accommodations (physical accessibility, translator, etc.): \_\_\_\_\_

- Evidence MUST be attached when submitting a claim, including proof of prior communication and service when serving electronically.
- Photographic evidence must be numbered with a detailed explanation underneath each image and submitted on one document (PDF or Word).
- An application will not be accepted without all approved documents.

### For office use only

Payment received by \_\_\_\_\_

Payment Reference no. \_\_\_\_\_

September 2021 Form 9a

## Credit Card Payment Form

PLEASE TYPE, OR PRINT CLEARLY (IF NOT TYPED)

Date: \_\_\_\_\_

Application/Claim No. (if known): \_\_\_\_\_

**TO:**  
**Office of Residential Tenancies:**

**Mailing Address:** 304 - 1855 Victoria Avenue, Regina, Canada S4P 3T2

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

**Email:** [ort@gov.sk.ca](mailto: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.