

# APPLICATION FORM FOR PROVIDER OF SUPPORTED RESIDENTIAL SERVICES

## CLAIM DETAILS

**1. I want an order requiring the resident to vacate. I have given the resident a notice to vacate because:**

- the provider proposes to cease carrying on the supported residential service
- the provider intends to repair, renovate or demolish the supported residential service
- the resident needs more health care than available
- the resident needs more personal support than available
- the resident is in arrears of fees
- the resident has used the supported residential service for illegal purposes
- the resident caused or allowed serious damage to the supported residential service
- the resident caused serious disruption to quiet and peaceful enjoyment of other residents
- the resident endangers the safety of other persons

**2. Provide complete claim details so that the resident 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.**

## PROVIDER'S DETAILS

**3. Provider's details**

Given names

Family name

Organisation name  
 (if you are an organisation)

ABN

Company name  
 (if you are a company)

ACN

**4. Provider's representative's name (if applicable)**

Given names

Family name

**5. Provider's address for correspondence**

**If you have a representative, this should be your representative's contact details and address.**

Email

Phone number

Street address

Suburb  State  Postcode

**RESIDENT'S DETAILS**

**6. Resident's name**

Given names

Family name

**7. Resident's representative's name (if applicable)**

Given names

Family name

**8. Resident's address for correspondence**

**This may be the resident's address or their representative's address**

Email

Phone number

Street address

Suburb  State  Postcode

**9. Does the resident have a nominated person?**

Yes  No, skip to Question 8

**RESIDENT'S NOMINATED PERSON'S DETAILS**

**10. Resident's nominated person's details**

Given names

Family name

Organisation or company name (if they are not an individual)

Email

Phone number

Street address

Suburb  State  Postcode

**SUPPORTED RESIDENTIAL SERVICE'S ADDRESS**

**11. Provide the address of the supported residential service**

Street address

Suburb  State  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 or that of the other party 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 the resident and nominated person (if applicable).

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 resident with this completed application?

- By hand                       By mail                       By registered mail

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

### 15. When and how did you serve the nominated person (if applicable) with this completed application?

- By hand                       By mail                       By registered mail

Date of service to the nominated person (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

You can submit your application in person at one of our venues. To find your closest venue, visit [vcat.vic.gov.au/visit](http://vcat.vic.gov.au/visit)

### 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 in person at one of our venues. To find your closest venue, visit [vcat.vic.gov.au/visit](http://vcat.vic.gov.au/visit)

## ABOUT VCAT FEES

VCAT fees are charged according to three levels:

- **corporate** fees for businesses and companies with a turnover of \$300,000 or more in the previous financial year, corporate entities, schools and government agencies
- **standard** fees for individuals, not-for-profit organisations, and small businesses and companies with a turnover of less than \$300,000 in the previous financial year. Companies must provide a statutory declaration to support this claim
- **concession** fees for people who hold an Australian health care card, pensioner concession card or a veteran gold 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 [vcat.vic.gov.au/fees](http://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 fee relief if paying the fee would cause you financial hardship.

For more information about fee relief, go to [www.vcat.vic.gov.au/feerelief](http://www.vcat.vic.gov.au/feerelief).

### Are you applying for fee relief?

- No, go to **Fee payment** section
- Yes, complete **Fee relief form** and attach it to this application form

## FEE PAYMENT

Complete this section unless you are applying for fee relief, no fee is payable or you wish to pay using another method. For other payment options, see [www.vcat.vic.gov.au/howtopay](http://www.vcat.vic.gov.au/howtopay).

Choose the fee level:  Standard  Corporate  Concession

Fee amount charged

### Card details

Cards accepted:  VISA  MasterCard

Cardholder name:

Card number:

Card expiry (mm/yy):

**REMOVE THIS PAGE WHEN SENDING A COPY OF THIS APPLICATION TO OTHER PARTIES**