



Application Form
**Leasehold Valuation Tribunal
 Waiver of Fees**

The Leasehold Valuation Tribunals (Fees) (Wales) Regulations 2004

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

Please write clearly in BLACK ink and tick boxes where appropriate.

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 want the Leasehold Valuation Tribunal ("The Tribunal") to determine if the Applicant is entitled to a reduction or waiver of application fees.

If the applicant or his or her partner is in receipt of certain income-related benefits, *on the date that the application is made*, you may be entitled to have any application fees waived. These include;

- Universal Credit
- Income Support
- Housing Benefit
- Income-based Job Seeker's Allowance
- Income related Employment and Support Allowance
- Working Tax Credit where:
 - a. **either** that credit includes a disability element or severe disability element (or both) **or** it is combined with child tax credit **and**
 - b. the gross annual income used to calculate the Working Tax Credit is £14,213 or less
- A Guarantee Credit under the State Pensions Credit Act 2002
- A current certificate issued under the Funding Code (legal aid) which is in respect of the proceedings before the Tribunal, the whole or part of which have been transferred from the County Court for determination by a Tribunal. (If so, please send a copy to the Tribunal).

The waiver form will not be copied to other parties in the proceedings.

The Benefits Agency/Local authority should send the completed application form to:

**Residential Property Tribunal
 Oak House
 Cleppa Park
 Newport
 NP10 8BD**

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 APPLICANT/PROPERTY

Applicant Name: _____

Applicant Address (including postcode): _____

Address of Property (including postcode): _____

Date of Application to Tribunal: _____

Please complete either section 2A or 2B

2A.

Do you, or your partner ⁽¹⁾, have a valid certificate under the Funding Code issued in respect of the relevant proceedings which have been transferred from the County Court?

If so, please send a copy to the Tribunal. You do not need to fill in the rest of the form.

YES NO

2B.

Are you, or your partner ⁽¹⁾ , in receipt of any of the following benefits?	YOU	YOUR PARTNER
Income Support	<input type="checkbox"/>	<input type="checkbox"/>
Housing Benefit	<input type="checkbox"/>	<input type="checkbox"/>
Income-based Jobseeker's Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Working Tax credit where gross Annual Income used to calculate the Tax Credit is £14,213 or less	<input type="checkbox"/>	<input type="checkbox"/>
If yes		
Is there a disability or severe disability element included	<input type="checkbox"/>	<input type="checkbox"/>
Are you or your partner in receipt of child tax credit	<input type="checkbox"/>	<input type="checkbox"/>
Guarantee Credit under the State Pensions Credit Act 2002	<input type="checkbox"/>	<input type="checkbox"/>
An income-related employment and support allowance payable under Part 1 of the Welfare Reform Act 2007	<input type="checkbox"/>	<input type="checkbox"/>

⁽¹⁾ 'Partner' means the applicant's spouse or a person of the opposite sex with whom he or she lives as husband or wife or a person of the same sex with whom he or she lives in a relationship which has the characteristics of the relationship between husband and wife.

Please sign and date the agreement overleaf to allow the Benefits Agency or Local Authority to release the necessary details to the Residential Property Tribunal for the purpose of verifying your claim to exemption from fees. Please then take or send this form to your Benefits Agency or Local Authority.

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. AGREEMENT TO PROVIDE THE LEASEHOLD VALUATION TRIBUNAL WITH DETAILS OF BENEFIT CLAIMS (Benefit claimant to complete).

I agree that the Benefits Agency/Local Authority may confirm to the Leasehold Valuation Tribunal that I was in receipt of the following benefit on the date of an application to the Tribunal by me or my partner, for the purpose of verifying a claim to a waiver of fees payable for an application.

Type of Benefit Received: _____

Address of Office where I claimed the benefit: _____

My Name (in capitals) _____

My Address (in capitals): _____

National Insurance Number: _____

Or Local Authority Reference Number (for
Housing Benefit): _____

Signed: _____

Date: _____

5. FOR BENEFIT AGENCY/LOCAL AUTHORITY COMPLETION

I certify that the above named benefit customer was in receipt of _____ (specify benefit)
on _____ (date of application to Tribunal)

If benefit has ceased please give
last date of entitlement _____

Signed: _____

Section: _____

Telephone Number: _____

Office Stamp:

If you have any questions about how to fill in this form, or the procedures the Tribunal will use, please call the Residential Property Tribunal on **0300 025 2777** or email **rpt@gov.wales**.