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 **Application Form**

 **Housing (Wales) Act 2014**

Appeals relating to lettings activities and property management activities licence decisions

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

**Please write clearly in BLACK ink.**

**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 are a landlord of a dwelling subject to a domestic tenancy or a person acting on behalf of the landlord (agent) of a dwelling marketed or offered for let under a domestic tenancy or subject to a domestic tenancy, and you wish to appeal against a decision of the Licensing Authority;

* granting a licence subject to a condition (other than the requirement to comply with any Cod of Practice issued by the Welsh Ministers),
* refusing an application for a licence.
* amending a licence.
* revoking a licence.

**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.

**Documents**

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

**Where the appeal is by a licence holder against the conditions of the licence**;

* A copy of the notice of the licensing authority’s intention to make the licence subject to a condition and the reasons for its decision.
* A copy of the notice making the licence subject to a condition.
* Any other relevant documents supporting the application.
* A copy of the Licence.

**Where the appeal relates to the refusal to grant a licence (including a refusal because the licensing authority is not satisfied that the applicant is a fit and proper person to be licensed);**

* A copy of the notice setting out the reasons for the proposed refusal.
* A copy of the decision not to grant the licence and the reasons for the decision.
* Any other relevant documents supporting the application.

**Where the appeal is by a licence holder relating to amending or revoking a licence.**

* A copy of the notice of the licensing authority’s intention to amend or revoke the licence.
* A copy of any representations made in response to the licensing authority’s notice of intention to amend or revoke the license.
* A copy of the decision to amend or revoke the Licence together with the reasons for doing so.
* A copy of the Licence.
* Any other relevant documents supporting the application.

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.

**Time Limits**

An appeal must be made before the end of the period of 28 days beginning with the date the Applicant was notified of the decision (“the appeal period”).

The tribunal may allow an appeal to be made to it after the end of the appeal period if it is satisfied that there is a good reason for the failure to appeal before the end of that period and for any delay in applying for permission to appeal out of time.

**Application Fee**

Unless you are entitled to a waiver, you must send the Application Fee of **£155** with the application and the required documents. The Fee must be paid by crossed cheque or postal order drawn in favour of, “Welsh Government” or by bank transfer details of which are available on request.

Do not send cash under any circumstances. Cash payments will not be accepted.

**Please note:**

If you do not send the correct fee payable to or in favour of “Welsh Government” or if you send cash, the application and cash will be returned to you at your risk.

**Waiver of Fees**

If the Applicant(s) or the partner(s) of any Applicant(s) is/are in receipt of certain income related benefits, the Application Fee may be waived.

To claim a waiver of the Application Fee, the Applicant(s) in receipt of benefit or the Applicant(s) whose partner(s) is/are in receipt of such benefit must complete a waiver application form which can be obtained from the Residential Property Tribunal. This will not be copied to other parties.

The tribunal will accept applications by email to rpt@gov.wales or in hard copy by post.

Please send the completed application form, the fee (or completed waiver form) and the required documents to:

**Residential Property Tribunal**

**Oak House**

**Cleppa Park**

**Celtic Springs**

**Newport**

**NP10 8BD**

RPT welcomes correspondence and phone calls in Welsh and English. This includes submitting forms, documents and written representations to the Tribunal.

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| 1. **1. Language Preference**
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| Would you prefer to correspond with us in: | Welsh [ ] English [ ]  Both [ ]   |
| Would you prefer any verbal communication to be in: | Welsh [ ] English [ ]  Both [ ]   |
| Would you prefer to speak Welsh or English at your Tribunal Hearing? | Welsh [ ] English [ ]  Both [ ]   |
| **2. Languages Spoken** |  |
| What languages do you use to communicate? (Please tick all that apply) | Welsh [ ] English [ ] Other (please state) [ ]  |
|  | Click or tap here to enter text. |
| 1. **3.** We would like to support the use of the Welsh language in Tribunals. If you can speak Welsh, and have indicated English as your language of choice, is there a specific reason why you have chosen to communicate in English?
 | (Your answer will not affect the substance of your case in any way)  |
| Click or tap here to enter text. |  |

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| **1. Details of Property**  |
|  | Address of Property: |  |  |
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| **2. Details of Applicant**  |
|  Name of Applicant: |  |  |
|  Address (*including postcode*): |  |  |
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|  Address for correspondence (*if different*): |  |  |
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|  Telephone: *Day:* |  | *Evening:* |  | *Mobile:* |  |  |
|  Email address: |  |  |
|  Capacity (Landlord/Agent): |  |  |
|  Name and Address and details of Representative (if relevant): |  |  |
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If there is more than one Applicant,

please provide details on a separate sheet.

*Where details of a representative have been given, all correspondence and communication will be with that representative until the tribunal is notified that the representative is no longer acting for the Applicant.*

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| **3. Details of Respondent**  |
|  Name of the Licensing Authority: |  |  |
|  Address (*including postcode*): |  |  |
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|  Address for correspondence (*if different*): |  |  |
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|  | Reference: |  |
|  Telephone: *Day:* |  | *Evening:* |  | *Mobile:* |  |  |
|  Email address (if known): |  |  |
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| **4. Details of Landlord (if not already given)** |
|  Name: |  |  |
|  Address (*including postcode*): |  |  |
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|  Address for correspondence (*if different*): |  |  |
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|  | Reference: |  |
|  Telephone: *Day:* |  | *Evening:* |  | *Mobile:* |  |  |
|  Email address (if known): |  |  |
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| **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*): |  |  |
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|  Name of interested person: |  |  |
|  Address (including postcode): |  |  |
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|  | If there are more interested persons, please provide details on a separate sheet. |  |
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| **6. Type of application** |
| Please indicate your application by ticking the appropriate box: |
| Appeal against the grant of a licence subject to a condition |  |
| Appeal against the refusal of an application for a licence |  |
| Appeal against the amendment of a licence |  |
| Appeal against the revocation of a licence |  |
| Date that the applicant was notified of the decision being appealed against: Detail how the applicant was notified of the decision below (for example by post, e mail): |

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| **7. Appealing out of time**  |
|  | If you are seeking permission to appeal after the end of the appeal period,(see page 1 of this form) then set out your reasons for not applying within the appeal period and for any delay in applying for permission to appeal out of time: |
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| **8. Additional Information**  |
|  | Please set out briefly why you believe that the Tribunal should allow the appeal: |
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| **9. 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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| **10. 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 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.** |
| **11. 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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| **12. 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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| **13. 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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| **14. 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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**CHECK LIST**

Please check that:

* You have completed this form IN FULL.
* You have enclosed all the required documents.
* You have enclosed the required fee or application for waiver.

The Tribunal will not process your application if you have not done so.

If you have any questions about how to fill in this form or the procedure the Tribunal will use, please contact the Residential Property Tribunal on 0300 025 2777 or e-mail rpt@gov.wales

**PLEASE NOTE THAT THE TRIBUNAL IS UNABLE TO GIVE LEGAL ADVICE.**