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| **Residential Property Tribunal Logo** |  |
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| Application FormSection 91(2) (d) of the Leasehold Reform,Housing and Urban Development Act 1993Application for Reasonable Costs – Flats and Premisesprovided for by section 20 of the Landlord and Tenant Act 1985 | |
| **It is important that you read the notes below carefully before you complete this form.**  **Please write clearly 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 ask the Leasehold Valuation Tribunal (“the Tribunal”) for a determination of the reasonable costs payable under section 33(1) or 60(1) of the Leasehold Reform, Housing and Urban Development Act 1993 (the Act). Documents You must send the following document(s) (“required document(s)”) with this application:   * a copy of all notices served in relation to the enfranchisement or extended lease * a copy of the bill or demand for the payment of costs   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 are open to the public.    RPT welcomes correspondence and phone calls in Welsh and English. This includes submitting forms, documents and written representations to the Tribunal.   |  |  | | --- | --- | | 1. **1. Language Preference** |  | | 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. **TYPE OF APPLICATION (S)** | | |
|  | \*I/We apply to The Tribunal for determination of the reasonable costs payable under |  |
|  | section 33(1) of the Act (enfranchisement) |  |
|  | section 60(1) of the Act (extended lease) |  |
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| 1. **PROPERTY ADRESS (including postcode)** | | |
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| 1. **DETAILS OF APPLICANT(S)** (if there are multiple applicants, please continue on a separate sheet) | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | |  |
| Address (including postcode): | | | | | | |  | | | | | | | | |  |
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| Address for correspondence (if different): | | | | | | | | | |  | | | | | |  |
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| Telephone: Day*:* | | | |  | | | | | Evening*:* | | | | | Mobile*:* | |  |
| Email address: | | |  | | | | | | | | | | | | |  |
| Capacity e.g. (Leaseholder, Freeholder,  Intermediate Landlord, Nominee Purchaser): | | | | | | | | | | |  | | | | |  |
| Representative details: | | | | | |  | | | | | | | | | |  |
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| 3A. 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. | | | | | | | | | | | | | | | |
| 1. **DETAILS OF RESPONDENT (S)** (if there are multiple Respondents, please continue on a separate sheet) | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | |  |
| Address (including postcode): | | | | | |  | | | | | | | | |  |
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| Address for correspondence (if different) | | | | | | | |  | | | | | | |  |
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| Telephone: Day*:* | | |  | | | | Evening*:* | |  | | | | Mobile*:* |  |  |
| Email address (if known): | | | | |  | | | | | | | | | |  |
| Capacity (e.g. Leaseholder, Freeholder,  Intermediate Landlord, Nominee Purchaser): | | | | | | | | | |  | | | | |  |
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| Representative details: | | | | | | | | | | | | | | | |
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| 1. **DETAILS OF FREEHOLDER (if Freeholder is not Applicant or Respondent)** | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | |  |
| Address (including postcode): | | | | | | |  | | | | | | | | |  |
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| Address for correspondence (if different) | | | | | | | | |  | | | | | | |  |
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| Telephone: *Day:* | | |  | | | | | Evening*:* | | |  | | | Mobile*:* |  |  |
| Email address (if known): | | | | | |  | | | | | | | |  |  |  |
| Representative details: | | | | | |  | | | | | | | | | |  |
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|  | Is the Freeholder’s interest in the property subject to a mortgage or charge? Yes  No | | | | | | | | | | | | | | |  |
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| 1. **DETAILS OF INTERMEDIATE LANDLORD** | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | |  |
| Address (including postcode): | | | | | | |  | | | | | | | | |  |
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| Address for correspondence (if different) | | | | | | | | | |  | | | | | |  |
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| Telephone: Day*:* | | | |  | | | | Evening*:* | | |  | | | Mobile*:* |  |  |
| Email address (if known): | | | | | |  | | | | | | | | Fax: |  |  |
| Representative details: | | | | | |  | | | | | | | | | |  |
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|  | Is the intermediate Landlord’s interest in the property subject to  a mortgage or charge? Yes  No | | | | | | | | | | | | | | |  |
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|  | If yes give details in section 7 | | | | | | | | | | | | | | |  |
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| 1. **DETAILS OF MORTGAGEE OR CHARGEE** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | |  | | | | | | | | | | | | | | | | | | | | |  | | |
| Address (including postcode): | | | | | | | | | | |  | | | | | | | | | | | | | |  | | |
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| Address for correspondence (if different) | | | | | | | | | | | | | | |  | | | | | | | | | |  | | |
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| Telephone: Day*:* | | | | | |  | | | | | | Evening*:* | | | | |  | | | | | Mobile*:* | |  |  | | |
| Email address (if known): | | | | | | | | | |  | | | | | | | | | | | | Fax: | |  |  | | |
| Capacity: | | | | |  | | | | | | | | | | | | | | | | | | | |  | | |
| Representative details: | | | | | | | | |  | | | | | | | | | | | | | | | |  | | |
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| 1. **ADDITIONAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Please answer the following questions: | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| (1) Please state the amount(s) in dispute | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| (2) Please give your reasons and state the amounts(s) you consider appropriate | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **CAN WE DEAL WITH YOUR APPLICATION WITHOUT A HEARING?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is it possible for your application to be dealt with entirely on the basis of written representations (“A 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 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **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: | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | |
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| 1. **VENUE REQUIREMENTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please provide details of any special requirements you or anyone who will be coming with you may have (e.g. the use of a wheelchair and/or the presence of an interpreter). It will assist the Tribunal in making the arrangements if it has been aware of your needs. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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)