



victorian civil &
administrative
tribunal

Residential Tenancies List

Office use only

Act section/s

Notice Expiry Date

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General Application

Residential Tenancies List, Victorian Civil and Administrative Tribunal

1300 01 8228

<https://www.vcat.vic.gov.au>

Fields marked with an asterisk (*) must be completed.

Do you need to complete this form?

- Use this form if you are a landlord, tenant, caravan park owner or resident or rooming house owner or resident and wish to have VCAT hear your dispute.
- You must send a copy of this completed application to all other parties to the proceedings.
- Please refer to www.vcat.vic.gov.au/rentingnotice for further information about the application you wish to make.
- For any other tenancy advice and assistance contact the Consumer Affairs Helpline on 1300 558 181.

Applicant details

Who is Applicant 1? *

- ☐ Landlord ☐ Tenant ☐ Rooming house owner ☐ Rooming house resident ☐ Caravan park owner
☐ Caravan park resident ☐ Site owner ☐ Site tenant

Is the applicant an individual, an organisation or a company? * ☐ Individual ☐ Organisation ☐ Company

Do you wish to identify as Aboriginal or Torres Strait Islander? ☐ Yes ☐ No

Name (if the applicant is an individual)

Title *	Last Name *	First name	Middle Name

Organisation (if the applicant is an organisation)

ABN	Organisation name *

Company (if the applicant is a company)

ACN	Company name *

Address

(PO Box is insufficient)

If you have a representative, you can provide your representative's address and all correspondence will be sent to your representative's address.

Street address *

Suburb / Town *

State *

Postcode *

Contact details

Please provide at least one phone number

Business phone

Area code Number

After hours phone

Area code Number

Mobile

Number

Fax number

Area code Number

Email

Who is Applicant 2 (if applicable)?

- ☐ Landlord ☐ Tenant ☐ Rooming house owner ☐ Rooming house resident ☐ Caravan park owner
☐ Caravan park resident ☐ Site owner ☐ Site tenant

Is the applicant an individual, an organisation or a company?

- ☐ Individual ☐ Organisation ☐ Company

Do you wish to identify as aboriginal or Torres Strait Islander?

- ☐ Yes ☐ No

Name (if the applicant is an individual)

Title

Last Name

First Name

Middle Name

Organisation (if the applicant is an organisation)

ABN

Organisation name

Company (if the applicant is a company)

ACN

Company name

Address

(PO Box is insufficient)

If you have a representative, you can provide your representative's address and all correspondence will be sent to your representative's address.

Street address

Suburb / Town

State

Postcode

Contact details

Please provide at least one phone number

Business phone

Area code Number

After hours phone

Area code Number

Mobile

Number

Fax number

Area code Number

Email

Do you have a representative? *

☐

Yes

☐

No

(This may be an agent, tenant support worker, advocate etc.)

If yes, please enter the details in the next section.

Applicant's representative details

Is the representative an individual, an organisation or a company? *

☐

Individual

☐

Organisation

☐

Company

Name (if the representative is an individual)

Title *

Last Name *

First Name

Middle Name

Organisation (if the representative is an organisation)

ABN

Organisation name *

Company (if the representative is a company)

ACN

Company name *

Is this address the same as provided in the Applicant's details section? ☐ Yes ☐ No

If no, please enter address below.

Address

(Please note, if there is a named representative all correspondence will be sent to the representative's address.)

Street address *

Suburb / Town *

State *

Postcode *

Contact details

Please provide at least one phone number

Business phone

Area code Number

After hours phone

Area code Number

Mobile

Number

Fax number

Area code Number

Email

Respondent details

Who is Respondent 1? *

- ☐ Landlord ☐ Tenant ☐ Rooming house owner ☐ Rooming house resident ☐ Caravan park owner
☐ Caravan park resident ☐ Site owner ☐ Site tenant ☐ Database operator

Is the respondent an individual, an organisation or a company? * ☐ Individual ☐ Organisation ☐ Company

Name (if the respondent is an individual)

Title * Last Name * First Name Middle Name

Organisation (if the respondent is an organisation)

ABN Organisation name *

Company (if the respondent is a company)

ACN Company name *

Address (If you do not know the respondent's address, please insert the address of their representative and all correspondence will be sent to the representative's address. PO Box is insufficient.)

Interstate respondents

Commonwealth legislation requires applicants to take additional steps prior to serving an application where the respondent lives interstate. Please contact VCAT for further information and documents.

Street address *

Suburb / Town * State * Postcode *

Contact details

Please provide at least one phone number

Business phone After hours phone Mobile Fax number
() () () ()
Area code Number Area code Number Number Area code Number

Email

Who is Respondent 2 (if applicable)?

- ☐ Landlord ☐ Tenant ☐ Rooming house owner ☐ Rooming house resident ☐ Caravan park owner
☐ Caravan park resident ☐ Site owner ☐ Site tenant ☐ Database operator

Is the respondent an individual, an organisation or a company? ☐ Individual ☐ Organisation ☐ Company

Name (if the respondent is an individual)

Title Last Name First Name Middle Name

Organisation *(if the respondent is an organisation)*

ABN

Organisation name

Company *(if the respondent is a company)*

ACN

Company name

Address *(If you do not know the respondent's address, please insert the address of their representative and all correspondence will be sent to the representative's address. PO Box is insufficient.)***Interstate respondents**

Commonwealth legislation requires applicants to take additional steps prior to serving an application where the respondent lives interstate. Please contact VCAT for further information and documents.

