



Request to Have Registration Revoked

Sections 170(2) & 173(2) Housing Restructuring and Tenancy Matters Act 1992

Registered name	
Organisation Physical address	
Organisation Postal address <i>(if different)</i>	
Contact person <i>(name and title)</i>	
Contact telephone	Business () Mobile ()
Contact Email	

Please outline what arrangements have been put in place to ensure tenants will not be disadvantaged as a result of this revocation. As per Regulation 16 under the Housing Restructuring and Tenancy Matters (Community Housing Provider) Regulations 2014, tenants should not be disadvantaged in respect of: **geographic location, type of housing, amenities in housing, and eligibility for or access to income-related rent.**

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We have requested that our registration as a Class 1 - Social Landlord be revoked, and acknowledge that on revocation we will no longer be entitled to receive any benefits associated with that class of registration, including the Income-Related Rent Subsidy.

Signed by and on behalf of the CHP by:	
Name: <i>(please print)</i>	
Title/capacity in which signing for CHP:	
Date signed:	