

LONDON BOROUGH OF SUTTON
RESIDENT CARE PERMIT APPLICATION FORM



Please read the “*Resident Care Permit Eligibility Requirements and Terms and Conditions*” section below before completing **all sections** of this application form.

A NAME AND CONTACT DETAILS	
1	Title (Mr, Mrs, Miss, Ms)
2	First Name
3	Surname
4	Telephone Number
5	Email Address

B PROPERTY DETAILS					
6	Full Address				
7	Postcode				
8	When did you/will you move to the above address				
	MONTH				
	YEAR				
9	Present Address (if different from above)				
10	Which Controlled Parking Zone or Permit Parking Area are you applying for? (tick)	SUTTON	R	B	G
		BELMONT	H		
		LONGFELLOW ROAD AREA	WP1		
		WELLINGTON AVENUE	A		
		AULTONE WAY	AW		
		WALLACE CRESCENT AREA	CA1		
		TALBOT ROAD AREA	CA2		
		GORDON ROAD AREA	CB		
		MORETON ROAD AREA	WP2		
		PEACHES CLOSE AREA	CH		
		CARSHALTON	CS1		
		HACKBRIDGE	HB1	HB2	
		SOUTH SUTTON	SS		
ST. HELIER	SH1	SH2	SH3		
11	I am on the Register of Electors at the address provided in (6) above? (tick)	YES	NO		

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If you are on the Register of Electors (this will be checked) then no further proof of residence is required to be provided. If not then additional evidence will be required as per below

Proof of residence - we will only accept:

- (a) a valid/current tenancy agreement **or**
- (b) Council Tax letter (must be current financial year) **or**
- (c) A utility bill (gas/electric/water) no more than 3 months old **or**
- (d) If you are moving into the area we will need confirmation of your new address, for example a solicitor's letter or a tenancy agreement.

Please complete one section C, D or E below

C ELIGIBILITY – RECEIPT OF CARE ALLOWANCE (please tick)	
12	I am in receipt of the Disability Living part of the Personal Independence Payment
13	I am in receipt of Attendance Allowance
14	I am in receipt of the care component of the Disability Living Allowance

OR

D ELIGIBILITY – RECEIPT OF HOME CARE THROUGH A REGISTERED CARE PROVIDER	
14	Name/address of Registered Care Provider
15	Type of Home Care received
16	Frequency of Home Care received

OR

E ELIGIBILITY – RECEIPT OF INFORMAL HOME CARE	
17	Name/address of person who provides the home care
18	Type of Home Care received
19	Frequency of Home Care received

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Other Proof Required

Section C - If you are in receipt of the benefits listed in Section C please provide documentary evidence of this.

Section D - If you receive home care from a registered care provider please provide documentary evidence of this. This will typically take the form of a letter, on letter headed paper, from the registered care provider confirming the details included in the application.

Section E - If you receive home care from an informal carer please provide any documentary evidence of the medical condition that requires this home care to be undertaken. This will typically take the form of medical letters you may have received from a Hospital or GP or any other documentary evidence you have which supports your application such as a supporting letter from your informal carer describing the nature and frequency of the home care they provide you. Please note your GP may charge you for supplying you with letters.

The details provided in this application must match those provided on any proof provided with the application form.

The Council will undertake periodic checks against all details provided in this application to ensure they are correct during the lifetime of the permit. We may require you to provide additional information, at any time during the period of permit validity, to confirm this information and reserve the right to cancel the permit should the information not be provided or if it is found that any of the information is not correct or no longer meets the criteria.

DECLARATION

By signing below I confirm that

- (a) All details provided in this application are correct and I authorise the Council to undertake any checks necessary to confirm the validity of the information provided and I will inform the Council should any of this information change.
- (b) I have read and agree to abide by the terms and conditions included in the ***Resident Care Permit Eligibility Requirements and Terms and Conditions*** section below.
- (c) I have enclosed payment (£40) and all required evidence with this application.

SIGNATURE	
NAME	
DATE	

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Applications and evidence can be returned:

By post or in person to:

SABA (formally Indigo) Customer Office
50 Grove Road
Sutton
SM1 1BT

Please include a cheque/postal order made payable to “**London Borough of Sutton**”. Please **DO NOT** send cash in the post.

Payments can be made by card, cash, cheque or postal order at this office.

Data Protection Information

Personal data has been collected by the London Borough of Sutton and Saba Park Services UK Ltd in order to process your permit application. Your personal data may be collected, processed, shared and retained in order to carry out the performance of a public task and fulfil our legal obligations in the following ways:

- To verify the information contained within the application and assess eligibility.
- Shared with third parties for appeals and enforcement. Full details of third parties are available in our privacy policy on our website at www.sutton.gov.uk
- Shared with the police or security organisations to prevent or detect crime
- Data will be stored for a period of six years from the date of permit expiry or as long as you have a valid permit, whichever is longer.

