



Retirement villages application

CONSUMER AND COMMERCIAL DIVISION

Complete this form to apply for orders under the *Retirement Villages Act 1999*. Visit the NCAT website for information on how to complete this application form. You can also apply online using [NCAT Online Services](#).

File Number
Office use only

1. DISPUTE DETAILS

A. PLACE OF DISPUTE

What is the address of the retirement village? *Include suburb and postcode*

B. WHAT IS YOUR DISPUTE ABOUT?

Tick the box that best describes what your retirement villages dispute is about

- Annual budget / accounts Payment of money or compensation Termination / vacant possession
 Village contract Village rules

2. APPLICANT

A. APPLICANT TYPE

Tick the box that best describes the person or organisation making this application.

- Resident Operator Other (*please specify*)

B. APPLICANT CONTACT DETAILS

For multiple applicants attach details on a separate sheet.

First name:

Last name:

Organisation name (if applicable):

ACN/ABN:

Address:

Telephone:

Email:

If you provide an email address, NCAT will use your email as the address for service

C. ARE YOU ABORIGINAL OR TORRES STRAIT ISLANDER?

- No Prefer not to answer
 Yes - Aboriginal Yes - Torres Strait Islander Yes - both Aboriginal and Torres Strait Islander

D. APPLICANT REPRESENTATIVE DETAILS

If the applicant is represented the representative's contact details will be used as the applicant's address for service. Attach the authority to act for the applicant.

- Legal Practitioner Agent Other (*please specify*)

First name:

Last name:

Organisation name (if applicable):

ACN/ABN:

Address:

Telephone:

Email:

If you provide an email address, NCAT will use your email as the address for service

3. RESPONDENT

A. RESPONDENT TYPE

Tick the box that best describes the person or organisation you are making the applicant against.

- Resident Operator Other (*please specify*)

B. RESPONDENT CONTACT DETAILS

For multiple respondents attach details on a separate sheet. You must provide the correct name and address for service for each respondent.

First name:

Last name:

Organisation name (if applicable):

ACN/ABN:

Address:

Telephone:

Email:

4. ORDERS AND REASONS

A. WHAT ORDERS DO YOU WANT?

Write down the section number of the *Retirement Villages Act 1999* and the orders you want NCAT to make. For more information read the [Retirement villages fact sheet](#).

B. WHY ARE YOU APPLYING TO NCAT?

Explain why you are asking NCAT to make the above orders. This will help NCAT and the respondent understand why you have made this application.

5. LANGUAGE AND DISABILITY SUPPORT

A. INTERPRETER

Do you need an interpreter for the hearing? No Yes (*specify language*):

B. SUPPORT REQUIREMENTS

Do you have a disability-related need or other request for support at the hearing?

6. SIGNATURE

Applicant's signature or signature of representative.

Name

Signature

Date

Lodge your application and pay the fee with NCAT Online Services or at your nearest NCAT Registry

For NCAT Consumer and Commercial Division Registry locations visit the [NCAT website](#). For all NCAT enquiries telephone 1300 006 228 or visit www.ncat.nsw.gov.au.