

Memo

Private Housing Improvement Team
2nd Floor
Mulberry Place
5 Clove Crescent
London
E14 2BG

To: Head of Strategy, Regeneration and Sustainability

From: The Chair of the Private Housing Grants Panel

Date: 03-November-2015

Ref: 12892

Tel No: 020 7364 0824

Re: Home Repairs Grant Minor Hazards - Owner Occupier Lhold RTB

[REDACTED]

[REDACTED]

London

E14 [REDACTED]

The above grant has been considered by the Private Housing Grants Panel.
A summary sheet is attached for your consideration.

The Private Housing Grants Panel recommends the approval of:

£5,049.33 Grant

£6,059.20 Capital Estimate from the unallocated Housing Renovation Grant Resources

The works include:

renewal of mixer taps, sink base unit, combi boiler

Chair of Panel



.....Renee Buffery

I approve the above action:

Head of Strategy, Regeneration and Sustainability

Dated

**LONDON BOROUGH OF TOWER HAMLETS
PRIVATE HOUSING IMPROVEMENT TEAM**

Grant Approval Check Sheet 2

Grant Reference Number: 12892

Address of Property: [REDACTED]
[REDACTED]
London
E14 [REDACTED]

Grant Type: Home Repairs Grant Minor Hazards - Owner
Occupier Lhold RTB

Total Cost of Works: £4,330.05 [REDACTED]

Eligible Works (Ex VAT): £4,330.05 [REDACTED]

Eligible Works (VAT): [REDACTED]

Eligible Works (TOTAL): £4,330.05

Fees: Home Improvement Agency

Combined Fees: £719.28

Total Eligible Expense: £5,049.33

Applicants Contributions:

Excess:

Grant Figure: £5,049.33

**LONDON BOROUGH OF TOWER HAMLETS
PRIVATE HOUSING IMPROVEMENT TEAM**

Grant Panel Check Sheet

Grant Reference Number: 12892

Address of Property: ~~REDACTED~~
~~REDACTED~~
London E14 ~~REDACTED~~

Grant Type: Home Repairs Grant Minor Hazards - Owner Occup

Application form:

Date stamped	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Declaration signed	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Owners Certificate signed	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Diversity questions completed	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Agency Commission form completed if applicable	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Occupational Therapy referral provided if applicable	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Means Test print-out on file if applicabl	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Proof of ownership on file	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Have there been any previous grants	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Estimates for the works:	
Tendered specification	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Two estimates form separate builders	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Price from MTC	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Fees	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Does the property meet the Decent Homes Standard	<input checked="" type="radio"/> Yes / <input type="radio"/> No
"Hazards" under the HHSRS that need addressing	<input checked="" type="radio"/> Yes / <input type="radio"/> No

Signed  Case Officer

Dated 21/5/13

Signed  Checking Officer

Dated 21/5/13