

Ref: WK

Application for Housing Assistance Grants

By completing this form, you are making an application under The Regulatory Reform (Housing Assistance) (England and Wales) Order 2002.

Before any application can be approved it is necessary to carry out a test of financial resources. By answering the questions on this form, the Council will be able to advise you what your minimum contribution is likely to be. **The Council may, at their discretion, place a limited charge against the property of an owner occupier, should the application be successful.**

Applicant

Title	Name	Date of Birth
Telephone		Email

Partner

Title	Name	Date of Birth
Telephone		Email

Address of property to be adapted

Is this your normal permanent place of residence?		Yes	No*
*Home address			
Date property built		Date you moved in	

Landlord/Property Agent (if rented property)

Name	Address	Telephone/Email

Description of works required to your home

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Do you wish for a third party to assist with your application?	Yes	No
If Yes, please provide name, address, telephone and email contact details		

The application must be accompanied by:

- **Proof of medical condition(s) from a GP or suitably qualified health professional or a referral from an Occupational Therapist (if specified). (To arrange a visit from an Occupational Therapist with Lincolnshire County Council, please telephone 01522 782155 or email socialservices@lincolnshire.gov.uk).**
- **Proof of identification showing your date-of-birth eg copy of driving licence, passport or birth certificate.**
- **Proof that you have lived in the property at least 12 months (eg a utility bill or council tax bill dated more than 12 months ago).**
- **Photographs demonstrating the works required.**
- **2 quotations from accredited contractors.**
- **A copy of your current home insurance certificate or schedule.**

Work must not commence until formal, written approval of the grant has been received by the applicant.

Formal Means Test

Passported benefits:

Do you or your partner receive any of the following benefits? Tick which benefit(s) you receive:

Housing Benefit	
Employment Support Allowance (Income Related Only)	
Income Based Job Seekers Allowance	
Guaranteed Pension Credit	
Income Support	
Universal Credit	
Working Family Tax Credit and earn less than £15050.00	
Council Tax Support	

Please provide written proof of each benefit (photographs and screenshots are acceptable – email to privatehousing@sholland.gov.uk). If you receive one of these benefits, please go straight to the Declaration and Certificate of Occupation.

If you cannot answer yes to any of the previous question, please complete the rest of the form and provide proof of all income and savings.

Please provide **Proof of all your income. For wage earners, we need two months' wage slips and for self-employed, the latest profit and loss accounts.**

Income - give total figures for you and your partner

****Please indicate whether you receive these amounts Weekly (W), Monthly (M), 4 weekly (4) Yearly (Y)***

	Self	Partner	W	M	4	Y
Gross Earnings (top line)						
Income Tax						
National Insurance Contributions						
Occupational Pension Contributions						
If self-employed net profit before deduction of tax and insurance						
Maintenance from former partner/s						
Attendance Allowance						
Incapacity Benefit/Statutory Sick Pay						

Maternity Pay						
Child Benefit						
Child Tax Credit						
Working Tax Credit						
Severe Disablement Allowance						
Industrial Injuries Benefit						
Severe Disablement Allowance						
Job Seekers Allowance (contribution based)						
Savings Credit						
Retirement Pension						
Works' Pension (Personal Pension)						
Widows' Pension						
Income from Boarders (number of boarders)						
Disabled Living Allowance (care component)						
Disabled Living Allowance (mobility component)						
Personal Independent Payment (daily living component)						
Personal Independent Payment (mobility component)						
Any other Income (please give details)						

Capital - please give amounts for you and your partner both individually and jointly owned and provide the last 3 months' statements for each account.

	Self	Partner
Cash Savings		
Bank Accounts (please give the average amount in the account)		
Building Society Accounts		
Premium Bonds		
Stocks and Shares		
Building or Land (other than that which you occupy and estimated gross capital values) Please give details		
Other capital or investments (including equity in your home) Please give details		

Names of dependant children (under the age of 19)	Own more than £5000? Yes/No	In full time education? Yes/No	Date of Birth

Outgoings

Maintenance paid to ex-partner/s	
Maintenance paid to children	
Contributions to student/s (higher education)	

Are you or your partner registered blind? Yes No

Apart from your partner or any dependant children, does anyone age 18 or over live with you?
If yes, please give details:

Name	Relationship to you

MEANS TEST INFORMATION

Q. Who is means tested?

A. Usually it is the person who needs the disabled facility and that person's partner (if there is one). If the disabled person is a child or a young person and the applicant is receiving child benefit for them, there is no means test. The word "partner" means a person who lives with you as a husband, wife or civil partner, whether or not you are married to or a civil partner of that person.

