PROVANHALL HOUSING ASSOCIATION ALTERATIONS / IMPROVEMENTS APPLICATION FORM



Sections 1 – 7 must be completed by the applicant.

1.	Address						
		Flat:					
2.	Tenant name – if joint tenancy, both names must be given						
	1.						
	2.						
3.	When do you plan to carry out the work?						
4.	Give details of proposed alteration or improvement						
5.	Give details of who will carry out the work (if not the applicant)						
	Name:						
	Phone:						
6	Some improvements may qualify for compensation at the end of the tenancy. For eligibility to the Right to Compensation for Improvement scheme, you must forward copies of all invoices and receipts on completion of the work.						
	Estimated cost of the work	£					
7	I understand and accept that no work will be carried out until written permission is received from the Association.						
	Tenant Signature	1.					
	If joint tenancy, both tenants	2.					
	must sign Date:						
Please hand deliver the completed form to the association office or post by recorded delivery.							
You will receive an acknowledgement within 5 working days							

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FOR PHA OFFICE USE ONLY									
Application received				Inspection date					
Acknowledgement sent		Inspection staff initial	S						
More information required	Yes	١	10	Application approved	Yes 1	No			
Inspection required	Yes	١	10	Application refused	Yes 1	No			
Conditions to be attached to approval:									
Reasons for refusal:									
Decision letter to tenant sen	Date:		Staff initials:						
Tenant Acceptance Declara	Date:		Staff initials:						
Post inspection required Yes No			Inspection date:						
Work to satisfactory standar	1	Inspection staff initials							
Application added to SDM			Date:		Staff initials:				
Application documents scan	Date: Staff initials:								