



## Application Form Housing (Wales) Act 2014

Application by Licensing Authority, Local Housing Authority or Landlord  
to revoke 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 or the landlord of the dwelling and you wish to apply for an order, under section 31(1) of the Housing (Wales) Act 2014 (“the Act”), revoking an existing Rent Stopping Order.

### **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.

### **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 LHA** you must send the following document(s) (“specified document(s)”) with this application:

- Evidence of the consent of the licensing authority to make this application as required by section 31(3) of the Act

**Where the application is made by the landlord** you should send evidence that an offence under section 7(5) of the Act (requirement for the landlord to be licensed to carry out property management activities) or an offence under section 13(3) of the Act (appointing an unlicensed agent), is no longer being committed.

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  
1<sup>st</sup> 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:

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## 2. DETAILS OF APPLICANT

Name of Licensing Authority/ Local  
Housing Authority/Landlord (delete  
where applicable)

Address (*including postcode*):

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Address for correspondence (*if different*):

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

Email address: \_\_\_\_\_

Name and Address and details of agent/representative  
(if relevant):

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*Where details of an agent or representative have been given, all correspondence and communication will be with that agent/representative until the tribunal is notified that the agent/representative 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)

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**4. DETAILS OF RESPONDENT LANDLORD (where application made by Licensing Authority or Local Housing Authority)**

Name of the person entitled to receive the payments: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

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

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

**5. DETAILS OF TENANT/OCCUPIER (of the property relating to this application)**

Name of the occupier(s): \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

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



## 8. 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.**

## 9. 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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## 10. 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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## 11. 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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## 12. 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](mailto:rpt@gov.wales)

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