



## Application Form Housing Act 2004

Appeals relating to Management Orders

**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 you wish to appeal against:

- (a) the decision of a Local Housing Authority (LHA) to make an Interim Management Order (IMO), or a Special Interim Management Order (SIMO) or Final Management Order (FMO)\*;
- (b) the terms of an IMO, SIMO or FMO (including the terms of a management scheme) \*\*;
- (c) the decision of an LHA to vary, refuse to vary, revoke or refuse to revoke an IMO, a SIMO or FMO;
- (d) the refusal of an LHA to award a third party compensation or the amount of compensation awarded.

\*There is no appeal against an IMO or an SIMO where the Tribunal has authorised it to be made.

\*\*There is no appeal in respect of the terms of an IMO or SIMO except in relation to interest.

### Documents

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

- (a) a copy of the order (including, where relevant, the management scheme);
- (b) a copy of the notice served by the LHA with the order OR, in the case of an appeal under (d) above, a copy of the LHA's decision relating to compensation;
- (c) where the appeal relates to the terms of a management order or scheme under (b) above, a statement specifying each term to which objection is made and the reasons why;
- (d) where the appeal is in respect of the terms (relating to interest) of an IMO or SIMO, details of the rates of interest and the intervals at which payments are to be made;
- (e) in all cases under (c) above, a copy of the LHA's notice(s) under Schedule 6 of the Housing Act 2004;
- (f) where the appeal is in respect of third party compensation ((d) above), a statement setting out the rights in respect of which there has been interference AND the amount of compensation claimed.

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.

### Time Limits

An appeal in respect of the terms (relating to interest) of an IMO or SIMO may be made at any time that the Order is in force.

In all other cases the appeal must be made within 28 days of the date on which the Order or Decision of the LHA was made.

### Application Fee

No fee is payable for an appeal in respect of the terms (relating to interest) of an IMO or SIMO. In all other cases, an application fee of £155 is payable.

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.

**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  
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.

## 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 Local Housing 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): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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:

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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.

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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 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:

Name (in capitals):

Capacity (if appropriate) (eg Director, Company Secretary):

Date:

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## 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.

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](mailto:rpt@gov.wales)**