



Great Yarmouth Borough Council
Preliminary Enquiry for Disabled Facility Grant
Housing Grants, Construction and Regeneration Act 1996

This is not an Application form - the information you provide will allow us to give the prospective applicant an indication of their eligibility for grant aid and allow them to proceed systematically towards their objective of adapting their home.

1A. Applicant	Partner
Full name (Mrs/Mr.) _____	Full name (Mrs/Mr.) _____
Date of birth _____	Date of birth _____
National Ins. No. _____	National Ins. No. _____

1B. Disabled Person	Disabled Person's Partner
Full name (Mrs/Mr.) _____	Full name (Mrs/Mr.) _____
Date of birth _____	Date of birth _____
National Ins. No. _____	National Ins. No. _____

2. Address (of property)	Address (for correspondence if different)
Post Code: _____	Post Code: _____
Telephone No. _____	Telephone No. _____

Questions 3 - 11 apply to the Disabled Person and Family Only

3. If you are the owner of the property		
Do you own it jointly? *yes/ no	If yes give names and addresses of joint owners	
Name: _____	Address: _____	
Name: _____	Address: _____	
How long have you owned & lived in the property?	_____ years	_____ months
Is this your main and only residence?	*yes/ no	(*delete as appropriate)
Do you currently have adequate building insurance cover on your property?		*yes/no

4. If you are not the owner of the property

What is the name and address of the owner?

Name: _____ Address: _____

What is the relationship between you and the owner? (eg. Landlord, Parent, etc)

Are you responsible for all repairs to the property? ***yes/ no** (*delete as appropriate)

Do you have a full repairing lease? ***yes/ no**

Do you have a legal agreement to a right of exclusive occupation? ***yes/no**

Do you currently have adequate building insurance cover on your property? ***yes/no**

5. Who lives with you?

Give details of all people living at the address given in question 2. For any children under 19 years of age state if they are your dependants

Name	Date of birth	Relationship to you	Dependant

If you are a **lone parent**, were you a lone parent on 5th April 1998? ***yes/no**

6. If you own or part-own any other property(ies)

Give details of all other properties owned, private or business:-

Address (1) _____ Approx. value of property £ _____

_____ Value of mortgage outstanding £ _____

Name(s) of occupant(s) _____

Address (2) _____ Approx. value of property £ _____

_____ Value of mortgage outstanding £ _____

Name(s) of occupant(s) _____

7. Description of work required

What problems do you have and what work is needed that the Disabled Facilities Grant is intended to cover?

Important - Have you been assigned an Occupational Therapist? Your housing adaptation works must be recommended by an Occupational Therapist. If you haven't already spoken to an Occupational Therapist please contact the Access Service Team at Social Services on **0844 800 8014** and tell them you want to apply for a Disabled Facilities Grant.

8. BenefitsDo you or your partner receive Income Support or Income-based Job Seeker's Allowance? ***yes/no**If **YES**, please state the name of the claimant _____

(*delete as appropriate)

Other Benefits and unearned incomeEnter the amounts of any benefits you or your partner receives (give **weekly** amounts)

	Applicant	Partner
Occupational or Private Pension	£ _____	£ _____
State Retirement Pension	£ _____	£ _____
Pension Credits - Guaranteed	£ _____	£ _____
Pension Credits - Savings	£ _____	£ _____
War Widow's Pension	£ _____	£ _____
War Disablement Pension	£ _____	£ _____
Bereavement Allowance (If you no longer receive this allowance, but were receiving it on 9 April 2001 please tick the box) <input type="checkbox"/>	£ _____	£ _____
Working Tax Credit	£ _____	£ _____
Child Tax Credit	£ _____	£ _____
Child Benefit	£ _____	£ _____
Maternity Allowance	£ _____	£ _____

Other Benefits and unearned income - continued

	Applicant	Partner
Disability Living Allowance: (*delete as appropriate)		
Care Component (*low/*middle/*high)	£ _____	£ _____
Mobility Component (*low/*middle/*high)	£ _____	£ _____
Incapacity Benefit (short/long term)	£ _____	£ _____
Industrial Injuries Benefit	£ _____	£ _____
Attendance Allowance	£ _____	£ _____
Severe Disability Allowance	£ _____	£ _____
Carer's Allowance	£ _____	£ _____
Job Seekers Allowance (contribution based)	£ _____	£ _____
Maintenance Payment received from former partner	£ _____	£ _____
Income received from tenants, borders or lodgers	£ _____	£ _____
Student Grant or Income/Loan (per annum/term)	£ _____	£ _____
Other	£ _____	£ _____

9. Annual Earned Income

	Applicant	Partner
Are you currently Employed/Self-Employed?	*Yes/No	*Yes/No
Total Earnings over the last 12 months	£ _____	£ _____
Income tax paid out of above	£ _____	£ _____
National Insurance paid out of above	£ _____	£ _____
Pension/Superannuation contributions by you	£ _____	£ _____
How many hours per week do you work?	_____ hours	_____ hours
Other Income: give details including any one-off or irregular payments received in the last 12 months	£ _____	£ _____
Income Tax paid on income other than earnings, eg Pensions, etc.	£ _____	£ _____

10. Savings - Capital, Investments and Bank Accounts

	Applicant	Partner
Bank account - type: _____	£ _____	£ _____
Bank account - type: _____	£ _____	£ _____
Bank account - type: _____	£ _____	£ _____
Building Society Account - type: _____	£ _____	£ _____
Building Society Account - type: _____	£ _____	£ _____
Building Society Account - type: _____	£ _____	£ _____
Savings Certificates - type: _____	£ _____	£ _____
Stocks & Shares (description and number held)	£ _____	£ _____
Other investments (detail) _____	£ _____	£ _____
Other Capital (details including any land or business)	£ _____	£ _____
Please give below details of all savings and assets of any dependant children		
Savings/Deposits/Cash		£ _____
Investments (detail) _____		£ _____
Other (detail) _____		£ _____

11. Authorisation

This section is for those applicants who receive any of the following benefits :-

Income Support, Income Based Job Seeker's Allowance, Council Tax Benefit, Housing Benefit, Pension Credits- Guaranteed

It may be possible for us to process your application more quickly if you give permission for us to share information, regarding your application, with the Department of Social Security and with the Benefits Section of the Borough Council to confirm your entitlement to financial assistance for the improvement of

Name: _____ DSS or HB/CTB Ref No. _____

Signature: _____ Date: _____

12. Declaration - must be signed by all applicants.

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

I declare that to the best of my knowledge, information and belief, the information I have given on this application form is correct. I am the *applicant/*applicants representative. (*delete as appropriate)

If you are the applicants representative state your relationship with the applicant:

Signature of Applicant :..... Partner:

Date:.....

Signature of Disabled Person:..... Partner:

Date:.....

Using an Agent

If you require the services of an agent to help you through the Grant process, the Council jointly funds the Safe at Home Agency with Social Services and the Primary Care Trust. If you wish to find out more about what they can do for you, please telephone 01493 846190/2/3

Do not start any work - if you do you may prejudice your eligibility for assistance



Please return this form to:

Renewal Services, Great Yarmouth Borough Council,
Town Hall, Great Yarmouth, NR30 2QF
Telephone : 01493 846371/0
Text phone for the deaf: 01493 846123
Text messages : 07760 166366