Street address

Suburb / Town

State

Postcode

Contact details

Please provide at least one phone number

Business phone

Area code Number

After hours phone

Area code Number

Mobile

Number

Fax number

Area code Number

Email

Does the respondent have a representative? *

☐ Yes☐ No

(This may be an agent, tenant support worker, advocate etc.)

If yes, please enter the details in the next section.**Respondent's representative details**

Is the representative an individual, an organisation or a company? *

☐ Individual☐ Organisation☐ Company**Name** *(if the representative is an individual)*

Title *

Last Name *

First Name

Middle Name

Organisation *(if the representative is an organisation)*

ABN

Organisation name *

Company *(if the representative is a company)*

ACN

Company name *

Is this address the same as provided in the Respondent details section?

☐ Yes☐ No

If no, please enter address below.

Address

(Please note, if there is a named representative all correspondence will be sent to the representative's address.)

Street address *

Suburb / Town *

State *

Postcode *

Contact details

Please provide at least one phone number

Business phone

Area code

Number

After hours phone

Area code

Number

Mobile

Number

Fax number

Area code

Number

Email

Address of the rented premises (or room or site if applicable)

Address

Street address *

Suburb / Town *

State *

Postcode *

Previous or pending residential tenancies list references number/s

If VCAT has dealt with other disputes involving the same Applicant/s and Respondent/s or if there are other related matters to be heard by the Tribunal please insert the reference number(s) here:

VCAT reference number

VCAT reference number

VCAT reference number

Bond details

Was a bond paid? *

☐

Yes

☐

No

If yes, please enter details below.

		Bond number	Amount paid (\$)
Tenant A's name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tenant B's name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tenant C's name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Director of Housing	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total amount paid			<input type="text"/>

Claim details - What do you want VCAT to do?

This section tells the Tribunal and other parties what orders you are wanting the Tribunal to make. For further assistance refer to www.vcat.vic.gov.au/rentingnotice. *

You must give complete details about your claim so that the respondent is able to understand why you have made the application. If compensation is sought you must set out each amount that is claimed. 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. *

Hearing arrangements

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

Does the Applicant or Respondent require an interpreter at the hearing? * ☐ Yes ☐ No

Name of person requiring an interpreter

Title * Last Name * First Name Middle Name

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Language/dialect *

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Does any person at the hearing require any other special assistance? * ☐ Yes ☐ No

Please specify what special assistance is required *

Service of application to Respondent

You must serve a copy of this application to the respondent.

Date of service to the respondent

Method of service to the respondent.

☐

By hand

☐

By mail

☐

By registered mail

Supporting documents

You must provide documents that support your application.

- **Prescribed Form(s)**

This can include a Notice to Vacate, Notice to Leave, Breach of Duty Notice.

- **Condition Report(s)**

This can be the copy of the Condition report.

- **CAV Report(s)**

This can be a copy of the non urgent repairs report, rental increase report.

- **Bond Receipt(s)**

This can be the copy of the Bond receipt from the RTBA.

- **Other supporting documents**

Other supporting documents including a copy of the Rooming House Rules, Caravan Park Rules, Notice of intention to vacate by the tenant, copies of quotations, accounts or receipts for proof of claim, affidavits in support under sections 339, 344 or 414.

If providing attachment electronically, please supply as: docx;xls;doc;pdf

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 the 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

The information collected in this application will be used to assess the application and determine eligibility to initiate a proceeding at the Victorian Civil and Administrative Tribunal (VCAT).

The Victorian Civil and Administrative Tribunal Act 1998 governs what information is available to the public.

The Information Privacy Act 2000 (the Act) and the Victorian Privacy Principles set out the requirements that persons must abide by. Section 10 of the Act refers to Courts and Tribunals and the exemptions that apply to them.

For further information regarding VCAT's privacy policy, please visit the VCAT website.

Additional information

VCAT will send you and all the other parties a notice of hearing. The notice will tell you the venue, time and date you must come to the hearing.

Bring your copy of the application form and any documents to the hearing. This may include the tenancy agreement, condition report, bond receipt and photos.

Lodgement

You can lodge this completed form and any attachments online or by:

Mailing it to:

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

Delivering 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: <https://www.vcat.vic.gov.au>

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, visit the fees page at 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 fee relief if paying the fee would cause you financial hardship.

Visit www.vcat.vic.gov.au/feerelief for more information about fee relief.

Are you applying for fee relief?

- ☐ No - complete **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 or no fee is payable.

Choose the fee level:

- ☐ Standard ☐ Corporate ☐ Concession

Fee amount charged: \$ _____

CARD DETAILS

Cards Accepted: * ☐ VISA ☐ MasterCard

Cardholder Name: *

Card Number: *

Card Expiry: * /

Signed: *

Date: * / /

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