|  |  |  |
| --- | --- | --- |
| **No.** | **Information required** | **Please fill in your answers below** |
|  | **Applicant’s name, address and contact details** |  |
|  | **Name of Project** |  |
|  | **Description of project** |  |
|  | **How will the project benefit the tenants of your block/estate?** |  |
|  | **Do the tenants of your block/estate support the project?** |  |
|  | **How will the project be carried out?** |  |
|  | **What are the Health and Safety risks?** |  |
|  | **Does the project require permissions other than from LSHA?** |  |
|  | **How much will the project cost?** |  |
|  | **When will the project take place and how long will it take?** |  |
|  | **How will the success of the project be measured?** |  |

|  |
| --- |
| **Declaration: I confirm that I will provide LSHA with the receipts for the items I will purchase to enable the [*Name of project]*  (listed above under Projects Costs) a total of [Insert total cost]** |
| **Applicant Name:** |
| **Address:**  **­­** |
| **Signature:** |

**Neighbours who support the project.**

|  |  |
| --- | --- |
| **1.** | **Name:** |
|  | **Address:** |
|  | **Signature:** |

|  |  |
| --- | --- |
| **2.** | **Name:** |
|  | **Address:** |
|  | **Signature:** |

|  |  |
| --- | --- |
| **3.** | **Name:** |
|  | **Address:** |
|  | **Signature:** |

|  |  |
| --- | --- |
| **4.** | **Name:** |
|  | **Address:** |
|  | **Signature:** |

|  |  |
| --- | --- |
| **5.** | **Name:** |
|  | **Address:** |
|  | **Signature:** |

|  |  |
| --- | --- |
| **6.** | **Name:** |
|  | **Address:** |
|  | **Signature:** |

Return your completed application form to: Lambeth & Southwark Housing Association 21 Claylands Place, Oval, London SW8 1NL   
email: [**info@lsha.org.uk**](mailto:info@lsha.org.uk) web: **www.lsha.org.uk**