

Apartment Building Re-evaluation Form

Purpose

This application is for building owners and operators to apply for a building re-evaluation if not satisfied with the results of the most recent building evaluation.

To be eligible for a re-evaluation, please ensure that the building evaluation was completed within the past 15 calendar days and that you have not already requested a re-evaluation within your current evaluation cycle.

Before proceeding with the request, please note **that payment is non refundable and must be made in full prior to scheduling a re-evaluation.**

It is important to be aware that scores may potentially be lower after a re-evaluation and cannot be reverted to the original scores. Please carefully consider whether a re-evaluation is necessary before proceeding with your request.

Note: The re-evaluation fee does not apply to:

- the Toronto Community Housing Corporation
- a not-for-profit provider of assisted or social housing under a program administered by the City of Toronto or
- a dedicated supportive housing provider funded by the Province of Ontario.

The completed form should be sent to the RentSafeTO: Apartment Building Standards program via email to RentSafeTO@toronto.ca (Please use your registered business email address).

Once received, the application will be reviewed for eligibility. After review, you will receive a notification with information on your invoice and how to make payment. Once your payment has been received, RentSafeTO staff will contact you directly to schedule a date to conduct a re-evaluation. Please note that **you are expected to make payment within 15 days after you receive notification of payment requirement.** If your payment is not received within this timeframe, the re-evaluation request will be cancelled, and you will not be able to re-apply.

1. Building Owner Business Information

| | | | |
|---|-------------|-------------------------------|-------------------|
| First Name | | Last Name | |
| Street Number | Street Name | | Unit/Suite Number |
| City/Town | | Province | Postal Code |
| Telephone Number | | Mobile Number (if applicable) | |
| Email | | | |
| Corporation or Partnership Name (if applicable) | | | |

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2. Apartment Building Information

| | | | |
|--|-------------|---|-------------|
| Street Number | Street Name | | |
| City/Town | | Province | Postal Code |
| Property Type | | <input type="checkbox"/> Rental Apartment <input type="checkbox"/> Social Housing <input type="checkbox"/> Other, please specify: | |
| Note: 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 | | | |
| Year Built | | | |
| Date of Last Evaluation: | | Current Evaluation Score | |

3. Apartment Building Evaluation Categories

Please select the categories you are requesting to be re-evaluated. **Note: Categories that have a current grade of 3 will not be re-evaluated.** You can refer to your current building evaluation result which is posted on the [RentSafe TO Portal](#).

| Evaluation Category | Selection |
|----------------------------------|--------------------------|
| Numbering of Property | <input type="checkbox"/> |
| Exterior Grounds | <input type="checkbox"/> |
| Fencing | <input type="checkbox"/> |
| Retaining Walls | <input type="checkbox"/> |
| Catch Basins and Storm Drainage | <input type="checkbox"/> |
| Building Exterior | <input type="checkbox"/> |
| Balcony Guards | <input type="checkbox"/> |
| Windows | <input type="checkbox"/> |
| Exterior Receptacle Storage Area | <input type="checkbox"/> |
| Exterior Walkways | <input type="checkbox"/> |
| Clothing Drop Boxes | <input type="checkbox"/> |
| Accessory Buildings | <input type="checkbox"/> |
| Intercom | <input type="checkbox"/> |
| Emergency Contact Sign | <input type="checkbox"/> |
| Lobby - Walls and Ceiling | <input type="checkbox"/> |
| Lobby - Floors | <input type="checkbox"/> |

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|--|--------------------------|
| Laundry Room | <input type="checkbox"/> |
| Interior Receptacle Storage Area | <input type="checkbox"/> |
| Mail Receptacles | <input type="checkbox"/> |
| Exterior Doors | <input type="checkbox"/> |
| Storage Areas/Lockers - Maintenance | <input type="checkbox"/> |
| Pools | <input type="checkbox"/> |
| Other Amenities | <input type="checkbox"/> |
| Parking Areas | <input type="checkbox"/> |
| Abandoned Equipment and Derelict Vehicles | <input type="checkbox"/> |
| Garbage/Compactor Room | <input type="checkbox"/> |
| Elevator - Maintenance | <input type="checkbox"/> |
| Elevator - Cosmetics | <input type="checkbox"/> |
| Interior Hallway - Walls and Ceiling | <input type="checkbox"/> |
| Interior Hallway Floors | <input type="checkbox"/> |
| Interior Lobby and Hallway Lighting Levels | <input type="checkbox"/> |
| Common Area Ventilation | <input type="checkbox"/> |
| Electrical Services and Outlets | <input type="checkbox"/> |
| Chute Rooms - Maintenance | <input type="checkbox"/> |
| Stairwell - Walls and Ceiling | <input type="checkbox"/> |
| Stairwell - Landing and Steps | <input type="checkbox"/> |
| Stairwell - Lighting | <input type="checkbox"/> |
| Interior Handrail and Guard - Safety | <input type="checkbox"/> |
| Interior Handrail and Guard - Maintenance | <input type="checkbox"/> |
| Graffiti | <input type="checkbox"/> |
| Building Cleanliness | <input type="checkbox"/> |
| Common Area Pests | <input type="checkbox"/> |
| Tenant Notification Board | <input type="checkbox"/> |
| Pest Control Log | <input type="checkbox"/> |
| Maintenance Log | <input type="checkbox"/> |
| Cleaning Log | <input type="checkbox"/> |
| Vital Service Plan | <input type="checkbox"/> |
| Electrical Safety Plan | <input type="checkbox"/> |
| State of Good Repair Plan (Capital Plan) | <input type="checkbox"/> |
| Tenant Service Request Log | <input type="checkbox"/> |

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Office Use Only

| | | |
|------------------------------|--------------------|------------------------|
| Date: Application Received. | Date: Invoice Sent | Date: Payment Received |
| Scheduled Re-evaluation Date | | |
| Denied Request: Reason | | |