



## Application Form Housing Act 2004

Applications by Local Housing Authorities relating to Empty Dwelling 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 are a Local Housing Authority (LHA) and wish to apply:

- (a) for authorisation to make an Empty Dwelling Management Order (EDMO);
- (b) for an Order that an Interim EDMO or a Final EDMO continue in force pending appeal;
- (c) for an Order determining a lease or licence while an EDMO is in force.

### Documents

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

Where the application is made under (a) above:

- a copy of the draft Interim EDMO
- a statement of evidence establishing compliance with section 134(2) of the Housing Act 2004 (the Act);
- a statement of evidence in respect of the LHA’s consideration of the rights and interests of the relevant proprietor of the premises and those of the wider community;
- a copy of any notification given to the respondent that the LHA was considering making an Interim EDMO.

Where the application is made under (b) above:

- a copy of the EDMO;
- a copy of the notice of appeal.

Where the application is made under (c) above:

- a copy of the EDMO;
- a copy of the lease or licence;
- a statement:
  - giving details of the parties to the lease or licence and any sub-lessor or lessee;
  - confirming that the premises are unoccupied and that the LHA requires possession to secure that they become occupied;
  - of the amount of compensation which the LHA is willing to pay and how it is calculated.

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.

**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.

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.

The tribunal will accept applications by email to [rpt@gov.wales](mailto:rpt@gov.wales) or in hard copy by post.

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 Local Housing Authority: \_\_\_\_\_  
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: \_\_\_\_\_

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



## 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:

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Name (in capitals):

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

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Date:

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## CHECKLIST

Please check that:

- you have completed this form IN FULL
- you have enclosed 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)