Data Rights

In relation to the personal data which we may hold about you, you have the right to request to: Be **informed**, have **access** or **rectify** incorrect information. You also have the right to **object** to or **restrict** our processing of your data. Under Data Protection law we must verify your identity and explain to you our reasons if we do not agree to carry out your request.

Contact and Further Information

Data protection questions can be made by email to dpo@sutton.gov.uk or in writing to the Information Officer, Civic Centre, Sutton, SM1 1EA. You further have the right to complain to the Information Commissioner’s Office at www.ico.org.uk

RESIDENT CARE PERMIT ELIGIBILITY REQUIREMENTS AND TERMS AND CONDITIONS

1. A limit of one permit will only be issued to applicants defined as a “resident” within the Sutton (Charged for Parking Places) Order 2017 and subsequent amendments.

“resident”, in relation to a Controlled Parking Zone or Permit Parking Area referred to in a Part of Schedule 3, means a person whose usual place of abode is at premises the postal address of which is in any street or part of a street specified in the Part of Schedule 3 relating to that Controlled Parking Zone or Permit Parking Area, as the case may be

Please note that no resident’s permit shall be issued to a resident of a housing unit subject to a planning obligation made pursuant to section 106 of the Town and Country Planning Act 1990, as amended, or section 16 of the Greater London Council (General Powers) Act 1974, or both, indicating that such resident will not be entitled to a resident’s permit.

2. A “resident” is eligible for a permit if they are in receipt of the daily living part of the Personal Independence Payment, Attendance Allowance, the care component of the Disability Living Allowance, is receiving care from a registered care provider in their home or is receiving care from an informal carer in their home on a regular basis. Evidence must be provided.
3. Each permit will be issued with a protective cover to be displayed on the front or near side of the vehicle upon the leaving of that vehicle in an approved parking place.
4. A permit is valid for any vehicle, provided it does not exceed an overall height of 2.28 metres and an overall length of 5.25 metres.
5. A permit will enable a vehicle to park in a residents parking place, shared use parking place or Permit Parking Area **only** in the street/zone/area indicated on the permit **whilst undertaking** home care visits to residents **in their home (the application address)**, with no time limit.
6. The safety of the permit lies with the permit holder and they must ensure they receive the permit back after it has been used by their carer. The permit should never be removed from the application address unless it is being used in the zone/area for which it is valid.
7. The permit **is not valid** when visiting a place of work or when any other activity is being undertaken.
8. A permit **does not** allow the holder to park on yellow lines, in disabled bays, in motorcycle bays, in doctors bays, on bus stops or in loading bays (during

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the hours of enforcement indicated on any signs), park on the footway (unless signs permit it), obstructing dropped kerbs in place to provide access for vehicles or pedestrians or in any parking place which has been suspended.

9. If the vehicle is parked in any area the permit is not valid, or for a purpose which is not valid, then a Penalty Charge Notice may be issued.
10. No refund will be issued after the permit has become valid.
11. If a permit is lost, stolen, destroyed or mutilated the Permit Holder shall notify the Council immediately and the permit will cease to be valid. A new permit will be issued for the unexpired period of the original and a £25 administration charge will be payable.
12. The Council reserves the right to cancel the permit should any information provided through the application process be found to be incorrect, the resident no longer meets the criteria or the permit is found to be misused during the lifetime of the permit.

APPLICATION FORM GUIDANCE

Please complete the form in **CAPITALS** using black or blue ink.

Payment by cheque/postal order will not be processed until we have approved the application. We may require further information to approve your application and if we do we will hold your cheque/postal order whilst we obtain this information.

If your application is not approved then your cheque/postal order will be returned to you.

SECTION A

- 1 – Enter your title
- 2 – Enter your first name as it appears on any evidence documents.
- 3 – Enter your last name as it appears on any evidence items
- 4 – Enter a day time telephone number we can reach you on in case we have any queries with your application
- 5 – Enter a valid email address (this will be used for renewal reminders)

SECTION B

- 6 – Enter your full address, including any flat number, building name and street address as it appears on any evidence items
- 7 – Enter your full post code
- 8 – Enter approximate date you moved/or will move to the address
- 9 – If you are not living at the application address please provide your current address details including post code.
- 10 – Please tick the box which relates to the Controlled Parking Zone or Permit Parking Area you are applying for. You can on our website for additional help.
- 11 - Please tick which applies. Note if you tick yes to this question then no further proof of residence is required to be submitted with the application. We will check the Register and may request further evidence if required.

SECTION C

11/12/13 – Please tick the box which applies to you. Please note you will need to provide documentary evidence of receipt of the benefit with your application.

14/15/16 – Please provide the name and address of your registered care provider, the type of care they are providing and the frequency of the care provision. Please note you will need to provide documentary evidence of this with your application.

17/18/19– Please provide the name and address of your informal care provider, the type of care they are providing and the frequency of the care provision. Please note you will need to provide documentary evidence of this with your application.