

#### Ref: WK

## **Application for Empty Homes Grant**

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 N	Name				Date of Birth		
Telephone				Email			
Partner							
Title N	lame				Date of Birth		
Telephone				Email			
•							
Address of emp	ty home						
·							
Date you purcha	sed this	property					
How long has th			mntv2				
Reason for prop			прсу:				
ixeason for prop	erty being	g empty					
Home address							
Tionic addices							
Do you own this		Υ	N	Date you moved in			
home?	<i>'</i>	•	'`	Date you moved in			
Description of w	iorke roai	uired to t	ha amntv	nronerty			
Description of w	orks requ	anea to t	ile empty	property			
Do you wish for	a third no	erty to ac	cict with	your application?	Yes No		
ir res, piease pr	ovide nar	ne, addre	ess, telep	hone and email contact d	etaiis		

# The application must be accompanied by:

- Proof of identification showing your date-of-birth eg copy of driving licence, passport or birth certificate.
- Proof that you have lived at your home address for at least 12 months (eg a utility bill or council tax bill dated more than 12 months ago).
- · Photographs demonstrating the works required
- 3 quotations from accredited contractors

It is the responsibility of the applicant to obtain Planning Permission or Building Regulation consent where necessary.

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:

20 year or year partition recently or the removing periodic rick which believe	(o) you rocorror
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 <a href="mailto:privatehousing@sholland.gov.uk">privatehousing@sholland.gov.uk</a>). 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	М	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						

Motornity Day				
Maternity Pay				
Child Benefit				
Crilid Beriefit				
Child Tax Credit				
Offine Tax Office				
Working Tax Credit				
Tronking rax oroak				
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 Decaders (number of				
Income from Boarders (number of boarders)				
bourders)				
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)				
	<u>.                                    </u>	L	L	

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

		9	Self		Partner		
Cash Savings							
Bank Accounts (please give							
average amount in the acco	ount)						
Building Society Accounts							
Premium Bonds							
Stocks and Shares							
Building or Land (other that which you occupy and estir							
gross capital values)	nated						
Please give details							
Other capital or investment							
(including equity in your ho	me)						
Please give details							
Names of dependant	Own me	ore than £5000?	In full time educ	ation?	Date of Birth		
children (under the age							
of 19)	Yes/No		Yes/No				
,	100/110		100.110				
	1						
Outgoings							
Maintenance paid to ex-p	partner/s						
'							
Maintenance paid to child	dren						
Contributions to student/	e (higher	education)					
Contributions to student/s (higher education)							
Are you or your partner registered blind? Yes □ No □							
, , ,	5						
Apart from your partner of	or any de	pendant children	, does anyone age	ed 18 or o	over live with you?		
If yes, please give details	S:						
Nome			Dalatianahin ta wa				
Name		Relationship to you	1				

#### **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 that 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 in order 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.
<b>Consent</b> 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: <a href="mailto:privatehousing@sholland.gov.uk">privatehousing@sholland.gov.uk</a> or post to:

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

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## **South Holland District Council**



# The Regulatory Reform (Housing Assistance) (England & Wales) Order 2002 Certificate of Ownership to Accompany an Empty Homes Grant Application

In connection with my application dated:	
For an Empty Homes Grant in respect of (ADDRESS OF EMPTY HOME)	
I HEREBY CERTIFY that I have acquired an owner's interest in the dwelling or flat ar	d
I INTEND THAT from the certified date of completion and throughout the grant's cond 10 years beginning on that date I/we will continue to own the dwelling.	litional period of
I understand that it is a condition of a grant that if an owner makes a relevant disposal flat, or building within the 10 years, beginning on the certified date, the amount of grant 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.

"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.