

Waive Residential Tenancies Application to Director Fee

(under section 27 of the Residential Tenancies Act)

RTP File #				
Applicant Name:				
Address of Residential Premises				
Street	Apt	City/Town		Postal Code
Current Address (if different t	han above)			
Street	Apt	City/Town	Prov	Postal Code
 Receiving Guaranteed Inco Receiving Social Assistance Receiving Income Assistan An original copy of one of the Guaranteed Income Su Income Assistance state Social Assistance state Ministerial Fee Waiver	e ce (Formerly known following document upplement statemer tement or direct dep	ts must be attached nt posit payment state	ment	
 Requesting Ministerial Fee 	Waiver			
Please provide a letter outlining circumstance). Also provide an statement).	-			•
Signature				
Date				