



## RentSafeTO: Rental Apartment Building Registration Form

### Online Registration Instructions

Building owners or primary contacts can register their building(s). Use this form to help you with your online rental apartment building registration.

Register online at [www.toronto.ca/RentSafeTO](http://www.toronto.ca/RentSafeTO), using your login and PIN (mailed to each building owner).

Need assistance? Go to [www.toronto.ca/RentSafeTO](http://www.toronto.ca/RentSafeTO), e-mail [RentSafeTO@toronto.ca](mailto:RentSafeTO@toronto.ca) or call 416-396-7228 (Monday to Friday, 8:30 a.m. to 4:30 p.m.)

You may also contact 311, available 24/7, 365 days per year.

E-mail: [311@toronto.ca](mailto:311@toronto.ca)

Phone within Toronto: 311

Phone outside Toronto: 416-392-CITY (2489)

TTY customers: 416-338-0TTY (0889)

Website: [www.toronto.ca/311](http://www.toronto.ca/311)

RentSafeTO: Apartment Building Standards Program aims to ensure residents of Toronto have a suitable place to call home. **This program and new bylaw take effect on July 1, 2017** and apply to all rental apartment buildings that are three or more storeys tall and have 10 or more apartment units. **Building owners must register their buildings and pay the applicable registration fee by September 30, 2017.**

To learn more visit [www.toronto.ca/RentSafeTO](http://www.toronto.ca/RentSafeTO).

Review the bylaw - [Toronto Municipal Code, Chapter 354, Apartment Buildings](#).

### Step 1. Set up your RentSafeTO Account

Use the Login and PIN password mailed to each apartment building owner to register your building(s).

Login <1-7 characters>

PIN password <12 characters>

- When you log in, confirm the list of buildings that belong to you and name up to two (2) individuals as primary contacts for each building you own.
- The primary contacts can be yourself and/or individual(s) who will be responsible for communicating with the City, providing/updating building information and paying the registration fee(s).
- Each building must be registered. Complete your registration by submitting all building details and payment.

## RentSafeTO: Rental Apartment Building Registration Form

### Step 2: Register your apartment buildings(s)

Once you have logged into your RentSafeTO account (Step 1.) complete your building's registration by providing building details and paying the required fee(s).

Using RentSafeTO online registration:

- You can save and return to your registration at any time.
- Once you have provided all of the building details, you can generate a bill.
- The registration fee is \$10.60 per residential unit.
  
- You can pay using the following methods:
  - Online payment by credit card
  - Print your bill and pay by mail or in person
    - Credit card, debit card, certified cheque or cash will be accepted at the RentSafeTO office located at 1530 Markham Rd., 3rd Floor, Toronto, ON M1B 3G4
    - Certified cheques should be made payable to "City of Toronto, Treasurer", and write the building address(es) on the cheque
- Print and/or save your online Payment Confirmation for your records.

Registration payment must be made by September 30, 2017 or penalties may apply.

**RentSafeTO: Rental Apartment Building Registration Form****Apartment Building Registration**

Registration must be completed for each apartment building that you own. Your registration will not be complete until all required information and fee payment has been provided. All information collected as part of building registration is business information and will be maintained as public record.

**1 a. Building Owner Business Information**

Please use the business information and address on your City of Toronto property tax bill.

First Name		Last Name	
Phone Number	Extension	Email	
Corporation or Partnership (if applicable) Name			
Street Number	Street Name		Suite/Unit Number
City / Town		Province / State	Postal Code
Country			

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## 1 b. Building Information and Apartment Building Address

Street Number	Street Name	Suite/Unit Number
City/Town	Province	Postal Code
<p>Property Type      <input type="checkbox"/> Rental Apartment      <input type="checkbox"/> Social Housing*      <input type="checkbox"/> Other</p> <p>If "Other", please tell us what type of property:  <input type="text"/></p> <p>*Social Housing is defined as:  a. Toronto Community Housing Corporation  b. A not-for-profit provider of assisted or social housing under a program administered by the City of Toronto; and  c. A dedicated supportive housing provider funded by the Province of Ontario.</p>		
Year Built (yyyy) <input type="text"/>		
Number of storeys or floors* <input type="text"/>  *If the ground floor is only commercial and non-residential, please do not include this floor in your count. Basements should not be captured in this number.	Number of residential units* <input type="text"/>  *Please include residential basement units in this number.	

