

Housing Act 1988 Section 6(3)

Application referring a Notice proposing different terms for a Statutory Periodic Tenancy to a Rent Assessment Committee

- Please write clearly in black ink
 - Please tick boxes where appropriate and cross out text marked with an asterisk (*) that does not apply.
 - This form should be used by a landlord or a tenant who has been served with a notice under Section 6(2) of the Housing Act 1988, varying the terms of a statutory periodic tenancy which arises when a fixed term of an assured tenancy, an assured shorthold tenancy
- or an assured agricultural occupancy ends.
- When you have completed the form, please send it to your local rent assessment panel with a copy of the notice served on you proposing the new terms of the statutory periodic tenancy.

1. Name(s) of tenant(s):

.....

 ..

2. Address of premises to which the tenancy relates:

.....

 ..

3. Name(s) of landlord(s)/agent*:

.....

 ..

Address of landlord(s)/agent*:

.....

 ..

4. Details of premises.

(a) What type of accommodation is rented?

Please Specify.

Room(s)	<input type="checkbox"/>	Flat	<input type="checkbox"/>	Terraced House	<input type="checkbox"/>
Semi-Detached house	<input type="checkbox"/>	Detached House	<input type="checkbox"/>	(?) Other	<input type="checkbox"/>

(b) If it is a flat or room(s) what floor(s) is it on?

Ground	<input type="checkbox"/>	First	<input type="checkbox"/>	Second	<input type="checkbox"/>	(?) Other	<input type="checkbox"/>
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(c) Give the number and type of rooms, e.g. living room, bathroom etc.

(d) Does the tenancy include any other facilities, (e.g. garden, garage or other separate building or land?)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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(e) If, yes, please give details:

(f) Is any of the accommodation shared with:

(i) the landlord?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(ii) another tenant or tenants?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

(g) If yes, please give details.

5. When did the statutory periodic tenancy begin?

.....

6. Services

(a) Are any services provided under the tenancy (e.g. cleaning, lighting, heating, hot water Gardening etc.

Yes No

(b) If yes, please give details:

.....

(c) Is a separate charge made for services, maintenance, repairs, landlords' costs of Management or any other item? Yes No

(d) If yes, what charge is payable? £..... per.....
 (e.g. week, month, year)

(e) Does the charge vary according to the relevant costs?

Yes No

(f) If yes, please give details:

.....

7. (a) Is any furniture provided under the tenancy?

Yes No

(b) If yes, please give details. Continue on a separate sheet if necessary or provide a copy of the inventory.

.....

8. What repairs are the responsibility of:

(a) the landlord? Continue on a separate sheet if necessary.

.....

(b) the tenant? Continue on a separate sheet if necessary.

.....

9. Give details (if known) of the other terms of the tenancy, e.g. can you assign the tenancy (pass it on to someone else) and if so is a premium (a payment which is in addition to rent and equivalent to more than two months rent) payable on an assignment? Continue on a separate sheet if necessary.

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10. (a) Is there a written tenancy agreement? Yes No

(b) If yes, please attach the tenancy agreement (with a note of any variations).
 It will be returned to you as soon as possible.

11. (a) I/We* attached a copy of the notice proposing changes to the statutory periodic tenancy and, if applicable, an adjustment of the amount of rent and apply for it to be considered by the rent assessment committee.

Signed..... Date.....

.....

To be signed and dated by the landlord or his agent (someone acting for him) or the tenant or his agent. If there are joint landlords or joint tenants each landlord/tenant or the agent must sign unless one signs on behalf of the rest with their agreement.

Please specify:

Landlord

landlord's agent

tenant

tenant's agent

(b) Name and address of landlord or tenant referring to the rent assessment committee.

Names(s)
(Block Capitals).....
.....
.....

Address:

.....
.....
.....

Telephone - Daytime.....

Please return this completed form to your local Rent Assessment Panel.