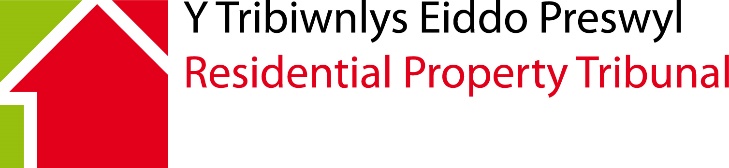
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# Application Form

# Section 29 Landlord and Tenant Act 1985

## Applications relating to the recognition of Tenants’ Associations

**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:

* the landlord has refused or withdrawn recognition of a Tenants’ Association.
* you wish to renew your Certificate of Recognition

Documents

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

* a copy of the Association’s Constitution (Rules)
* a complete schedule incorporating the information set out in Annex A
* copies of any relevant correspondence with the Landlord regarding recognition or withdrawal of recognition of the Association but DO NOT INCLUDE correspondence headed “without prejudice” or “in confidence”.

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.

Please note that any documents sent to the Tribunal may be copied to the other interested parties.

**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.

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** |  |
| 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. NAME AND ADDRESS OF ASSOCIATION** | | | | |
| Name: | |  | |  |
| Address (including postcode): | | |  |  |
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| 1A. 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. |

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| **2. NAME AND ADDRESS OF SECRETARY** | | | | | | | | | |
| Name: | |  | | | | | | |  |
| Address (including postcode): | | | |  | | | | |  |
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| Telephone: Day: | | |  | | Evening*:* |  | Mobile*:* |  |  |
| Email address: | | |  | | | | | |  |
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| **3. NAME AND ADDRESS OF LANDLORD** | | | | | | | | | |
| Name: | |  | | | | | | |  |
| Address (including postcode): | | | |  | | | | |  |
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| Telephone: Day*:* | | |  | | Evening*:* |  | Mobile*:* |  |  |
| Email address: | | |  | | | | | |  |
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| **4. TYPE OF APPLICATION** |
| Please state if the application is:  **Refusal** **of recognition**  **Withdrawal** **of recognition**  **Renewal of Certificate of Recognition**  **Refusal of recognition**  Have you asked the landlord for written notice of recognition?  Yes  No  If so, please ensure that you have included this notice in the required documents.  **Withdrawal of recognition**  Has the landlord given at least six months’ notice to the Association?  Yes  No  If so, please ensure that you have included this notice in the required documents.  **Renewal of Certificate of Recognition**  Please state the date of the previous certificate of recognition \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Has there been any change in the constitution of rules of the Association since this date?  Yes  No |

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| **5. 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 * 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. |

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| **6. 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. | | | | |
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| **7. 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: | | |  |  |  |
|  | | |  |  |  |

### Checklist

Please check that:

* you have completed the 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**

**ANNEX A**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Property by Block and (in chronological order) | Description  (House/Flat/Commercial) | Name of Tenant | Address of Tenant | Correspondence Address (if different) | Member  Yes/No |
|  |  |  |  |  |  |