

# APPLICATION FORM FOR RESIDENTS OF SUPPORTED RESIDENTIAL SERVICES

## CLAIM DETAILS

### 1. Do you want:

- A refund of your security deposit, fee paid in advance, establishment fee or reservation fee
- To challenge a notice to vacate served by the provider. If yes, you must provide VCAT with a copy of the notice to vacate.

### 2. Provide complete details of your claim so that the provider can understand why you have made this application.

**If you don't provide enough information, your case may be dismissed or adjourned.**

**If you need more space, print clearly on a separate page and attach to this application**

## RESIDENT'S DETAILS

### 3. Resident's name

Given names

Family name

### 4. Resident's representative's name (if applicable)

Given names

Family name

### 5. Resident's address for correspondence

**This may be your address or your representative's address**

Email

Phone number

Street address

Suburb

State

VIC

Postcode

## PROVIDER'S DETAILS

### 8. Provider's details

Given names

Family name

Organisation name  
(if they are an organisation)

ABN

Company name  
(if they are a company)

ACN

### 9. Provider's representative's name (if applicable)

Given names

Family name

### 10. Provider's address for correspondence

If the provider has a representative, this should be the representative's contact details and address.

Email

Phone number

Street address

Suburb

State

VIC

Postcode

## SUPPORTED RESIDENTIAL SERVICE'S ADDRESS

### 11. Provide the address of the Supported Residential Service

Street address

Suburb

State

VIC

Postcode

## PREVIOUS OR PENDING VCAT MATTERS

12. If VCAT has previously dealt with other disputes involving the same resident and provider or if there are other current on-going VCAT matters related to the same resident and provider, provide VCAT reference numbers below:

VCAT ref number(s)

## HEARING ARRANGEMENTS

We offer a range of support services for people with disability, language difficulties and to help with accessibility. Let us know of your needs so we can make arrangements for the hearing.

### 13. Does anyone mentioned in this application need special assistance at the hearing?

Help accessing a VCAT venue (e.g. wheelchair access)

Interpreter

Language:

Assisted communication (e.g. assistive listening device or hearing loop)

Need to attend the hearing by phone or video link

Other

Provide more detail about who needs the forms of assistance you have indicated and why.

## SERVICE OF APPLICATION

Once this application is complete, you must provide (serve) a copy of this application and all supporting documents to all named parties and/or their representatives.

VCAT will send you and all other parties a notice of hearing. This notice of hearing will notify all parties of the method, date and time of the hearing. For more information on how to send evidence in a residential tenancy case, visit [www.vcat.vic.gov.au/RTdocuments](http://www.vcat.vic.gov.au/RTdocuments).

### 14. When and how did you serve the provider with this completed application?

By hand

By mail

By registered mail

Date of service to the provider (DD/MM/YYYY):

## ACKNOWLEDGMENT

By completing this application, I understand and acknowledge that:

- to the best of my knowledge, all information provided in this application is true and correct
- I approve the information that has been provided
- I have or will send a copy of this completed application form to the respondent(s) named in this application. I will notify VCAT as soon as possible in the event I am unable to do so.
- it is an offence under section 136 of the *Victorian Civil and Administrative Tribunal Act 1998* to knowingly give false or misleading information to VCAT

Date (DD/MM/YYYY):

## PRIVACY INFORMATION

Our privacy statement is available at [www.vcat.vic.gov.au/Privacy](http://www.vcat.vic.gov.au/Privacy)

## SUBMITTING THIS FORM

### By email

Email  
[renting@courts.vic.gov.au](mailto:renting@courts.vic.gov.au)

### In person

Go to:  
VCAT  
Ground Floor, 55 King Street,  
Melbourne VIC 3000

### By post

Send to:  
RT Registrar  
GPO Box 5408  
Melbourne VIC 3001

## NEED HELP WITH YOUR APPLICATION?

If you have any questions about completing this form, contact us:

- email [renting@courts.vic.gov.au](mailto:renting@courts.vic.gov.au)
- call 1300 018 228 Monday to Friday 9am - 4.30pm
- visit us at Ground Floor, 55 King Street, Melbourne VIC 3000.  
We are open Monday to Friday from 8.30 am to 4.30 pm.  
For other VCAT locations, go to [www.vcat.vic.gov.au/contactus](http://www.vcat.vic.gov.au/contactus).