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Residential Tenancies List, Victorian Civil and Administrative Tribunal
Ph: 1300 01 8228
www.vcat.vic.gov.au

Application form for residents of supported residential services

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

What is the claim about?

Please specify the application sought:

Refund of security deposit, fee paid in advance, establishment fee or reservation fee

Challenging a notice to vacate served by the proprietor

If yes, attach a copy of the notice to vacate or detail the VCAT reference number

Resident's details

Org ID (office use only)

Resident's name

Title

Surname

Given name 1

Given name 2

Resident's representative name (if applicable)

Title

Surname

Given name 1

Given name 2

Address for correspondence (this may be your address or your representative's address)

Street Address

Suburb/City/Town

State

Postcode

Business phone

After hours phone

Mobile

Fax number

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

Org ID (office use only)

If no, proceed to "proprietor's details" section.

Name (if the representative is an individual)

Title

Surname

Given name 1

Given name 2

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

Organisation or company name

Address

Street Address

Suburb/City/Town

State

Post code

Contact details

Business phone

After hours phone

Mobile

Fax number

Email address

Proprietor's details

Proprietor's name (if the proprietor is an individual)

If you do not know who the proprietor's name, please just write "the proprietor"

Org ID (office use only)

Title

Surname

Given name 1

Given name 2

Organisation (if the proprietor is an organisation)

ABN

Organisation Name

Company (if the proprietor is a company)

ACN

Company Name

Proprietor's representative name (if applicable)

Title

Surname

Given name 1

Given name 2

Address (if the proprietor has a representative, this should be the representatives address)

Street Address

Suburb/City/Town

State

Postcode

Contact details

Business phone

After hours phone

Mobile

Fax number

Email address

Address of the supported residential service

Street Address

Suburb/Town

State

Post code

Claim Details

You must give complete details about your claim so that the proprietor 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.

Does the applicant require an interpreter at the hearing?

Yes No

Language / Dialect

Does the respondent require an interpreter at the hearing?

Yes No

Does any person at the hearing require any other assistance?

If yes, please specify what assistance is required.

Yes No

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 proprietor and the guardian, litigation guardian, administrator or nominated person (if applicable)

Date of service to the proprietor.

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

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