



**Residential  
Property**  
TRIBUNAL SERVICE

Ref no. (for office use only)

## Application Form

Determination as to whether a dwelling house is suitable for occupation by elderly persons – Paragraph 11 to Schedule 5 of the Housing Act 1985 (as amended)

This is the correct form to use if you want to ask the Residential Property Tribunal ("RPT") for a determination as to whether the exception for a dwelling house suitable for elderly persons applies to your home – Paragraph 11 to Schedule 5 of the Housing Act 1985 (as amended). **In order for the RPT to be able to make such a determination this application must be received within 56 days of the date of service of your landlord's notice (under section 124 Housing Act 1985) on you.**

Please do not send any documents with this application form other than a copy of the landlord's notice which is known as RTB 2. If and when further evidence is needed you will be asked to send it in separately. 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 Service helpline on 0845 600 3178.

### 1. DETAILS OF APPLICANT(S)

Name \_\_\_\_\_

Address (including postcode) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address for correspondence (if different) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_ Fax: \_\_\_\_\_

Capacity (e.g. tenant) \_\_\_\_\_

Representative details \_\_\_\_\_

\_\_\_\_\_

Where details of a representative have been given, all correspondence and communications will be with them until the Tribunal is notified that they are no longer acting for you.

### 2. ADDRESS (including postcode) OF PROPERTY (if not already given)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 3. ADDRESS OF LANDLORD (THIS WILL BE YOUR LOCAL HOUSING AUTHORITY OR HOUSING ASSOCIATION)

Name \_\_\_\_\_

Address (including postcode) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address for correspondence (if different) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

### 4. ABOUT YOUR TENANCY

If the tenancy was granted originally to you, alone or jointly with another, please then state when the tenancy began. If you were not the original tenant but the tenancy passed to you on the death of that person (e.g. your spouse or family member) please state instead the date when the tenancy was granted to that person ("predecessor").

\_\_\_\_\_

When your tenancy began how old were you?.

Years Old

Please give the age of the eldest person living with you at the property when your tenancy (or, as the case may be, that of your predecessor) began.

Years Old

State whether your home was first let to you (or member of your family) before 1 January 1990.

(tick box as appropriate)

Yes

No

Do not know



