

Application Form Housing Act 2004

Appeals against a decision of a Local Housing Authority to vary or refuse to revoke or vary an Improvement Notice or Prohibition Order or to refuse approval for a use of the premises

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 decision of the Local Housing Authority (LHA) to vary an Improvement Notice or a Prohibition Order or to refuse to revoke or vary an Improvement Notice or Prohibition Order or to refuse approval of a particular use of the whole or part of the premises specified in a Prohibition Order.

Documents

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

- a copy of the Improvement Notice or Prohibition Order (including any Schedules);
- the statement of reasons;
- a copy of the LHA's decision to vary or refusal to vary or revoke the Notice or Order or refusal to approve a particular use of the whole or part of the premises.

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 of the LHA decision.

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.

Please send the completed application form, the fee (or completed waiver form) and the required 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.

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Address of Property:		
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DETAILS OF APPLICANT		
Name of Applicant:		
Address (including postcod	e):	
Address for correspondenc	e (if different):	
_	_	
Telephone: Day:	Evening:	Mobile:
Email address:		-
Capacity (owner/manager):		
Name and Address and de	tails of agent (if relevant):	
nere is more than one Appli	icant please provide details o	on a separate sheet.

Please indicate your lang	guage pref	erence:	
Written correspondence?	Welsh /	English	(please delete as appropriate)
Verbal communication?	Welsh /	English	(please delete as appropriate)
Do you wish to speak Wel tribunal hearing or pre-tria	•	gal proce	edings that may result from this application i.e.

4. DETAILS OF RESPONDENT			
Name of the Local Housing A	uthority:		
Address (including postcode):			
Address for correspondence (i	f different):		_
	-		
Reference:			
Telephone: Day:	Evening:	Mobile:	_
Email address (if known):			
5. DETAILS OF LANDLORD (II	F NOT ALREADY GIV	EN)	
Name:			
Address (including postcode):			
Address for correspondence (f difforant):		
Address for correspondence (i	i dilierent).		
Reference:			
Telephone: Day:	Evening:	Mobile:	
Email address (if known):			
Email address (ii known).			
6. DETAILS OF ANY INTERES	TED PERSONS		
		of other people who may be signif	icantly
affected by this application suc	h as tenants or occupie	rs of the building.	
No. 1 Catalog to Language			
Name of interested person:			
Address (including postcode):			
Name of interested person:			
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Address (including postcode):			
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Z ADDITIONAL INFORMATION
7. ADDITIONAL INFORMATION
Please set out briefly why you believe that the Tribunal should make the order requested:
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
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?
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.

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