Home Improvement Request Form



| Name | | | | |
|---|---------------|----|--|--|
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| Address | | | | |
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| Details of improvement(s) that the resident wishes to make - | | | | |
| If this involves any structural changes to the property please provide drawings on a separate p | iece of paper | | | |
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| Details of contractor who will be carrying out the works. (It is the residents responsibility to check that the contractor is suitably qualified to carry out the | ie works) | | | |
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| How long will the works take? What impact will this have on neighbouring properties and have you advised them? | | | | |
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| Is Building Control or Planning permission required? If so this will need to be provided. | Yes | Νο | | |
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| Agreement in place for any arrears to be paid via direct debit, as agreed with the Income team? | Yes | Νο | | |
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| Evidence that the tenant has paid the £50 fee. | | | | |
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By submitting this application you understand that the following conditions apply

- · You have checked to confirm whether Building Control or Planning permission is required;
- You have checked that your contractors appointed to carry out the works are suitably qualified, e.g. gas works are carried out by a Gas Safe engineer & electrical works should be carried out an NICEIC qualified contractor;
- The work will be done to a professional standard, there are schemes that contractors sign up to that you may want to refer to;
- You have checked that your contractors have adequate insurance should they cause damage to Newlon's property;
- Any disrepair resulting from the works you have done must be put right.
- Newlon will not be responsible for any additional repairs arising from these works, such as maintaining a shed/garage that you
 are erecting;
- Newlon will carry out repairs from wear and tear, if bathrooms, kitchens or taps have been replaced that are not Newlon's standard fittings then we may not be able to provide an exact match.

| Signature of resident | | Date | |
|-----------------------------|--------------|----------|----------|
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| Name of Resident (printed) | | | |
| | | | |
| Payment reference number | | | |
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| Office Use Only | | | |
| Arrears checked with income | Payment made | Approved | Rejected |
| Name of Staff | | | |
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