



Furniture & Flooring Replacement Request

This form must be sent to **and authorised** by ARK Housing Dept. prior to any purchase.

To be completed by Tenant/Support staff:

Tenant Name:

Address/Postcode:

Details of Item/s needing replaced

If white goods, please include the size of space for the item to fit into and whether gas or electric

Item	Size	Reason for Replacement	<i>Uplift Required</i>

Things to consider before submitting request:

- Have you provided measurements for the size of the space where you need the item to fit?
- Have you confirmed if you require existing item uplifted?
- Be specific with reason for replacement- simply stating "not working" could result in the request being placed on hold or refused.
- If ordering a freezer you will need to ensure that the current appliance is defrosted and dry for uplift
- If you are ordering a washing machine this will need to be drained and disconnected for uplift
- If you have ordered a cooker have you specified if you require *gas* or *electric* *and* is a specialist installer required.
- Does any of the furniture ordered need to be attached to a wall?

Please confirm if there are any delivery restrictions we should make delivery drivers aware of e.g.: stairs to and within the property, parking and narrow turning points.

Please return this completed form to: furniture@arkha.org.uk

Who should we contact about the request? *This point of contact needs to be contactable at all times i.e. staff mobile number*

Direct Contact Name/s			
Contact Number & Email			Date of Request

To be completed by Housing staff

	Yes	No	Due Replacement Date
Partial Furniture Charge			
Full Furniture Charge			

	Yes	No	Details <i>Specification of required items/reasons for requirements</i>
Specialist Flooring/Equipment			

Area(s) to be fitted				
Material to be used (please can you be clear about the specification of the material for all the companies that you are seeking quotes for)				

Quote	1	2	3	4
Company Name				

Please return this completed form to: furniture@arkha.org.uk

Amount (ex VAT)				
Amount (inc VAT)				

<p>Recommendation</p> <p><i>Eg. I would recommend that we use ** based on (the price, timescale they have had advised they can complete the work in 3 days and previous good service they have provided).</i></p>	
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For Specialist Flooring Equipment Only

Quotes attached: <input type="checkbox"/> No Yes <input type="checkbox"/>	Approved : <input type="checkbox"/> No Yes <input type="checkbox"/>
Passed to SHSO : <input type="checkbox"/> No Yes <input type="checkbox"/>	Signature: _____ Date: _____
Date: _____	

Supplier:	Cost:
Make & Model: See attached	Warranty Details:
Date Order Placed:	Expected Delivery Date:
Project/Tenant notified of deliver date:	Receipt/Order attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
Contractor arranged to carry out additional works:	Additional Notes:

To be completed by Housing Assistant

Delivery confirmed by tenant/support staff: Yes <input type="checkbox"/> No <input type="checkbox"/>
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Please return this completed form to: furniture@arkha.org.uk

Date Received: _____

Filed in tenancy file:

Paper

Electronic

Capita Updated:

Yes

No

HSA Signature: _____

Date

Completed: