

Application Form Section 21(1) (ba) and 21(2) of the Leasehold Reform Act 1967

Houses and Premises Application to determine costs and other issues

It is important that you read the notes below carefully before you complete this form.

Please write clearly and in BLACK ink and tick boxes where appropriate.

This application form is also available in Welsh. Please contact the tribunal for a Welsh version of this form.

This is the correct form to use if you want to apply under section 21(1) (ba) of the Leasehold Reform Act 1967 ("the Act") to ask the Leasehold Valuation Tribunal ("the Tribunal") for a determination of the reasonable costs payable under sections 9(4) or 14 (2) of the Act.

This is also the correct form to use if, either by agreement between the parties or in conjunction with your application under section 21(1)(ba) of the Act, you want to ask The Tribunal, under section 21(2) of the Act:

- (a) to determine the provisions which ought to be contained in the conveyance; and / or
- (b) to apportion the rent payable under the tenancy between the house and premises (or part of them) and other property; and / or
- (c) to determine the amount of a sub-tenant's share under Schedule 2 to the Act.

Documents

You <u>must</u> send the following documents ("required documents") with this application:

- a copy of all Notices and Counter-Notices served in relation to the enfranchisement
- a copy of the lease
- a copy of the sub-tenancy agreement (S.21(2)(C))
- any additional documents referred to in section 9

Failure to send any required documents 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 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

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 <u>rpt@gov.wales</u> or in hard copy by post.

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

*I/We apply to The Tribunal under section 21(1) (ba) of the Act for a determination of the	
reasonable costs payable under section 9(4) of the Act.	
*I/We apply to The Tribunal under section 21(1) (ba) of the Act for a determination of the reasonable costs payable under section 14(2) of the Act. \Box	
*I/We apply to The Tribunal under section 21(2) of the Act to:	
 a) determine part or all of the provisions which ought to be contained in the conveyance. 	
 b) apportion the rent payable under the tenancy between the house and premises (or part of them) and other property. 	
c) determine the amount of a sub-tenant's share under Schedule 2 to the Act in any compensation payable to a tenant under section 17 or section 18 of the Act.	
DRODERTY ADDRESS (including nectoods)	
2. PROPERTY ADDRESS (including postcode)	
3. LANGUAGE PREFERENCE	
Please indicate your language preference:	
Please indicate your language preference:	
Please indicate your language preference: Written correspondence? Welsh / English (please delete as appropriate)	

4. DETAILS OF APPLICA	NT(s)		
Name:			
Address (including postco	ode):		
Address for corresponder	nce (if different):		
			<u>.</u>
Telephone: Day:	Evening:	Mobile:	
Email address:			
Capacity (e.g. tenant):			
Representative details:			

4A. Disclosure of information

The Tribunal may copy the application form to other appropriate persons (e.g. other service charge paying leaseholders in the building or development). If you are a leaseholder and do not want your telephone number or email address to be disclosed to other such persons, please omit those details from Box 1 and attach them on a separate sheet.

Please also confirm that you do not want your (a) telephone number (b) email address details disclosed to other persons and confirm that you have supplied these on a separate sheet headed in bold and capital letters; **CONTACT DETAILS NOT TO BE SHARED WITH OTHERS**. If you are sending in the application form and attachments by PDF, then the contact details not to be shared sheet MUST be sent in a separate attachment.

Note:

Where details of a representative have been given, all correspondence and communication will be through them until the Tribunal is notified that they are no longer acting.

5. DETAILS OF RESPONDENT

Name:

Address (including postcode):

Address for correspondence (if	different)	LVT10 (See Guidance LVT-G4)
Telephone: Day: Email address <i>(</i> if known): Capacity (e.g. intermediate land		
Representative details:		
6. DETAILS OF FREEHOLD	ER (IF FREEHOLDER	IS NOT THE RESPONDENT)
Address for correspondence (if	different)	
Telephone: Day <i>:</i>	Evening:	Mobile <i>:</i>
Email address <i>(</i> if known): Representative details:		Fax:
Is the Freeholder's interest in the If Yes please give details in Se		Mortgage or Charge YES NO

7. DETAILS OF INTERMEDIATE LANDLORD (IF ANY) OTHER THAN THE RESPONDENT

Name:

Address (including postcode):

Address for correspondence (if different)

LVT10 (See Guidance LVT-G4)

Telephone: Day <i>:</i>	Evening:	Mobile:
Email address (if known):		Fax:
Representative details:		
Is the Intermediate Landlor	d's interest in the property s	subject to a Mortgage or Charge
YES 🗌 NO 🗆]	
If Yes please give details in	Section 7	
8. DETAILS OF MORTG	AGEE OR CHARGEE	
Name:		
Address (including postcode	e):	
Address for correspondence	(if different)	
Telephone: Day:	Evening:	Mobile:
Email address (if known):		Fax:
Representative details:		

9. DETAILS OF SUB - TENANT (Section 21(2) Leasehold Reform Act 1967 ONLY)

Name:	
Address (including postcode):	
Address for correspondence (if different)	

LVT10 (See Guidance LVT-G4)

Telephone: Day <i>:</i>	Evening:	Mobile:	
Email address <i>(</i> if known):		Fax:	
Representative details:			

10. ADDITIONAL INFORMATION

Please provide the following information:

(1) Where the application relates to the provisions to be contained in a conveyance, transfer or extended lease (S.21(2)(9))

- (a) the terms which have been agreed
- (b) the terms in respect of which a determination is sought

(2) If this is also an application to apportion the rent payable under the tenancy between the house and premises (or part of them) and another property, please give details.

Please continue on a separate sheet if necessary

	this is also an application to determine the amount of a sub-tenant's sl ensation under Schedule 2 to the Act, please give details.	hare of
(4) Ha	as any application been made to the Court to determine any question i cation? YES NO	relating to this
	S, has the Court made an Order? YES NO	
	S, please enclose a copy of the Order with this application	

LVT10 (See Guidance LVT-G4)

 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 all parties agree.
 Even if you agree to a paper determination the Tribunal may nonetheless 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.
13. AVAILABILITY
If there are any dates or days 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:
14. 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 the arrangements if it has been made aware of your needs:
15.STATEMENT OF TRUTH
I believe that the facts stated in this application are true.
Signed:
Name (IN CAPITALS):
Capacity (if appropriate) (e.g. Director, Company Secretary)
Date:

12. CAN WE DEAL WITH YOUR APPLICATION WITHOUT A HEARING?

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