Tenants’ Improvements Scheme
Compensation Claim Form

Important Notes:

a) You are not eligible for compensation if you are exercising your Right to Buy or acquiring the property.

b) You are not eligible for compensation:
   (i) if your improvement was started more than 12 years ago; or
   (ii) if you have not had written permission from the Council to undertake the Improvement (in which case you should contact your Area Housing Office).

c) You must make your claim within 14 days of your tenancy ending.

d) You may be prosecuted if you deliberately give false information.

e) A leaflet is available from your Area Housing Office which explains the Scheme in detail.

Your Name:_______________________________________________________________

Address of Property concerned:____________________________________________

Daytime Contact Telephone Number:__________________________________________

1) Please list below details of improvements for which you are claiming compensation:

<table>
<thead>
<tr>
<th>Improvement</th>
<th>Date Completed</th>
<th>Date of Permission</th>
<th>Cost (*)</th>
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<td>A)</td>
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(*) You can include materials and employed labour but not the cost of your own labour or appliances installed, e.g. cooker. Please attach relevant invoices.
2. Please give below details of any grant or minor works assistance under Part VIII of the Local Government and Housing Act 1989 or assistance from the Home Energy Efficiency Scheme that you have received for the improvement work:

3. Have you applied for, or received compensation for this improvement from the Council?

   Yes ☐            No ☐

4. What is the date on which your tenancy ends/ended?

5. Please give below your forwarding address to which any payment will be sent:

Declaration:

I declare that the information given on this form is true, and that the improvement(s) for which I/we am/are claiming compensation were undertaken within the last 12-years and whilst I/we was/were tenants.

Tenant’s Signature(s): ___________________________ Date: ___________________________
(Both sign if joint tenancy)

______________________________ Date: ___________________________

When completed, please return this form to your Area Housing Office:

Civic Offices
High Street
Epping
Essex CM16 4BZ

OR

The Broadway Housing Office
63 The Broadway
Loughton
Essex IG10 3SP