

RENTAL PROPERTIES: REQUEST FOR LANDLORD ARTICLE 21 RATING (10%) ALLOWANCE (AA10) GUIDANCE NOTES FOR REQUEST FORM



Land &
Property
Services.

HOW TO USE THESE GUIDANCE NOTES:

- Where you see the **i** icon within the form it shows there is further information and instructions available within these notes.
- Each section is numbered. You should use this number to direct you to the correct section in these guidance notes. Only certain sections will have additional notes.

SECTION 1 – LANDLORD DETAILS

i Landlord Name(s)

This name should be the person(s) or Company that is accepting liability for Rates in accordance with Article 21 of the Rates (Northern Ireland) Order 1977.

- Should the landlord be a **Company**, you should complete the Landlord(s) Name box with the **Company name as it appears in Companies House**. *It must be a company with the status of Limited Liability Partnership (LLP), Public Limited Company (PLC) or Limited (Ltd) Company.*
- You are required to enter the **Company's Registration Number**. The correspondence address must be the **Company's registered office as listed in the Companies House Register**.
- If the landlord is **trading as a business that does not have Ltd, LLP or PLC status**, then you should enter the name as **Landlord Name trading as Business Name**.
- If **more than one party is accepting rating liability** please provide the full names of all interested/joint parties. These will be the names as you wish them to appear on your rate account. Please also note that all parties will be held joint and severally liable in respect of rates due from the start date of this agreement with LPS and each will be required to sign this form.

Please note, if you are **not the registered owner** of any of the properties for which you are accepting liability, you are confirming that you are the person entitled to receive or collect the rack rent for those properties. You are also accepting that on request from LPS you will provide the registered owners name(s) and address(s) for any property that you accept liability for rates on.

i Secondary Correspondence Address

You will be able to specify a secondary address that you would also wish to have correspondence and rate bills sent to. If your primary address is outside Northern Ireland, you are requested to provide an address within Northern Ireland. Please note that if an address is not provided, LPS may issue correspondence to a property that you have listed on this application form or another related property that you own within Northern Ireland.

SECTION 4 – SIGNATURES

- i** All individuals named in section 1 must sign and date this document and all persons signing the document are accepting the rating liability for all properties indicated in Section 2 and those added thereafter. If you are completing the form for a Company which has Ltd, LLP or PLC status, the form must be signed by a Director of the Company.

RENTAL PROPERTIES REQUEST FOR LANDLORD ARTICLE 21 RATING (10%) ALLOWANCE (AA10)



NOTES

- Complete this form if you wish to apply for the landlord Article 21 rating allowance or would like to add additional properties to your existing schedule.
- This form is for Landlords and Managing Agents (Personal and Companies) responsible for rates on one or more rental properties.
- Please complete in CAPITALS LETTERS using black ink.

SECTION 1 – LANDLORD DETAILS

Landlord name(s)* (all named persons must sign on the back of this form) **i**

Landlord name (1)
Landlord name (2)
Landlord name (3)
Landlord name (4)

***This will be the person(s) to be held liable for rates.**

Are you a Limited Liability Partnership (LLP), Public Limited Company (PLC) or Limited (LTD) Company? Yes No

If yes, please enter your registered company number in the box below.

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Correspondence address (If you are a LLP, PLC or LTD company this must be the Registered Office)

	Postcode

Secondary Correspondence Address **i**

(please complete this if your primary correspondence address above is outside Northern Ireland)

	Postcode

Contact telephone number

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Email address

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If you are applying to add properties to an existing Article 21 schedule, please complete the Account ID and Ratepayer ID of the schedule you wish the properties to be added to, otherwise leave blank.

Account ID

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Ratepayer ID

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If you need this form in a different format, please dial **0300 200 7801** (calls charged at local rate). Dial **18001 0300 200 7801** for Text Relay.

SECTION 2 – PROPERTY DETAILS

In the space below please enter the details of the property/properties for which you wish to apply Article 21 status for. You should include the property address, postcode and the date you wish to claim the Article 21 status from *(Additional properties which do not fit inside this area can be put on a separate page and attached)

Address of Property 1

	Postcode

I would like to claim the Article 21 status from ***

Address of Property 2

	Postcode

I would like to claim the Article 21 status from ***

Address of Property 3

	Postcode

I would like to claim the Article 21 status from ***

Address of Property 4

	Postcode

I would like to claim the Article 21 status from ***

***This date should be 1st April of the current rating year or the date the property was purchased/re-occupied (if different), whichever is more recent.

SECTION 3 – TERMS

I would like to request the 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 I am responsible for collecting the rent payable for this property (sometimes referred to as a hereditament).

I understand that rates are due whether the property/properties is 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 September each year or by the date specified on your bill. **Acting on behalf of the Department of Finance and Personnel (DFP), LPS is responsible for billing and collecting rates.
- 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 payment for the full amount due, not later than 30th September each year or the date stated on your bill, I will receive an allowance for rates. Failure to pay rates will result in LPS taking legal recovery action against you, which may include bankruptcy proceedings.

SECTION 4 – DECLARATION

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 ratepayer (1)

Date signed

DD/MM/YYYY

Printed Name(s)

Position in Company (if applicable) (must be Director)

Signature of ratepayer (2)

Date signed

DD/MM/YYYY

Printed Name(s)

Position in Company (if applicable) (must be Director)

Signature of ratepayer (3)

Date signed

DD/MM/YYYY

Printed Name(s)

Position in Company (if applicable) (must be Director)

Signature of ratepayer (4)

Date signed

DD/MM/YYYY

Printed Name(s)

Position in Company (if applicable) (must be Director)

Data Protection: LPS collects and stores information for the purposes of rating, valuation, mapping and land registration in Northern Ireland. LPS will use and disclose/share the information you provide in full compliance with the Data Protection Act 1998 and the Department of Finance and Personnel's Data Protection Policy.

**PLEASE
RETURN THIS
COMPLETED
FORM TO:**

Land & Property Services
Central Landlords Team
Lanyon Plaza
7 Lanyon Place
Town Parks
BELFAST, BT1 3LP

CONTACT US

Dial **0300 200 7801** (calls charged at local rate) and ask for the Landlords Team
If outside UK, dial **+44 28 9049 5794**
Text Relay
18001 0300 200 7801

FOR STAFF USE ONLY

Application: Approved Rejected

Reason for rejection:

Approving Officer Signature:

Date: