



## Application Form Housing Act 2004

Applications relating to Demolition Orders other than appeals

**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 and wish to recover the expenses incurred in executing a Demolition Order;
- you are a Local Housing Authority and wish the Tribunal to determine the contributions of joint owners in respect of the expenses incurred in executing a Demolition Order;
- you are a joint owner of premises in respect of which the Local Housing Authority has made a Demolition Order and you seek a contribution from a joint owner of the Local Housing Authority's expenses OR an apportionment of the surplus repaid by the Authority where it has recovered its expenses incurred in executing the Order;
- you are a lessor or lessee of premises and in respect of which a Demolition Order has become operative and you seek an order to determine or vary the lease.

### Documents

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

- (a) a copy of the Demolition Order;
- (b) the statement of reasons;
- (c) where the application is to recover the Local Housing Authority's expenses OR to determine the contributions of joint owners:
  - the expenses incurred in executing the Demolition Order;
  - the amount (if any) realised by the sale of materials;
  - the amount the Authority seeks to recover from each owner.
- (d) where the application is to determine the amount of a contribution from a joint owner of the Local Housing Authority's expenses OR an apportionment of the surplus repaid by the Authority:
  - a statement of the owners' respective interests on the premises and
  - a statement setting out their respective obligations and liabilities for maintenance and repair, whether express or implied
- (e) where the application is to determine or vary a lease
  - a copy of the lease
  - the name and address of any other party to the lease or any sub-lease.

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.

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

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.



## 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)**