

Application Form Housing (Wales) Act 2014

Application by Licensing Authority or Local Housing Authority for a Rent Stopping Order

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 Licensing Authority or the Local Housing Authority (LHA) for the area in which the dwelling is located and you wish to apply for a Rent Stopping Order under section 30(1) of the Housing (Wales) Act 2014 ("the Act").

Application Fee

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.

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

Where the application is made by the licensing authority or the LHA you must send the following document(s)("specified document(s)") with this application:

- A copy of the notice of intended proceedings under section 30(6)(a) of the Act
- A copy of any representations received in respect of the notice;

AND

EITHER

• A statement containing the details relied on in making the allegation that an offence under section 7(5) or 13(3) of the Act is being committed;

OR

• proof that the appropriate person entitled to receive the payments has been convicted of an offence under section 7(5) or 13(3) of the Act;

AND

- A document showing the periodical payments by the licensing authority or LHA in connection
 with the domestic tenancy of the dwelling during the period in which it is alleged such an
 offence was committed.
- Where an application is made by a LHA, evidence of the consent of the licensing authority under section 30(2) of the Act.

Failure to send any specified document(s) might make this application invalid.

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.

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

Please send the completed application form together with the specified documents to:

Residential Property Tribunal Southgate House 1st Floor, West Wing Wood Street Cardiff CF10 1EW

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.

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 Licensing Authority/ Local Housing Authority: (delete where applicable)
Address (including postcode):
Address (including posicode).
Address for correspondence (if different):
Address for correspondence (if different):
Telephone: Day: Evening: Mobile:
Email address:
Name and Address and details of agent/representative (if relevant):
Where details of an agent or representative have been given, all correspondence and communicat
will be with that agent/representative until the tribunal is notified that the agent/representative is no longer acting for the Applicant.
опуві асші у тог ше Арріїсаті.
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?
and the second of the mentioner.
Yes / No (please delete as appropriate)

. DETAILS OF RESPONDEN	T LANDLORD	
Name of the person entitled t	to receive the payments	:
Address (including postcode)	:	
Address for correspondence	(if different):	
Tolonhono: Day:	Evoning:	Mobile:
Telephone: <i>Day:</i>	Evening:	iviobile.
Email address (if known):		
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here is more than one Respo	ilidelli piease provide de	etalls off a separate sheet.
ADDITIONAL INFORMATION	ON	
		nal should make the order requested:
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6. 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.
7. 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.
8. URGENCY OF APPLICATION
Please let us know if there is a particular urgency for a determination in this case and if so, why?

9. 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:
10. 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.
11. STATEMENT OF TRUTH
I believe that the facts stated in this application are true.
Signed:
Name (in capitals):
Capacity (if appropriate):
Date:

CHECK LIST

Please check that:

- You have completed this form IN FULL.
- You have enclosed all the specified documents.
- You have enclosed a cheque /Postal order for the correct fee.

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

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