

**FORM DPFN 1**

**Notification form**

**To advise of circumstances that may entail a requirement for payment of Disposal Proceeds Funds or to request a roll over**

**OUSING** 

**November 2018**

# About this form

1. This form is to be used when advising the Regulator of Social Housing (the regulator) of circumstances which may entail a requirement for payment of Disposal Proceeds Funds (DPF) or for requesting a roll over.
2. The form should be read in conjunction with Disposal Proceeds Funds Guidance and Requirement documents which are available on the [regulator’s website](https://www.gov.uk/government/publications/disposal-proceeds-fund).
3. All parts are to be completed by all applicants. Please use as much space as is necessary and continue on an additional sheet, or expand in a covering letter or supporting information if desired.
4. Any enquiries should be directed to the Regulatory Referrals and Enquiries team on 0300 124 5225 or email [enquiries@rsh.gov.uk](mailto:enquiries@rsh.gov.uk)
5. The regulator’s preference is for electronic applications. The signed and completed form should be scanned and submitted to the Registry and Notification team: [RNTeam@rsh.gov.uk](mailto:RNTeam@rsh.gov.uk). If it is not possible to submit electronically, the completed form should be posted to:

Referrals and Regulatory Enquiries team

Regulator of Social Housing

1st Floor – Lateral

8 City Walk

Leeds

LS11 9AT

# Part 1: Declaration and consent

I the undersigned, confirm that:

1. I have appropriate delegated authority from the governing body of the applicant to complete this form
2. The information given on this form is true and correct to the best of my knowledge and belief and will ensure that any information subsequently provided to the regulator, is the same
3. I understand that I may be expected to provide evidence in support of some or all of the information provided on this form
4. I understand that any information regarding this held by the regulator, including any information provided in this form and supporting documents, or which is provided to the regulator in relation to this matter, may be disclosed by the regulator where this is in keeping with its obligations as a public authority under the Freedom of Information Act 2000 and/or the Environmental Information Regulations 2004

|  |  |
| --- | --- |
| **Signed for and on behalf of the applicant** | |
| Signature |  |
| Name of the authorised signatory (please type or write clearly) |  |
| Position or job title of the authorised signatory (please type or write clearly) |  |
| Date of signature |  |

**This form should be signed by someone who has the authority, in accordance with the applicant’s constitution, to sign on behalf of the applicant.**

# Part 2: General information

|  |  |
| --- | --- |
| **Registered provider details** | |
| Name of the private registered provider making the application (the applicant) |  |
| Registration number with the regulator |  |
| Contact name |  |
| Position/role of contact named above |  |
| Telephone number of contact named above |  |
| Email address of contact named above |  |

# Part 3: Information about the applicant’s Disposal Proceeds Fund

|  |
| --- |
| Q1. The total balance of the DPF as at the end of the last financial year (specify date) |
| Answer: |
| Q2. See *DPF requirements of the social housing regulator 2015* for circumstances in which the regulator may require payment of sums in DPF. Please identify below which of these circumstances apply (more than one if applicable) and give details including sums involved. |
| Answer: |
| Q3. The Regulator will decide whether sums should be paid, how much and when (see *DPF guidance 2015* for information about the Regulator’s approach to that decision). So that your preferences can be taken into account, please state your preference for the sums within your DPF which are covered by the circumstances described in question 2. Do you wish to pay them over to the investment agencies, or are you seeking the agreement of the regulator to an extension of the time limit? Please give details. |
| Answer: |
| Q4. If your preferred option is to pay over any sums, please set out the time period in which you would propose to make the payment; state to which investment agency the payment would be made (Homes England for sums originating outside Greater London, GLA for sums originating within Greater London); and set out the sums proposed. |
| Answer: |
| Q5. If your preferred option is an extension of time limit, please state the reasons why you think this extension should be agreed. If the circumstances you have detailed in 3 above include where balances have remained unused in DPF for 3 years, please give details of how you propose to use these funds in the existing financial year addressing the factors the regulator takes into account as detailed in the DPF guidance. Continue on a separate sheet where needed, and attach relevant documents in support of your reasoning. |
| Answer: |



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Email: [enquiries@rsh.gov.uk](mailto:enquiries@rsh.gov.uk)

Telephone: 0300 124 5225

Or write to:

Referrals and Regulatory Enquiries Team

Regulator of Social Housing

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