## SCHEDULE

## Form 5A

### Application for Approval of Rehabilitation Scheme for All or Part of a Residential Complex

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| **Note to landlord**: If the Residential Tenancies Branch approves your rehabilitation scheme for this residential complex, the Branch will register a notice on the title of complex. The notice will indicate that a rehabilitation exemption has been granted and that a condominium declaration cannot be registered for four years.A landlord who applies for an order approving a rehabilitation scheme must not commence any improvement or give a notice of termination for renovations to a tenant in the residential complex before receiving the first order approving the scheme. |

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Print name of residential complex (if applicable)

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Print address of residential complex

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Print name of landlord

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Print address of landlord

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|       |       |       |
| Telephone number | Fax number | Email address |

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| **A.** | **This application relates to**  |
| [ ]  | all rental units in the residential complex – state number of units  |       | ; or |
| [ ]  | the following rental units: |       |  |
| Attach a list giving the names of all tenants of the rental units affected.  |

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| **B.** | **Details of Rehabilitation Scheme**: (Attach detailed plans, financial information, invoices or other information in support of this application.) |  |
|  | 1. Expected start date: |       |  |
|  | 2. Expected completion date: |       |  |
|  | 3. Estimated total cost: |       |  |
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| **C.** | **Treatment of Tenants**: (Outline plans to minimize disruption to tenants of rental units affected by the proposed rehabilitation scheme.) |  |
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| **D.** | **Anticipated Rents following Completion of Rehabilitation Scheme** (Complete as applicable.) |  |
|  | Bachelor | $ |       |  | 1 Bedroom unit | $ |       |  |
|  | 2 Bedroom units | $ |       |  | 3 Bedroom units | $ |       |  |
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| **E.** | **Rehabilitation Improvements** : To qualify for a rehabilitation scheme, you must choose;3 items from Box 1 **OR**2 items from Box 1 and 1 item from Box 2 **OR**1 item from Box 1 and 2 items from Box 2 **OR**2 items from Box 1 and 2 items from Box 3 **OR**3 items from Box 2 **OR**2 items from Box 2 and 2 items from Box 3 |  |
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| **Box 1** (provide details)

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| **[ ]**  | Structural improvement: |       |  |
| [ ]  | Structural improvement: |       |  |
| [ ]  | Structural improvement: |       |  |
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| **Box 2** (provide details)

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| **[ ]**  | Electrical wiring: |       |  |
|  |       |  |
| **[ ]**  | Plumbing: |       |  |
|  |       |  |
| [ ]  | Heating: |       |  |
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| **Box 3** (provide details)

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| **[ ]**  | Installation of insulation and related measures to improve thermal efficiency: |       |  |
|  |       |  |
| [ ]  | Installation of insulation and related measures to improve thermal efficiency: |       |  |
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|  | Also describe the improvements that will be made to each rental unit and the common areas. (Attach additional pages if necessary.) |  |
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| Print name of landlord |  | Signature of landlord |  | Date |

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| **Note:** The Residential Tenancies Branch charges a non-refundable processing fee for all Applications for Approval of Rehabilitation Scheme. The fee is $700.00 plus $5.00 per unit, to a maximum of $1,200.00. A landlord must submit the fee along with the application. The Branch will not begin to process any application until the fee is received. |

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| **NOTICE RE COLLECTION OF PERSONAL INFORMATION**The personal information collected on this form is necessary for the administration of *The Residential Tenancies Act*. This information is protected by the privacy provisions of *The Freedom of Information and Protection of Privacy Act* (“FIPPA”). It may be used and disclosed only in accordance with FIPPA. If you have questions about the collection and use of this information, call the Residential Tenancies Branch at 204‑945-2476 or toll-free at 1-800-782-8403. |