



Housing Services
Directorate

APPLICATION FOR INTERNAL DECORATION

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PART 'A' - To be completed by the applicant and returned to a PCC Housing Office.

Plymouth City Council policy states that this service is offered for those tenants of pensionable age or in receipt of a Disability Living Allowance (Mobility Component), provided there are no younger or able-bodied persons living locally. In certain exceptional cases, a letter from your doctor may be sufficient.

* Please delete items **NOT** applicable. **Tenancy Commencement Date:** _____

Name of Tenant(s): _____

Address: _____

Telephone No: _____

Age of Tenant(s): _____

Are you currently in receipt of a Disability Living Allowance (Mobility Component)?

*Yes	*No
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I declare (tick boxes)

1. that the above facts are correct and

2. that there are no able bodied persons residing with or near me, who can assist me.

Tenant's Signature(s): _____

Date: _____

PART 'B' - To be completed by PCC Housing Office.

Sector:

Plym	Tamar
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Quadrant:

North	South	East	West
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1. **Proof of eligibility required** **Date:** (Tick appropriate statements)
Send Standard Letter LT/069 to applicant.

2. **The Tenant IS eligible for assistance.**
Send Standard Letter LT/067 or LT/068 to applicant.

3. **The Tenant IS NOT eligible for assistance.**
a) State reason below.
b) Send Standard Letter LT/070 or LT/071 to applicant.

Name (Printed): _____ **Signature:** _____ **Date:** _____

- On completion of Part 'B' enter details in the Internal Decoration Assistance Register (FM/054).
- If eligible, forward original to Program/Maintenance, Housing Strategy & Development, Windsor House and place copy of this page in the register.
- If not eligible, forward original for inclusion in the Property File.
- Upon satisfactory completion of work, update register, destroy copy and forward original for inclusion in the Property File.



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PART 'C' – To be completed by Program/Maintenance, Housing Strategy & Development, Windsor House

Standard of decoration at date of visit:

	CEILING		WALL SURFACE		PAINTWORK	
Ground Floor						
Kitchen						
Dining Room						
Lounge						
Hall/Passageway						
Bathroom						
W.C.						
First Floor						
Bedroom 1						
Bedroom 2						
Bedroom 3						
Staircase						
Bathroom						
W.C.						

CODES: E = Emulsion P = Paper
 G = Good S = Standard P= Poor VP = Very Poor
 N/A = Room does not exist

Details of work ordered:

Name (Printed):

Signature:

Date:

Upon satisfactory completion of the work detailed above, or if there is a reason not to undertake the work, this form is to be returned to the signatory stated in Section 'B'.