

# Great Yarmouth Borough Council

## Application for Housing Renewal Assistance

### Tell us about your home

Address .....

*Please put a tick in the appropriate boxes*

<b>Age of property</b>				
pre 1919 <input type="checkbox"/>	1919 - 1944 <input type="checkbox"/>	1945 - 1964 <input type="checkbox"/>	1965 - 1980 <input type="checkbox"/>	post 1980 <input type="checkbox"/>
<b>Type of property</b>				
House <input type="checkbox"/>	Bungalow <input type="checkbox"/>	Flat <input type="checkbox"/>	Park Home <input type="checkbox"/>	
Detached <input type="checkbox"/>	Semi-detached <input type="checkbox"/>	Terrace <input type="checkbox"/>	End terrace <input type="checkbox"/>	
<b>Accommodation</b>				
Kitchen <input type="checkbox"/>	No.of bedrooms <input type="checkbox"/>	Bathroom <input type="checkbox"/>	inside W.C. <input type="checkbox"/>	
<b>Construction</b>				
<b>Walls</b>				
Cavity <input type="checkbox"/>	Solid 9" <input type="checkbox"/>	Solid 4½" <input type="checkbox"/>	Timber <input type="checkbox"/>	
<b>Roof</b>				
Slate <input type="checkbox"/>	Tile <input type="checkbox"/>	Felt <input type="checkbox"/>	Other <input type="checkbox"/>	

**General Condition**

*Please put a tick in the box if the item is satisfactory*

*Please put a cross in the box if there is a problem **and describe the problem***

<b>External</b>				
Chimney	<input type="checkbox"/>	.....		
Roof	<input type="checkbox"/>	.....		
Gutters	<input type="checkbox"/>	.....		
Fascia/Soffits	<input type="checkbox"/>	.....		
Walls	<input type="checkbox"/>	.....		
Windows	<input type="checkbox"/>	.....		
Type	single glazed <input type="checkbox"/>	double glazed <input type="checkbox"/>		
Frames	timber <input type="checkbox"/>	uPVC <input type="checkbox"/>	Metal <input type="checkbox"/>	
Doors	<input type="checkbox"/>	.....		
<b>Internal</b>				
Walls	<input type="checkbox"/>	.....		
Ceilings	<input type="checkbox"/>	.....		
Floors	<input type="checkbox"/>	.....		
Stairs	<input type="checkbox"/>	.....		

**See over**

