

Application Form Housing Act 2004

Application by Occupier 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 (or were) an occupier of premises as your residence and you wish to apply for a Rent Repayment Order under section 73(5) or section 96(5) of the Housing Act 2004.

#### **Documents**

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

- evidence that the person entitled to receive the payments has EITHER been convicted of an offence under section 72(1) or 95(1) of the Housing Act 2004 OR has been required by a Rent Repayment Order to repay housing benefit; and
- evidence that you have paid periodical payments in respect of your occupation of the premises for the period which it is alleged that such an offence was being committed.

Failure to send the 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 **not later than 12 months** after the date of the conviction or Rent Repayment Order. Where there has been a conviction and an order, the 12 month period runs from the date of the later of them.
- The Tribunal cannot order repayment of any amount paid in respect of a period more than 12 months before the date of this application.

Please send your completed application 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.

## 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.

1. DETAILS OF THE PROP	ERTY		
Address of Property:			
2. DETAILS OF APPLICAN	т		
Name of Applicant:			
Address (including postco	de):	· · · · · · · · · · · · · · · · · · ·	
	,		
Address for corresponden	Address for correspondence (if different):		
Telephone: Day:	Evening:	Mobile:	
Email address:			
Capacity (owner/manager):			
Name and Address and details of agent (if relevant):			
	<b>3</b> ( )		

If there is more than one Applicant please provide details on a separate sheet.

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.	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 RESPONDED	NT		
Name of person entitled to receive payments:			
Address (including postcode):			
Address for correspondence	(if different):		
Reference:			
Telephone: Day:	Evening:	Mobile <i>:</i>	
Email address (if known):			
If there is more than one Respondent please provide details on a separate sheet.			

#### 5. 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.

# 6. ADDITIONAL INFORMATION

Please set out briefly why you believe that the Tribunal should make the order requested:

## 7. 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.

# 8. 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.

NO

YES

Please ensure that you complete this form in full on the assumption that there will be an oral hearing.

### 9. URGENCY OF APPLICATION

Please let us know if there is a particular urgency for a determination in this case and if so, why?

### **10. 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:

# **11. 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.

# **12. 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.

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 2777Email:rpt@gov.wales