

#### **RENTAL HOUSING TRIBUNAL**

FOR OFFICIAL USE ONLY

Schedule 1

#### **COMPLAINANT FORM FOR THE RENTAL HOUSING TRIBUNAL**

| REFERENCE NO.                                                     |  |  |  |
|-------------------------------------------------------------------|--|--|--|
| A. PARTICULARS OF COMPLAINANT                                     |  |  |  |
| SURNAME:                                                          |  |  |  |
| FORENAME (S):                                                     |  |  |  |
| NAME OF ASSOCIATION (S):                                          |  |  |  |
| ID NUMBER / PASSPORT NO:                                          |  |  |  |
| BUSINESS / RESIDENTIAL ADDRESS (FLAT NAME, ROOM NO. STREET NAME): |  |  |  |
|                                                                   |  |  |  |
| CONTACT NUMBER:                                                   |  |  |  |
| HOME TELEPHONE NO:                                                |  |  |  |
| FAX NUMBER:                                                       |  |  |  |
| EMAIL ADDRESS:                                                    |  |  |  |
|                                                                   |  |  |  |
| B. DETAILS OF DWELLING                                            |  |  |  |
| NUMBER OF UNITS IN BUILDING (IF APPLICABLE):                      |  |  |  |
| NUMBER OF TENANTS LIVING IN THE DWELLING:                         |  |  |  |
| LOCATION OF DWELLING:                                             |  |  |  |
|                                                                   |  |  |  |
|                                                                   |  |  |  |

## C. PARTICULARS OF TENANT/S COMMITTEE MEMBERS

| NAME:<br>CONTACT NUMBER:                                         |
|------------------------------------------------------------------|
| DWELLING:                                                        |
| NAME:                                                            |
| CONTACT NUMBER:                                                  |
| DWELLING:                                                        |
| NAME:                                                            |
| CONTACT NUMBER:                                                  |
| DWELLING:                                                        |
| NAME:                                                            |
| CONTACT NUMBER:                                                  |
| DWELLING:                                                        |
| NAME:                                                            |
| CONTACT NUMBER:                                                  |
| DWELLING:                                                        |
| NAME:                                                            |
| CONTACT NUMBER:                                                  |
| DWELLING:                                                        |
|                                                                  |
|                                                                  |
| D. PARTICULARS OF PERSON AGAINST WHOM THE COMPLAINT IS LODGED    |
| NAME OF LANDLORD / TENANT / ASSOCIATION:                         |
| CONTACT NUMBER:                                                  |
| FAX NUMBER:                                                      |
| PERMANENT RESIDENTIAL ADDRESS (FLAT NAME, ROOM NO. STREET NAME): |
| EMAIL ADDRESS:                                                   |
|                                                                  |

## E. ADDITIONAL INFORMATION

| NAME OF CARETAKER:                       |                         |  |  |  |  |
|------------------------------------------|-------------------------|--|--|--|--|
| CONTACT NUMBER:                          | FAX NUMBER:             |  |  |  |  |
|                                          |                         |  |  |  |  |
| NAME OF OWNER OF BUILDING:               |                         |  |  |  |  |
| CONTACT NUMBER: FAX NUMBER:              |                         |  |  |  |  |
| PERMANENT RESIDENTIAL ADDRESS (FLAT NAME | , ROOM NO. STREET NAME) |  |  |  |  |
|                                          |                         |  |  |  |  |
| POSTAL ADDRESS:                          |                         |  |  |  |  |
| NAME OF MANAGING AGENT:                  |                         |  |  |  |  |
| CONTACT NUMBER:                          | FAX NUMBER:             |  |  |  |  |
| NAME OF BOND HOLDER:                     |                         |  |  |  |  |
| CONTACT NUMBER:                          | FAX NUMBER:             |  |  |  |  |
|                                          |                         |  |  |  |  |
|                                          |                         |  |  |  |  |
| F. PERSON/ORGANISATION THAT REFERED T    | HE COMPLAINT            |  |  |  |  |
| NAME:                                    |                         |  |  |  |  |
| TEL:                                     |                         |  |  |  |  |
| REF NUMBER:                              |                         |  |  |  |  |
|                                          |                         |  |  |  |  |
|                                          |                         |  |  |  |  |
| G. LIST OF COMPLAINTS/DISPUTES           |                         |  |  |  |  |
| 1.                                       |                         |  |  |  |  |
| 2.                                       |                         |  |  |  |  |
| 3.                                       |                         |  |  |  |  |
| 4.                                       |                         |  |  |  |  |
|                                          |                         |  |  |  |  |
| H. (FINANCIAL STATUS OF BUILDING)        |                         |  |  |  |  |
| TOTAL ELECTRICITY ARREARS                | R                       |  |  |  |  |
| TOTAL WATER ARREARS                      | R                       |  |  |  |  |
| TOTAL RATES & TAXES OWED TO COUNCIL      | R                       |  |  |  |  |
| TOTAL OWED TO THE MANAGEMENT AGENT R     |                         |  |  |  |  |
|                                          |                         |  |  |  |  |

