

Office Use Only	
Act section/s	Notice Expiry Date
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Residential Tenancies List, Victorian Civil and Administrative Tribunal
Ph: 1300 01 8228
www.vcat.vic.gov.au

Possession application form for proprietors of supported residential services

If you need help and support, call 1300 01 8228 or visit www.vcat.vic.gov.au.

Proprietor details

Proprietor's name <i>(if the proprietor is an individual)</i>			Org ID <i>(office use only)</i>
<input type="text"/>			<input type="text"/>
Title	Surname	Given name 1	Given name 2
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Organisation <i>(if the proprietor is an organisation)</i>			
ABN	Organisation Name		
<input type="text"/>	<input type="text"/>		
Company <i>(if the proprietor is a company)</i>			
ACN	Company Name		
<input type="text"/>	<input type="text"/>		
Proprietor's representative name <i>(if applicable)</i>			
Title	Surname	Given name 1	Given name 2
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address <i>(if the proprietor has a representative, this should be the representatives address)</i>			
Street Address			
<input type="text"/>			
Suburb/City/Town	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Contact details			
Business phone	After hours phone	Mobile	Fax number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address			
<input type="text"/>			

Resident's details

Org ID (office use only)

Resident's name

Title	Surname	Given name 1	Given name 2
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Resident's representative name (if applicable)

Title	Surname	Given name 1	Given name 2
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address for correspondence (this may be the resident's address or their representative's address)

Street Address

Suburb/City/Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Business phone	After hours phone	Mobile	Fax number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email address

Resident's guardian, litigation guardian, administrator or nominated person details

Does the resident have a guardian, litigation guardian, administrator or nominated person? Yes No

If no, proceed to "address of supported residential service details" section.

Org ID (office use only)

Name (if the representative is an individual)

Title	Surname	Given name 1	Given name 2
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Organisation or company (if the representative is an organisation or company)

Organisation or company name

Street Address

Suburb/City/Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact details

Business phone	After hours phone	Mobile	Fax number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email address

Address of the supported residential service

Street Address

Suburb/Town

State

Post code

What is the claim about?

Please specify the grounds on which the possession order is sought:

- Proprietor proposes to cease supported residential service
- Resident endangers the safety of order persons
- Non payment of fees
- Use of supported residential service for illegal purposes
- Proprietor intends to repair or demolish supported residential service
- Resident needs more health care than available
- Resident needs more personal support than available
- Resident caused or allowed serious damage to the supported residential service
- Resident caused serious disruption to quiet and peaceful enjoyment

Claim Details

You must give complete details about your claim so that the resident is able to understand why you have made the application. If you do not provide enough information, your case may be dismissed or adjourned. If you need more space, print clearly on a separate piece of paper and attach to this application.

Previous or pending VCAT file numbers

If VCAT has dealt with other disputes involving the same resident and proprietor or if there are other related matters to be heard by the Tribunal please insert the file number(s) here

VCAT file number

VCAT file number

VCAT file number

Hearing Arrangements

Please indicate if any of the following hearing arrangements are required for this application.

Language / Dialect

Does the applicant require an interpreter at the hearing?

Yes No

Does the respondent require an interpreter at the hearing?

Yes No

Does any person at the hearing require any other assistance?

Yes No

If yes, please specify what assistance is required.

If you believe that security may be needed at the hearing, contact us immediately after you have lodged your application in order to have satisfactory arrangements made.

Service of application

Once you have completed your application you must serve a copy of the application and supporting documents on the resident and the guardian, litigation guardian, administrator or nominated person (if applicable).

Date of service to the resident.

Method of service

By hand

By mail

By registered mail

Date of service to the guardian, litigation guardian, administrator or nominated person (if applicable).

Method of service

By hand

By mail

By registered mail

VCAT will send you and all other parties a notice of hearing that will tell you the location, time and date of your hearing. Please bring a copy of the application form and any supporting documents to the hearing.

Acknowledgement

I understand and acknowledge that:

- To the best of my knowledge, all information provided in this application is true and correct and that no details relevant to this application have been left out
- I approve the information that has been provided
- 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
- I further undertake to give or 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 that for some reason I am unable to do so

By ticking this checkbox I confirm that I have read and understood all the statements above

Full name of person completing this application

Date

Signature of person completing this application

About VCAT fees

VCAT fees are charged according to three levels:

- corporate fees for businesses and companies with a turnover of more than \$200,000 in the previous financial year, corporate entities and government agencies
- standard fees for individuals, not-for-profit organisations, and small businesses and companies with a turnover of less than \$200,000 in the previous financial year. Companies must provide a statutory declaration to support this claim
- Concession fees for people who hold the Australian Government Health Care Card. You must provide a copy of your card with your application.

To find out if you need to pay an application fee and how much it costs, go to www.vcat.vic.gov.au/fees

Fee relief

We can reduce or not charge (waive) a VCAT fee in certain circumstances.

Some people are automatically entitled to a full fee waiver.

You can also apply for a fee relief if paying the fee would cause you financial hardship.

See www.vcat.vic.gov.au/feerelief for more information.

Are you applying for fee relief?

- No - complete **Fee payment** section
- Yes - complete **Fee relief form** and attach it to this application form
Visit www.vcat.vic.gov.au/feerelief for Fee relief form.

Fee payment

Complete this section unless you are applying for fee relief or no fee is payable.

Choose the fee level:

- Standard Corporate Concession

Fee amount charged: \$

CARD DETAILS

Cards accepted: * VISA MasterCard

Cardholder name: *

Cardholder number *

Cardholder expiry * /

Signature *

Cardholder expiry * / /

Remove this page when sending a copy of this application to other parties

Privacy Statement

VCAT's privacy statement is available at www.vcat.vic.gov.au/privacy

Lodgement

Mail it to:

Victorian Civil and Administrative Tribunal
Residential Tenancies List
GPO Box 5408 Melbourne VIC 3001

Deliver it in person to:

Victorian Civil and Administrative Tribunal
Residential Tenancies List
Ground Floor 55 King Street
Melbourne VIC 3000

Office hours: 8.30am - 4.30pm Monday to
Friday (closed public holidays)

Telephone: 1300 01 8228
Email: renting@vcat.vic.gov.au
Website: www.vcat.vic.gov.au