



## Application Form Housing (Wales) Act 2014

*Appeal relating to revocation of landlord's registration.*

**It is important that you read the notes below carefully before you complete this form.**

**Please write clearly in BLACK ink.**

**This application form is also available in Welsh. Please contact the tribunal for a Welsh version of this form.**

This is the correct form to use if you are the landlord of a dwelling subject to, or marketed or offered for let under, a domestic tenancy and you wish to appeal against a decision of a Licensing Authority to revoke your registration under section 17 of the Housing (Wales) Act 2014 ("the Act").

### **Note to Applicants**

Applicants are advised that any information that they provide to the Tribunal may be recorded in a decision document. All decisions made by the Tribunal are open to the public.

### **Documents**

You must send the following document(s) ("the required document(s)") with this application:

- A copy of the notice of the licensing authority's intention to revoke registration and the reasons for that decision;
- Any representations made by the landlord in response to the licensing authority's notice of intention to revoke registration;
- A copy of the notice revoking the registration of the landlord.

Please do not send any other documents at this time. If and when further documents, information or evidence are needed, you will be asked to send them separately.

### **Time Limits**

The application must be made before the end of the period of 28 days beginning with the date on which the person was notified of the decision (the "appeal period") (section 17(5) (a) of the Act.)

The tribunal may allow an appeal to be made to it out of time (after the end of the appeal period) if it is satisfied that there is a good reason for the failure to appeal in time and for any delay in applying for permission to appeal out of time. (Section 17(6) of the Act.)

## **Application Fee**

Unless you are entitled to a waiver, you must send the Application Fee of £155 with the application and the required documents.

The Fee must be paid by crossed cheque made payable to, or a postal order drawn in favour of, "National Assembly for Wales".

Do not send cash under any circumstances. Cash payments will not be accepted.

### **Please note:**

If you do not send the correct fee payable to or in favour of "National Assembly for Wales" or if you send cash, the application and cash will be returned to you at your risk.

## **Waiver of Fees**

If the Applicant(s) or the partner(s) of any Applicant(s) is/are in receipt of certain income related benefits, the Application Fee may be waived.

To claim a waiver of the Application Fee, the Applicant(s) in receipt of benefit or the Applicant(s) whose partner(s) is/are in receipt of such benefit must complete a waiver application form which can be obtained from the Residential Property Tribunal. This will not be copied to other parties.

The Residential Property Tribunal will not accept applications by FAX or Email.

Please send the completed application form, the fee (or completed waiver form) and the required documents to:

Residential Property Tribunal  
1<sup>st</sup> Floor, West Wing  
Southgate House  
Wood Street  
Cardiff  
CF101EW

## **Language Preference**

The Residential Property Tribunal welcomes receiving correspondence in Welsh or English. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding. The Tribunal also welcomes phone calls in Welsh or English.

You may submit forms, documents and make written representations to the tribunal in Welsh or English.

Please inform the tribunal of your language preference by completing box 3 below.

## 1. DETAILS OF THE PROPERTY

Address of Property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 2. DETAILS OF APPLICANT

Name of Applicant: \_\_\_\_\_  
Address (*including postcode*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Address for correspondence (*if different*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: *Day*: \_\_\_\_\_ *Evening*: \_\_\_\_\_ *Mobile*: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Capacity (owner/manager): \_\_\_\_\_  
Name and Address and details of agent (if relevant): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If there is more than one Applicant please provide details on a separate sheet.

*Where details of an agent have been given, all correspondence and communication will be with that agent until the tribunal is notified that the agent is no longer acting for the Applicant.*

## 3. LANGUAGE PREFERENCE

**Please indicate your language preference:**

Written correspondence? Welsh / English (please delete as appropriate)

Verbal communication? Welsh / English (please delete as appropriate)

Do you wish to speak Welsh in any legal proceedings that may result from this application i.e. tribunal hearing or pre-trial review?

Yes / No (please delete as appropriate)

#### 4. DETAILS OF RESPONDENT

Name of the Licensing Authority: \_\_\_\_\_

Address (*including postcode*): \_\_\_\_\_

Address for correspondence (*if different*): \_\_\_\_\_

Reference: \_\_\_\_\_

Telephone: *Day*: \_\_\_\_\_ *Evening*: \_\_\_\_\_ *Mobile*: \_\_\_\_\_

Email address (if known): \_\_\_\_\_

#### 5. DETAILS OF LANDLORD (IF NOT ALREADY GIVEN)

Name: \_\_\_\_\_

Address (*including postcode*): \_\_\_\_\_

Address for correspondence (*if different*): \_\_\_\_\_

Reference: \_\_\_\_\_

Telephone: *Day*: \_\_\_\_\_ *Evening*: \_\_\_\_\_ *Mobile*: \_\_\_\_\_

Email address (if known): \_\_\_\_\_

## 6. DETAILS OF ANY INTERESTED PERSONS

The Tribunal needs to know the names and addresses of other people who may be significantly affected by this application such as tenants or occupiers of the building.

Name of interested person:

Address (including postcode): \_\_\_\_\_

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Name of interested person: \_\_\_\_\_

Address (including postcode): \_\_\_\_\_

If there are more interested persons, please provide details on a separate sheet.

## 7 ADDITIONAL INFORMATION

Please set out briefly why you believe that the Tribunal should make the order requested:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## 8. OTHER APPLICATIONS

Are you aware of any applications which EITHER involve issues concerning the same premises OR concern other premises where the same parties are involved (either as Applicant or Respondent)?

If so, please give details including the case reference number(s). The Tribunal may order that some or all of the applications or particular issues raised in those applications be dealt with at the same time.

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## 9. CAN WE DEAL WITH YOUR APPLICATION WITHOUT A HEARING?

It is possible for your application to be dealt with entirely on the basis of written representations ("paper determination") BUT ONLY IF:

- The Tribunal thinks it is appropriate and
- No party requests a hearing

Even if you agree to a paper determination

- The Tribunal may nonetheless decide that an oral hearing is necessary.
- You or any other party may still ask for an oral hearing at any time before the determination is made.

Do you agree to this application being determined without an oral hearing. YES ☐ NO ☐

**PLEASE ENSURE THAT YOU COMPLETE THIS FORM IN FULL ON THE ASSUMPTION THAT THERE WILL BE AN ORAL HEARING.**

## 10. URGENCY OF APPLICATION

Please let us know if there is a particular urgency for a determination in this case and if so, why?

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## 11. AVAILABILITY

If there are any days or dates we must avoid during the next three months (either for your convenience or the convenience of any witness or expert you may wish to call) please list them here.

Dates on which you will **NOT** be available:

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## 12. VENUE REQUIREMENTS

Please provide details of any special requirements you or anyone who will be coming with you may have (e.g. wheelchair access, presence of an interpreter). It will assist the Tribunal in making arrangements if it has been made aware of your needs.

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## 13. STATEMENT OF TRUTH

*I believe that the facts stated in this application are true.*

Signed:

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Name (in capitals):

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Capacity (if appropriate):

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Date:

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## **CHECK LIST**

Please check that:

- You have completed this form IN FULL.
- You have enclosed all the required documents.
- You have enclosed the required fee or application for waiver.

The Tribunal will not process your application if you have not done so.

If you have any questions about how to fill in this form or the procedure the Tribunal will use, please contact the Residential Property Tribunal on 0300 025 2777 or e-mail [rpt@gov.wales](mailto:rpt@gov.wales)

**PLEASE NOTE THAT THE TRIBUNAL IS UNABLE TO GIVE LEGAL ADVICE.**