| I.                       | . HAS A COMPLAINT FOR THIS BUILDING BEEN SUBMITTED BEFORE? |  |  |  |  |
|--------------------------|------------------------------------------------------------|--|--|--|--|
|                          | IF YES WHAT IS THE REFERENCE NUMBER.                       |  |  |  |  |
|                          | YES                                                        |  |  |  |  |
|                          | NO                                                         |  |  |  |  |
|                          |                                                            |  |  |  |  |
|                          |                                                            |  |  |  |  |
| J.                       | IS THERE A NEED FOR INSPECTION?                            |  |  |  |  |
|                          | YES                                                        |  |  |  |  |
|                          | NO                                                         |  |  |  |  |
|                          |                                                            |  |  |  |  |
|                          |                                                            |  |  |  |  |
| NAM                      | E OF COMPLAINANT:                                          |  |  |  |  |
| SIGN                     | SIGNATURE:                                                 |  |  |  |  |
| DATE                     | DATE                                                       |  |  |  |  |
| DATE:                    |                                                            |  |  |  |  |
|                          |                                                            |  |  |  |  |
| FOR                      | OFFICIAL USE                                               |  |  |  |  |
| NI 4 2 -                 |                                                            |  |  |  |  |
| NAME OF MEMBER OF STAFF: |                                                            |  |  |  |  |
| SIGNATURE:               |                                                            |  |  |  |  |
| DATE:                    |                                                            |  |  |  |  |
|                          |                                                            |  |  |  |  |
|                          |                                                            |  |  |  |  |

# **STATEMENT FORM**

| COMF       | PLAINANT                                                   |                                                                        |  |  |
|------------|------------------------------------------------------------|------------------------------------------------------------------------|--|--|
| RESPONDENT |                                                            |                                                                        |  |  |
| REFE       | RENCE NUMBER                                               |                                                                        |  |  |
| COMF       | PLAINANTS ADDRESS                                          |                                                                        |  |  |
| A.         | CAPACITY                                                   |                                                                        |  |  |
| 1.         | Are you lodging this cocommittee? (Tick the appropriate by | omplaint as an individual or landlord's                                |  |  |
| 2.         | Is the problem commo<br>Yes                                | n in the building? No                                                  |  |  |
| 3.         | Yes                                                        | / matter to the Rental Housing Tribunal before?  No  Reference Number: |  |  |
| 4.         | Housing Tribunal befores If yes give details i.e.          | No                                                                     |  |  |

# B. LEASE AGREEMENT

| 2. | Was this a written or verbal agreement? Where was the lease agreement entered into? Place                                                                           |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | When was the lease agreement entered into?  Date                                                                                                                    |
| 4. | When was the first occupation of the dwelling?  Date                                                                                                                |
| 5. | What was the agreed period of stay if any?  Period                                                                                                                  |
| 6. | If a written lease was signed, do you have copy? Yes No                                                                                                             |
| 7. | If no lease agreement was entered into between you and the landlord, then what did the landlord tell you before or at the time you rented this dwelling?            |
| 8. | Who did you speak to when you rented this dwelling? Was it the landlord himself, herself or the agent?  Give the name of the person                                 |
| C. | COMPLAIN                                                                                                                                                            |
|    | What are you complaining about?                                                                                                                                     |
| 1. | If the complaint is about non-payment of rent, furnish us with the following information:  The name and address of the tenant/s and/or the respective flat number/s |
|    |                                                                                                                                                                     |
|    |                                                                                                                                                                     |
|    |                                                                                                                                                                     |
|    |                                                                                                                                                                     |

| What is the monthly rental?                                                                                                                                           |         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Give details of the month/s for which the tenant/s owe rentals                                                                                                        |         |
|                                                                                                                                                                       |         |
|                                                                                                                                                                       |         |
|                                                                                                                                                                       |         |
| How much are you claiming and how is the amount made up?                                                                                                              |         |
|                                                                                                                                                                       | · • • • |
|                                                                                                                                                                       |         |
|                                                                                                                                                                       |         |
| If the amount which you are claiming includes water, electricity and other<br>charges, then give us details of such charges, for each month that you are<br>claiming. |         |
|                                                                                                                                                                       |         |
|                                                                                                                                                                       |         |
|                                                                                                                                                                       |         |
|                                                                                                                                                                       | • • • • |
| On what date of the month does the tenant/s have to pay rental/s <b>DATE</b>                                                                                          | ≣:      |
| Any other information that may assist the Tribunal in resolving the matter                                                                                            |         |
|                                                                                                                                                                       |         |
|                                                                                                                                                                       |         |
|                                                                                                                                                                       |         |
|                                                                                                                                                                       |         |
| <ol><li>Is there any other complain and/or if the complain is not with regard<br/>rentals, then furnish us with relevant details</li></ol>                            | to      |
|                                                                                                                                                                       | ••••    |
|                                                                                                                                                                       |         |
|                                                                                                                                                                       |         |
|                                                                                                                                                                       |         |
|                                                                                                                                                                       |         |

| Э.                     | notice, writte<br>Yes                   | , ,                                  | No No                                |            | aint such as v                        | еграг           |
|------------------------|-----------------------------------------|--------------------------------------|--------------------------------------|------------|---------------------------------------|-----------------|
| 4.                     | details and c                           | ourt documer                         | nts                                  |            | nt/s, if so let us                    |                 |
| 5.                     | Please anne                             | x all relevant                       | documentatio                         | n in suppo | rt of your com                        | plaint          |
|                        |                                         | <u>D</u>                             | <u>ECLARATIO</u>                     | <u>N</u>   |                                       |                 |
| ABOV<br>INFOF<br>TRIBU | 'E IS TRUE<br>RMATION SI<br>JNAL CAN NI | AND COR<br>JPPLIED BY<br>JLLIFY MY C | RECT. I AC<br>Y ME BE F<br>OMPLAINT. | CCEPT TI   | RMATION SU<br>HAT SHOUL<br>O BE FALSI | D ANY<br>E, THE |
| INFO                   | RMATION TA                              | KEN BY                               |                                      | SI         | GN                                    |                 |
| INFO                   | RMATION SU                              | PPLIED BY                            |                                      | SI         | GN                                    |                 |
| DATE                   |                                         |                                      |                                      |            |                                       |                 |
| TIME                   |                                         |                                      |                                      |            |                                       |                 |

Complainant Form