20 Bath Row, Birmingham, B15 1LZ 0345 60 20 540 contact@midlandheart.org.uk

**APPLICATION FOR PROPERTY ADAPTATION – Maintenance Confirmation: Stair lift**

Before a decision can be made on whether these works will be approved, we need you to agree to the following:

* The repairs, servicing, maintenance, removal and any associated costs of the stair lift will be the responsibility of the named tenant of the above property.

(**FULL NAME, AS PER TENANCY** ) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* On expiry of a warranty, **we will not** undertake any repairs and maintenance to adaptations installed by the Local Authority which have not become a permanent fixture within the property. Stair Lifts, including “bolt-on” type, are deemed non-permanent fittings and would **not** be maintained, serviced, repaired or replaced by us.

If the Stair Lift is no longer required by the service user

**(FULL NAME, AS PER TENANCY)** I **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**am responsible for its removal and any associated repairs.

If I move out of the property/termination of tenancy

**(FULL NAME, AS PER TENANCY)** I **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**am responsible for removal of the Stair Lift including any associated repairs and prior to returning the property keys back to Midland Heart.

**Please complete, sign and send this form to us to confirm agreement of the above, and please keep a copy for your own records too.**

**You can either email this form to** **aidsandadaptations@midlandheart.org.uk****, or you can post a copy to: FAO Aids and adaptations team - Assets and Delivery, 20 Bath Row, Birmingham, B15 1LZ.**

Once we receive this signed confirmation, the case is reviewed and a decision will be made, if approved, we will instruct your Local Authority to proceed with the DFG application and schedule works. If your case is rejected, we will write to inform you of our decision and why.

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| --- | --- |
| **Full Name**  |  |
| **Address**  |  |
| **Date**  |  |
| **Signature**  |  |