

RENTAL PROPERTIES REQUEST FOR 15% LANDLORD RATING ALLOWANCE



Article 21 Agreement (AA10)

Please note that from 1 April 2012 the allowance will be reducing to 12.5% (subject to Assembly approval)

NOTES

- This form is for ratepayers (landlords) who have accepted responsibility for payment of rates on rental properties.
- Please complete in **CAPITAL LETTERS** using black ink.

SECTION 1 – RATEPAYER (LANDLORD) DETAILS

Landlord's name

Landlord's contact telephone number

Landlord's address

Postcode

If you are currently in receipt of the 15% landlord rating allowance and would like to add additional properties to your schedule (list of properties subject to the allowance) please complete your account details in this section.

Account ID

Ratepayer ID

Please see current rate bill for these numbers.

SECTION 2 – PROPERTY DETAILS

Address of Property 1

Postcode

I wish to claim the 15% landlord rating allowance for this property from **

If you have more than one property to add please complete the relevant details below. If necessary, add a separate sheet. Please write your name, Account ID and Ratepayer ID (shown on your rate bill) on any extra sheets and attach to this form.

Address of Property 2

Postcode

I wish to claim the 15% landlord rating allowance for this property from **

Address of Property 3

Postcode

I wish to claim the 15% landlord rating allowance for this property from **

**1st of April of the current rating year or the date the property was purchased or re-occupied if different

SECTION 3 – DECLARATION

I would like to request the 15% landlord rating allowance for the property/properties stated in Section 2.

This agreement is made in accordance with the provisions of Article 21 of the Rates (Northern Ireland) Order 1977.

- I confirm that the rent payable for this property (sometimes referred to as a hereditament) becomes payable or is collected at intervals shorter than quarterly.

I understand that rates are due whether the property/properties are occupied or not and as the owner/landlord of this property/properties I will undertake to:

- Pay the amount due to Land & Property Services (LPS)** on or before the 30th day of September in each year or by the date specified on your bill.
- Notify LPS, in writing, of any change in ownership of the property/properties, or any change of contact details for the owner.

Under the terms of this agreement I understand that:

- If LPS receives one single payment for the full amount due, not later than 30th September or the date stated on your bill, I will receive an allowance of 15%. Failure to pay rates may result in this agreement being terminated.

**Acting on behalf of the Department of Finance and Personnel (DFP). LPS is the agency responsible for billing and collecting rates.

I understand that:

This is an agreement between the landlord and the Department (DFP) and will become effective from the appropriate date determined by the Department. This will remain in force until such time as the agreement is terminated. If this agreement is to be terminated, by either party, notice in writing must be served not less than six months before the beginning of a new rating year.

Signature of Landlord

Date

Signature of Witness for Landlord (witness must be 18 years or over)

Date

Data Protection

Any information you have provided will be used for the billing and collection of rates and the recovery of any unpaid debt due to Land & Property Services. This agency is under a duty to protect the public funds it administers, and to this end may use the information you have provided for the prevention and detection of fraud, therefore it may also share this information with other bodies for these purposes.

PLEASE RETURN THIS COMPLETED FORM TO:

Land & Property Services
Central Landlords Team
Lincoln Building
27-45 Great Victoria Street
Malone Lower
BELFAST, BT2 7SL

CONTACT US

Dial **0300 200 7801** (calls charged at local rate) and ask for the Landlords Team
If outside NI, dial **0044 28 9054 1613**
Textphone **18001101**

FOR STAFF USE ONLY

Approving Officer Signature: _____ Date: _____ Application: Approved Rejected

WHERE AN APPLICATION IS REJECTED

Reason for rejection: _____

Approving Officer Signature: _____ Date: _____