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### 2. Building Contact Information

Enter one or more primary contacts below. The primary contact can be yourself and/or individual(s) who will be responsible for communicating with the City, updating building information and paying the registration fee(s).

#### Who is filling out this form?

Your Name (First, Last)	Phone Number	Extension
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#### Primary Business Contact 1

First Name		Last Name	
Phone Number	Extension	Email	
<input type="checkbox"/> Check if mailing address is same as identified above (1 a. Building Owner). If this box is not checked, future information will be sent to the Primary Business Contact 1 mailing address and/or email address below.			
Street Number	Street Name		Suite/Unit Number
City/Town	Province		Postal Code
Country			

#### Primary Business Contact 2

First Name		Last Name	
Phone Number		Email	
<input type="checkbox"/> Check if mailing address is same as identified above (1 a. Building Owner). If this box is not checked, future information will be sent to the Primary Business Contact 2 mailing address and/or email address below.			
Street Number	Street Name		Suite/Unit Number
City/Town	Province		Postal Code
Country			

## RentSafeTO: Rental Apartment Building Registration Form

### 3. Building Registration Information

Please provide detailed information about your apartment building.

If you are using online registration use "Save" to save your progress and exit the program at any time. Use "Save and continue" to check your answers and move to the next section. The Back button will return you to the main Building Registration page without saving.

All fields must be complete in order for your registration to be processed.

#### Building Operator

Provide at least one building operator contact; you can provide both.

#### On-Site Superintendent

First Name

Last Name

Phone Number

Extension

#### Property Management

Company Name

Property Manager First Name

Property Manager Last Name

Phone Number

Extension

Street Number

Street Name

Suite/Unit Number

City/Town

Province

Postal Code

Country

#### Barrier-Free Accessibility

Is there a barrier-free accessible entrance in your building?\*

☐ Yes

☐ No

\*Accessible entrances provide direct access to persons using wheelchairs or scooters. Accessible entrances should have a nearby call bell, push button or information telephone for persons requiring information or assistance.

How many barrier-free accessible units are in your building?

Is this a non-smoking building? ☐ Yes

☐ No

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<b>Elevators and Security</b>	
Number of Elevators <input type="text"/>	
Elevator Status <input type="checkbox"/> Original <input type="checkbox"/> Replaced	
If replaced, year replaced (yyyy) <input type="text"/>	If replaced, please tell us what parts of the elevating device were replaced <input type="text"/>
Date of Last Inspection by TSSA (dd/mm/yyyy) <input type="text"/>	Do you have a record of the last test required by TSSA? <input type="checkbox"/> Yes <input type="checkbox"/> No
Balconies <input type="checkbox"/> Yes <input type="checkbox"/> No	
Intercom <input type="checkbox"/> Yes <input type="checkbox"/> No	
Building Security <input type="checkbox"/> Camera <input type="checkbox"/> Guard <input type="checkbox"/> Both <input type="checkbox"/> None	
Locking system <input type="checkbox"/> Electric Strike <input type="checkbox"/> Key <input type="checkbox"/> Magnetic Lock  <input type="checkbox"/> Other* <input type="text"/>  If "Other", please tell us what type of locking system <input type="text"/>	

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<b>Garage and Parking</b>	
Underground Garage <input type="checkbox"/> Yes <input type="checkbox"/> No	Ground Level Garage <input type="checkbox"/> Yes <input type="checkbox"/> No
Garage Accessible Through Building <input type="checkbox"/> Yes <input type="checkbox"/> No	Carport <input type="checkbox"/> Yes <input type="checkbox"/> No
Surface Parking <input type="checkbox"/> Yes <input type="checkbox"/> No	Parking Deck <input type="checkbox"/> Yes <input type="checkbox"/> No
Visitor Parking <input type="checkbox"/> Free <input type="checkbox"/> Paid <input type="checkbox"/> Both <input type="checkbox"/> Unavailable	
Number of Accessible Parking Spaces <input type="text"/>	
Do you have a dedicated bicycle parking area? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Indoor Bicycle Parking Spaces <input type="text"/>	Number of Outdoor Bicycle Parking Spaces <input type="text"/>

