

Application Form Housing Act 2004

Application by Local Housing Authority for a Rent Repayment Order

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 apply for a Rent Repayment Order under section 73(5) or 96(5) of the Housing Act 2004.

Documents

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

- a copy of the notice of intended proceedings;
- a copy of any representation received in respect of the notice;

EITHER

 a statement containing the details relied on in making the allegation that an offence was committed;

OR

- proof that the appropriate person entitled to receive the payments has been convicted; and
- a document showing the housing benefit paid by the Applicant in connection with occupation
 of the premises during the period in which it is alleged such an offence was committed.

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 b 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 or in hard copy by post.

Please inform the tribunal of your language preference by completing box 3 below.

Property:				
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DETAILS OF APPLICA	ANT			
Name of Local Housing				
Address (including post	code):			
Address for correspond	ence (if different	t):		
Telephone: Day:	Evo	ning <i>:</i>	Mobile:	
Email address:		g.	INODIIE.	
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4. DETAILS OF RESPONDE	N I	
Name of the person entitled	to receive the payments	:
•		
Address (including postcode)):	
		
Address for correspondence	(if different):	
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Telephone: Day:	Evening:	Mobile:
Email address (if known):		
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f there is more than one Resp	ondent please provide de	etails on a separate sheet.
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5. ADDITIONAL INFORMATI	ON	
Please set out briefly why y	ou believe that the Tribu	nal should make the order requested:
-		

6. 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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7. 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 andno 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.
8. 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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9. 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:
10. 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.
11. 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 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