Q. How does the means test work?

A. The means test works by looking at how much the person who is means tested has to live on each week. This will include any wages, benefits, savings and investments and may even include money that you choose not to collect, such as rent from a second home that you let to a relative. Against this is set the amount the government says the household needs each week to live on. This is based on things like the age of the individuals being means tested, whether there are any dependant children in the household and what kind of benefits are being paid. This notional amount you need to live on is called the "applicable amount". If your income is more than your applicable amount, then you will have to make a contribution based on how much you would be able to raise as a loan using your "excess" income.

If you are in receipt of income support, the "**guaranteed**" element of pension credit or income-based job seeker's allowance, income related employment and support allowance, universal credit or working families tax credit and earning below £15050 you can be certain you will not have to pay a contribution.

Q. How soon will I know whether I have to make a contribution?

A. We will run a test as soon as you return your completed application form with all the necessary proofs of income and let you know as soon as possible if you have a contribution to make.

Q. Who is the contribution owed to?

A. The contribution is owed to the approved contractor. You will need to make full payment to the contractor when the work is completed to the satisfaction of both you and the Council.

Q. What if my contribution is more than the adaptation will cost?

A. In this case you will not be entitled to a grant at all.

Declaration

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Warning: If you knowingly make a false statement, you may be liable to prosecution

Any personal information shared with South Holland District Council will be processed, protected and disposed of in accordance with all relevant laws. In some circumstances however, we may need to disclose your personal details to a third party to deliver the service to you, and in limited circumstances we may disclose your information for other lawful purposes (such as crime prevention or detection). Any information about you that we pass to a third party will be held securely by that party. For more information on how we do this and your rights regarding your personal information and how to access it, view our full Privacy Policy on our website.

I declare that to the best of my knowledge and belief the information in this application is correct.

I am: *the applicant, one of the applicants or the third party person.* (If you are signing on behalf of the *applicant*, please provide proof of the Power of Attorney).

Signature:

Date:

If you receive Housing Benefit (HB) it may be possible for the Council to process your application more quickly if you give permission to refer to their HB records. We can only do this with your consent, which you can give by signing the authorisation below.

Consent

For the purpose of this application, I give my consent to the Council to refer to information provided by me for the purposes of my application/s for Housing Benefit.

I am: *the applicant/or the third party person.* (If you are signing on behalf of the *applicant*, please provide proof of the Power of Attorney).

Name:.....

Signature:

Date:

Please return this form to: privatehousing@sholland.gov.uk or post to:

**Private Sector Housing
South Holland District Council
Council Offices
Priory Road
Spalding
PE11 2XE**

Ref: WK
South Holland District Council



**The Regulatory Reform (Housing Assistance) (England & Wales) Order 2002
Certificate of Occupation to Accompany a Housing Assistance Grant Application**

In connection with my application dated:

For a Housing Assistance Grant in respect of (ADDRESS).....

.....

I HEREBY CERTIFY that I have acquired an owner's interest/lifelong tenant's interest/repairer's responsibility in the dwelling or flat and

I INTEND THAT from the certified date of completion and throughout the grant's conditional period of 10 years beginning on that date I, or a member of my family, will live in the dwelling, flat, or building as my [or that member's] only, or main residence.

I understand that it is a condition of a grant that if an owner makes a relevant disposal of the dwelling, flat, or building within the 10 years, beginning on the certified date, the amount of grant that has been paid will be repayable to the Council on demand.

Signed (all owners should sign) _____

Name(s) (please print in capitals) _____

Address: _____

Post code: _____ Tel no: _____

Date: _____

NOTES

“Owner’s Interest” means an interest which:

- a) Is held by the applicant alone or jointly with others; and
- b) Is either an estate in fee simple absolute in possession or a term of years absolute of which not less than ten years remain unexpired at the date of application.

A person is a member of another’s family if:

- a) They are a spouse or civil partner of that person, or they live together as common law partners
- b) They are that person’s parent, grandparent, child, grandchild, brother, sister, uncle, aunt, nephew or niece.

“Grant Condition Period” means the period of ten years, or such other period as the Secretary of State may by order specify or may be imposed by the Council with the consent of the Secretary of State beginning with the certified date.

“Certified Date” means the date certified by the local authority as the date on which the execution of the eligible works is completed to their satisfaction.