<b>Energy, Water, Heating, Ventilation and Cooling (HVAC)</b>	
Heating Type <input type="checkbox"/> Electric <input type="checkbox"/> Forced air gas <input type="checkbox"/> Hot water	Status of Heating Equipment <input type="checkbox"/> Original <input type="checkbox"/> Replaced
	Heating Equipment Year Installed / Replaced (yyyy) <input type="text"/>
Air Conditioning Type <input type="checkbox"/> Central air <input type="checkbox"/> Individual units <input type="checkbox"/> None	Air Conditioning Year Installed / Replaced (yyyy) <input type="text"/>
Is there an air-conditioned place (cooling room) in the building accessible to tenants? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where is the cooling room located? <input type="text"/>
Is there emergency power in your building? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a record of your annual emergency power supply test for this year? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there separate hydro meters for each unit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hydro Service Provider: <input type="text"/>
Are there separate water meters for each unit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Service Provider: <input type="text"/>
Are there separate gas meters for each unit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gas Service Provider: <input type="text"/>



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Solid Waste Management (Garbage and Recycling)	
Garbage Pick-up <input type="checkbox"/> City <input type="checkbox"/> Private	Indoor Garbage Storage Area <input type="checkbox"/> Yes <input type="checkbox"/> No
Outdoor Garbage Storage Area <input type="checkbox"/> Yes <input type="checkbox"/> No	Outdoor Garbage Storage – Screened? <input type="checkbox"/> Yes <input type="checkbox"/> No
Recycling Bins <input type="checkbox"/> Yes <input type="checkbox"/> No	Where are the recycling bins located? <div style="background-color: #cccccc; height: 20px; width: 50px; margin-top: 5px;"></div>
Garbage Compactor Room <input type="checkbox"/> Yes <input type="checkbox"/> No	Garbage Chutes <input type="checkbox"/> Yes <input type="checkbox"/> No
Green Bin / Organics <input type="checkbox"/> Yes <input type="checkbox"/> No	Where are the green bins located? <div style="background-color: #cccccc; height: 20px; width: 50px; margin-top: 5px;"></div>

Fire Services	
Do you have a Toronto Fire Services approved Fire Safety Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Exterior Fire Escape <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a record of your annual fire alarm and voice communication system test for this year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a record of your annual fire pump flow test for this year? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a sprinkler system in all or part of your building? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year sprinkler system installed (yyyy) <div style="background-color: #cccccc; width: 50px; height: 20px; display: inline-block;"></div>
Do you have a record of your annual sprinkler system test for this year? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Amenities	
Laundry Room <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Laundry Room <input type="text"/>
Laundry Room Hours of Operation <input type="text"/>	Total Number of Washing Machines and Dryers <input type="text"/>
Locker or Storage Room <input type="checkbox"/> Yes <input type="checkbox"/> No	Indoor Recreation Room <input type="checkbox"/> Yes <input type="checkbox"/> No
Indoor Pool <input type="checkbox"/> Yes <input type="checkbox"/> No	Outdoor Pool <input type="checkbox"/> Yes <input type="checkbox"/> No
Outdoor Recreational Facilities <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Outdoor Recreational Facilities <input type="text"/>
Indoor Exercise Room <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Indoor Exercise Room <input type="text"/>
Children's Play Area <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Children's Play Area <input type="text"/>
Sauna <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pets allowed <input type="checkbox"/> Yes <input type="checkbox"/> No	If there are any pet restrictions, what are they? <input type="text"/>

**RentSafeTO: Rental Apartment Building Registration Form****4. RentSafeTO Registration Fee**

Fee Calculator	
Number of units <input type="text"/> x \$10.60	RentSafeTO Payment <input type="text"/>

Once you have provided all of the building details, you can generate a bill.

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