

PRIVATE SECTOR - BUILDING SAFETY FUND

PART A

Please read the Guidance for Leaseholders¹ before completing this declaration

You must complete and sign this declaration and return it to Triathlon Homes

YOUR NAME OR COMPANY NAME:

ADDRESS OF PROPERTY OR PROPERTIES FOR WHICH YOU ARE THE LEASEHOLDER IN THE BUILDING (THE "PROPERTY"):

ARE YOU THE SOLE LEASEHOLDER? PLEASE TICK THE RELEVANT BOX:

YES

NO

IF YOU ARE NOT THE SOLE LEASEHOLDER, PLEASE LIST BELOW THE NAMES OF THE OTHER INDIVIDUALS WHO ARE ALSO NAMED ON YOUR LEASE AS LEASEHOLDERS, FOR EACH PROPERTY YOU OWN IN THE BUILDING:

PLEASE NOTE THAT EACH LEASEHOLDER WILL NEED TO COMPLETE AND RETURN A SEPARATE DECLARATION

¹ The guidance can be found here: <https://www.gov.uk/guidance/remediation-of-non-acm-buildings#subsidy-control-guidance-and-declaration>

About you

I confirm I am a private individual who lives in the property and does not own and let out any other property in this building.

If you use a property in this building only for the purposes of operating a business, **OR** own and let out property in this building you will need to fill out the **Subsidy Form**.

If you also own and let out property in other buildings with unsafe cladding you will also need to fill out the **Subsidy Form**. After you've filled in the form please return it Triathlon Homes.

Please note that if the information you give is incorrect and you do own and let out any properties in this building, then there is a risk any payments made out of the Fund for your benefit will be unlawful and you may be required to repay all or some of the value of that benefit together with interest.

I confirm all answers given in this declaration are correct.

I confirm I will keep a copy of this declaration and any other documentation relating to the **Subsidy Form** under the terms of the **Private Sector Building Safety Fund** for at least 3 years following the date of grant and I understand I am obliged to produce it on request by the UK public authorities.

Full name _____

Signature _____

For and on behalf of: _____

Position _____

Date _____

Address _____