



**Application Form**  
**Housing Act 2004**  
Appeals relating to HMO Declarations

**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 are an owner or manager of premises and you wish to appeal against a decision of a Local Housing Authority to serve or not to revoke an HMO Declaration under section 255(9) or section 256(4) of the Housing Act 2004.

Documents

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

- a copy of the HMO Declaration; and
- in the case of an appeal against a decision not to revoke an HMO Declaration, a copy of that decision.

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

The application must be made within 28 days of the date on which the decision was made.

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

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

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): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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):

Date:

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## Checklist

Please check that:

- you have completed this form IN FULL.
- you have enclosed all the required documents.

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)**