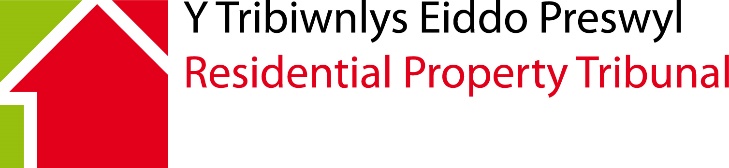
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Application Form

# Leasehold Valuation Tribunal

# Waiver of Fees

## The Leasehold Valuation Tribunals (Fees) (Wales) Regulations 2004

**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 the Leasehold Valuation Tribunal (“The Tribunal”) to determine if the Applicant is entitled to a reduction or waiver of application fees.

If the applicant or his or her partner is in receipt of certain income-related benefits, *on the date that the application is made,* you may be entitled to have any application fees waived. These include;

– Universal Credit

– Income Support

– Housing Benefit

– Income-based Job Seeker’s Allowance

– Income related Employment and Support Allowance

– Working Tax Credit where:

a. **either** that credit includes a disability element or severe disability element (or both) **or** it is combined with child tax credit **and**

b. the gross annual income used to calculate the Working Tax Credit is £14,213 or less

– A Guarantee Credit under the State Pensions Credit Act 2002

* A current certificate issued under the Funding Code (legal aid) which is in respect of the proceedings before the Tribunal, the whole or part of which have been transferred from the County Court for determination by a Tribunal. (If so, please send a copy to the Tribunal).

**The waiver form will not be copied to other parties in the proceedings.**

**The Benefits Agency/Local authority should send the completed application form to:**

**Residential Property Tribunal**

**Oak House**

**Cleppa Park**

**Newport**

**NP10 8BD**

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. |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. Details of Applicant/Property** | | | | | |
| Applicant Name: | |  | | |  |
| Applicant Address (including postcode): | | | |  |  |
|  |  | | | |  |
|  |  | | | |  |
|  |  | | | |  |
| Address of Property (including postcode): | | | |  |  |
|  |  | | | |  |
|  |  | | | |  |
|  |  | | | |  |
| Date of Application to Tribunal: | | |  | |  |

**Please complete either section 2A or 2B**

|  |
| --- |
| **2A.** |
| Do you, or your partner (1), have a valid certificate under the Funding Code issued in respect of the relevant proceedings which have been transferred from the County Court?    If so, please send a copy to the Tribunal. You do not need to fill in the rest of the form.  YES  NO |
|  |

|  |
| --- |
| **2B.** |

|  |  |  |
| --- | --- | --- |
| Are you, or your partner (1), in receipt of any of the following benefits? | YOU | YOUR PARTNER |
| Income Support |  |  |
| Housing Benefit |  |  |
| Income-based Jobseeker’s Allowance |  |  |
| Working Tax credit where gross Annual Income used to calculate the Tax Credit is £14,213 or less  If yes  Is there a disability or severe disability element included  Are you or your partner in receipt of child tax credit |  |  |
| Guarantee Credit under the State Pensions Credit Act 2002 |  |  |
| An income-related employment and support allowance payable under Part 1 of the Welfare Reform Act 2007 |  |  |
|  | | |

(1) ‘Partner’ means the applicant’s spouse or a person of the opposite sex with whom he or she lives as husband or wife or a person of the same sex with whom he or she lives in a relationship which has the characteristics of the relationship between husband and wife.

**Please sign and date the agreement overleaf to allow the Benefits Agency or Local Authority to release the necessary details to the Residential Property Tribunal for the purpose of verifying your claim to exemption from fees. Please then take or send this form to your Benefits Agency or Local Authority.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **3. Agreement to provide the Leasehold Valuation Tribunal with details of benefit claims (Benefit claimant to complete).** | | | | | | |
| I agree that the Benefits Agency/Local Authority may confirm to the Leasehold Valuation Tribunal that I was in receipt of the following benefit on the date of an application to the Tribunal by me or my partner, for the purpose of verifying a claim to a waiver of fees payable for an application. | | | | | | |
| Type of Benefit Received: | | |  | | |  |
| Address of Office where I claimed the benefit: | | | |  | |  |
|  |  | | | | |  |
|  |  | | | | |  |
|  |  | | | | |  |
| My Name (in capitals) | | |  | | |  |
| My Address (in capitals): | | |  | | |  |
|  |  | | | | |  |
|  |  | | | | |  |
|  |  | | | | |  |
| National Insurance Number: | | | |  | |  |
| **Or** Local Authority Reference Number (for Housing Benefit): | | | |  | |  |
| Signed: | |  | | | Date: | |
|  | |  | | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **4. For Benefit Agency/Local Authority completion** | | | |
| I certify that the above named benefit customer was in receipt of  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(specify benefit)  on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date of application to Tribunal) | | | |
| If benefit has ceased please give last date of entitlement | |  |  |
| Signed: |  | |  |
| Section: |  | |  |
| Telephone Number: |  | |  |
| Office Stamp: |  | |  |

If you have any questions about how to fill in this form, or the procedures the Tribunal will use, please call the Residential Property Tribunal on **0300 025 2777** or email **rpt@gov.wales**.