

Application Form Housing Act 2004

Appeals relating to Improvement Notices, Prohibition Orders and Emergency Measures

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

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

Please write clearly in BLACK ink.

This is the correct form to use if:

- (a) you are a Local Housing Authority and seek to recover the expenses reasonably incurred in taking action in respect of premises which are the subject of an Improvement Notice from a person profiting from the action taken;
- (b) you are the lessor or lessee of premises in respect of which a Prohibition Order has been made and you wish to vary or terminate the lease;
- (c) you are a person interested in premises which are or are likely to become dangerous or harmful to health or safety OR you should be entrusted to carry out improvement or reconstruction approved by the Local Housing Authority and you seek an order empowering you to enter the premises in order to carry out such works.

Please note

In the case of an application under paragraph (c) above:

- the Tribunal may order that any lease held from the applicant and any derivative lease shall be determined, subject to such conditions and the payment of such compensation as the Tribunal may think just;
- the Tribunal may authorise the Local Housing Authority to exercise such supervision or take such action as may be necessary to secure that the works are carried out;
- a fee is payable for this application

Documents

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

Where the application is made under paragraph (a) above:

- (i) a copy of the Notice;
- (ii) the statement of reasons;
- (iii) a copy of the demand for expenses;
- (iv) a copy of any recovery notice;
- (v) proof of service of the application upon the respondent(s)

Where the application is made under paragraph (b) above:

- (i) a copy of the Order;
- (ii) the statement of reasons;
- (iii) a copy of the lease;
- (iv) the name and address of any other party to the lease and any sub-lease.

Where the application is made under paragraph (c) above:

- (i) details of the proposed work including:
 - name and address of proposed contractor
 - an estimate of the cost of the works
 - a timetable for starting and completing the works.
- (ii) where the application relates to a scheme of improvement or reconstruction:
 - the scheme of improvement, and
 - •the Local Housing Authority's approval.
- (iii) a statement of your financial standing disclosing the funds available to meet the estimated cost of the works.
- (iv) where the application includes a request to determine a lease, a copy of the lease.

Failure to send any required 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.

Application Fee

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

No fee is payable in respect of applications under paragraphs (a) or (b)

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.

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

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

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.

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

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.

. DETAILS OF THE PROPERTY	
Address of Property:	
. DETAILS OF APPLICANT	
Name of Applicant:	
Address (including postcode):	
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Address for correspondence (if different):	
Telephone: Day: Evening: Mobile:	
Email address:	
Capacity (owner/manager):	
Name and Address and details of agent (if relevant):	
there is made then and Applicant places provide details on a constant place.	
there is more than one Applicant please provide details on a separate sheet.	
here details of an agent have been given, all correspondence and communication will be with	that
gent until the tribunal is notified that the agent is no longer acting for the Applicant.	
. LANGUAGE PREFERENCE	
Please indicate your language preference:	
Written correspondence? Welsh / English (please delete as appropriate)	
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Verbal communication? Welsh / English (please delete as appropriate)	
verbal confindincation? Weish / English (please delete as appropriate)	
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Do you wish to speak Welsh in any legal proceedings that may result from this application i.e tribunal hearing or pre-trial review?	∌.
the that he that review.	
Yes / No (please delete as appropriate)	
(Francisco of Francisco)	

Name of the Local Housing Au	ıthority:		
Address (including postcode):			
Address for correspondence (if	f different):		
Reference:			
Telephone: Day:	Evening:	Mobile:	
Email address (if known):			
. DETAILS OF LANDLORD (IF	NOT ALREADY GIVE	V)	
Name:	NOT MERCENDITORIES	•/	
Address (including postcode):			
Address for correspondence (if	f different):		
Reference:			
Telephone: Day:	Evening:	Mobile:	
Email address (if known):			
. DETAILS OF ANY INTERES			unificantly
affected by this application such		of other people who may be signs of the building.	nincantiy
Name of interested person:			
Address (including postcode):			
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Name of interested persons			
Name of interested person:			
Name of interested person: Address (including postcode):			
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_	ADDITIONAL INFORMATION
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,	Please set out briefly why you believe that the Tribunal should make the order requested:
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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.
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
	- no party requeste a ricaring
	Even if you agree to a paper determination
	 the Tribunal may 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.
	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

10. URGENCY OF APPLICATION
Please let us know if there is a particular urgency for a determination in this case and if so, why?
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:
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.
13. STATEMENT OF TRUTH
I believe that the facts stated in this application are true.
Signed:
Name (in capitals):
Capacity (if appropriate):
Date:

CHECKLIST

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 (where required).

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

Please contact the Residential Property Tribunal if you have any questions about how to fill in this form or the procedures the Tribunal will use:

Telephone: 0300 025 2777 Email: rpt@gov.wales