



**Residential  
Property**  
TRIBUNAL SERVICE

Ref no. (for office use only)

## Application to the Residential Property Tribunal – (RPT)

Application for reduction or waiver of fees

Regulation 5 of the Residential Property Tribunal (Fees) (England)  
Regulations 2006

### 1. DETAILS OF PROPERTY / APPLICANT

Address of property (including postcode): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant name: \_\_\_\_\_

Applicant address (including postcode): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of application to RPT: \_\_\_\_\_

#### (A)

Do you, or your partner <sup>(1)</sup>, have a current Public Funding (legal aid) Certificate issued in respect of the relevant proceedings which have been transferred from the County Court? If so, please send a copy to the RPT. You do not need to fill in the rest of this form.

YES

NO

**Or**

#### (B)

Are you, or your partner <sup>(1)</sup>, in receipt of any of the following benefits?

	YOU	YOUR PARTNER
Income Support	<input type="checkbox"/>	<input type="checkbox"/>
Housing Benefit	<input type="checkbox"/>	<input type="checkbox"/>
Income-based Job Seeker's Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Tax credit which is combined with:	<input type="checkbox"/>	<input type="checkbox"/>
A disability or a severe disability element (or both)	<input type="checkbox"/>	<input type="checkbox"/>
Child tax Credit	<input type="checkbox"/>	<input type="checkbox"/>
Tax Credit where the Gross Annual Income used to calculate the Tax Credit is £14,213 or less	<input type="checkbox"/>	<input type="checkbox"/>
Pension Credit under the State Pensions Credit Act 2002 (Previously referred to as the Minimum Income Guarantee)	<input type="checkbox"/>	<input type="checkbox"/>

To allow us to assess your claim, we require confirmation from the Benefits Agency or Local Authority of your entitlement to the benefit(s) indicated above. To do this you can either take the form to your local Benefits Agency office, Jobcentre or Local Authority Office. Alternatively, return the forms to the RPT and we will send the form to the relevant Benefit or Local Authority office for confirmation.

**Note** <sup>1</sup>: 'Partner' means the applicant's spouse or a person of the opposite sex with whom he or she lives as husband and 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.

## 2. AGREEMENT TO PROVIDE THE RESIDENTIAL PROPERTY TRIBUNAL WITH DETAILS OF BENEFIT CLAIM(S)

(The person in receipt of the benefit must complete and sign this section).

I agree that the Benefits Agency/Local Authority may confirm to the Residential Property Tribunal (RPT) that I was in receipt of the following benefit on the date of an application to the RPT by me or my partner. This is to verify a claim to waive fees payable for a RPT application.

Alternatively, the person in receipt of benefit can supply a current notice of entitlement to benefit. This will need to be the original that, if posted, will be returned immediately by the RPT office.

Type of Benefit received: \_\_\_\_\_

Address of Office where benefit is claimed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My name (IN CAPITALS): \_\_\_\_\_

My Signature: \_\_\_\_\_

My address (IN CAPITALS): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My National Insurance Number: \_\_\_\_\_

or Local Authority reference number (for Housing Benefit): \_\_\_\_\_

## 3. 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 RPT), located on page 1 of this form

If benefit has ceased please give last date of entitlement : \_\_\_\_\_

Signed: \_\_\_\_\_

Section: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Office Stamp

Form to be returned after completion to: