

HELPING HANDS MINOR REPAIR SERVICE



558-560 Bolton Road, Pendlebury, Manchester, M27 4DL
0161 793 9419

CLIENT APPLICATION FOR REGISTRATION (Strictly private and confidential)

Mr/Mrs/Ms/Miss

ADDRESS

POST CODE TEL. NO.....

To qualify for our subsidised rate you must meet one of the following 3 criteria:-

- 1) **Over 65 and in receipt of any of the following:- (Please circle)**
- | | | |
|---|-----|----|
| Income Support | YES | NO |
| Pension Credit | YES | NO |
| Housing Benefit | YES | NO |
| Council Tax Benefit
(Not the single occupancy reduction) | YES | NO |
- 2) **Any member of household in receipt of:-**
- | | | |
|-----------------------------|-----|----|
| Disability Living Allowance | YES | NO |
| Attendance Allowance | YES | NO |
- 3) **A family with a child or children under 5 years old and in receipt of any of the following:-**
- | | | |
|------------------------------------|-----|----|
| Income Support | YES | NO |
| Income-based Job Seekers Allowance | YES | NO |
| Working Tax Credit | YES | NO |
- 4) **Home owner** YES NO **Private Landlord** YES NO
- Tenant** YES NO **New Prospect** YES NO **OTHER**

You may be asked for evidence of this and you must inform us if your circumstances change.

If required, please state security password

Where did you hear about us? (Please tick one) Referral Recommendation Other
(Please specify if other).....

I enclose the annual registration fee of £6.50 inclusive of VAT (Payable to Helping Hands)
I understand that this fee is non refundable in the event of the cancellation of my membership.

Signed

For Office Use: Date of Registration:.....
Customer No:..... Neighbourhood Management Area:.....