

Application for Concessionary Rent

See list of qualifying benefits below. Please indicate which is applicable. (Proof of qualification in the form of a copy of an official letter will be required. Please note copy documents cannot be returned.)

Name (in full):					
Address:					
Post Code:					
Plot Number:			Allotment	Site:	
	ion to check any	information	given on t	I have given is correct and co his form. I will tell you about of claim.	
I know that if I give	false information	I can be pro	osecuted.		
Sign Name:					
Print Name:				Date:	
	York Allot	tments - C	Qualifyin	g Concessions.	
Please tick the box reduction*. (Please				g for. These concessions qua –	alify for a 40%
Proof is required ea	ch year for the fo	ollowing con	cessions:		
Disability Living Allo	owance	E	Employmen	t and Support Allowance:	
Full time Student:		V	Vorking Ta	x Credit:	
Income Support:		lı	ncapacity E	Benefit:	
Job Seekers Allowa	ince:		Jniversal C	redit:	
Proof required at tin	ne of application	(just once):			
State Pension					
www.yorkallot	ments.org			York Allotments	
contact@yorka 07746 268588	_			Popeshead Court Offices Peter Lane York	
Charity Registrat	ion 1174306			YO1 8SU	



* Please note Concessionary Rents are calculated as below in **BOLD**:

Plot size A Plots up to 75 square yards: £24/£14.25

Plot size B Plots from 76 to 150 square yards: £48/£29

Plot size C Plots from 151 to 300 square yards: £96/£58

Plot size D Plots from 301 to 450 square yards: £130/£76

Acceptable forms of proof will be letters from the DWP or other government body, an official Student ID, or proof of receipt of state pension. Please note bus passes and rail cards will NOT be acceptable. Without appropriate proof, the concession will not be granted.

Please send copies only. We regret that we cannot return copy documents.

www.yorkallotments.org contact@yorkallotments.org 07746 268588