



# Great Yarmouth Borough Council

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## Application for Council House Adaptation

**Great Yarmouth Borough Council** requires a test of financial resources to be carried out on Council house tenants making application for adaptations to their home.

This is to determine whether or not financial assistance can be given by the Council towards the cost of the work, and could mean that you may have to pay part or all of the cost involved.

To enable a financial assessment to be made, you are required to provide a wide range of information. Not all household income and assets are taken into account. **It is important that you provide complete and accurate information and failure to complete all the questions could delay your application. Proof of the information given may be required.**

For whom is the adaptation required?  
(please tick appropriate box)

~ I ~

You  
(the applicant)

Your partner

A relative  (state) .....

Another person  (state) .....

**Personal Details**

	<i>Applicant</i>	<i>Partner</i>	<i>Other</i>
Title (Mr/Mrs/Miss/Ms)			
Surname			
First Name(s)			
Address			
Telephone number			
Date of birth			
Marital Status			

**Please give details of any dependent children, under the age of 19, living with you:**

Full name	Date of birth	Age	What child does (eg school, student, work, etc.)

**Disability Details**

Please describe briefly the nature / type of disability

Please give details of the disabled person's doctor

Name		Telephone
Address		

**Adaptation Details**

To establish the kind of alterations which may be required to make your home more suitable for your needs, please tick the box if the disabled person needs assistance for any of the following reasons:-

- |   |                          |   |                          |   |                          |
|---|--------------------------|---|--------------------------|---|--------------------------|
| To get into and out of the house, flat or bungalow                      | <input type="checkbox"/> | To get into and out of a bedroom or a room which is to be used for sleeping | <input type="checkbox"/> | To be able to use a toilet, shower, bath or wash hand basin   | <input type="checkbox"/> |
| To be able to use power, light or heating controls                      | <input type="checkbox"/> | Do you require an extra room for sleeping?                                  | <input type="checkbox"/> | Do you require a heating system, or need your existing system to be improved?                               | <input type="checkbox"/> |
| To get into or out of the main living room                              | <input type="checkbox"/> | To get into and out of a bathroom / shower room or toilet                   | <input type="checkbox"/> | To be able to prepare and cook food   | <input type="checkbox"/> |
| To be able to move around to care for another person who lives with you | <input type="checkbox"/> | Do you require a bathroom or toilet?  | <input type="checkbox"/> | Do you need to make your home suitable for the accommodation, welfare or employment of a disabled occupant? | <input type="checkbox"/> |

Please describe the kind of adaptation you feel is required to your home

**Income Details**

Please state the period of payment, ie weekly, four weekly, monthly, etc.

<i>Income / Benefits etc.</i>	<i>Applicant</i>	<i>Partner</i>	<i>Other</i>
Income support.....	£ .....	£ .....	£ .....
State retirement pension .....	£ .....	£ .....	£ .....
Pension Credit - guarantee / savings .....	£ .....	£ .....	£ .....
Occupational / private pension received.....	£ .....	£ .....	£ .....
Widow's pension.....	£ .....	£ .....	£ .....
Attendance Allowance .....	£ .....	£ .....	£ .....
Mobility supplement.....	£ .....	£ .....	£ .....
Disability living allowance			
(it is important to state whether care or mobility component, and at which rate it is paid):			
- Care component (lower / middle / higher rate).....	£ .....	£ .....	£ .....
- Mobility component (lower / middle / higher rate).....	£ .....	£ .....	£ .....
Severe disablement allowance.....	£ .....	£ .....	£ .....
Carer's Allowance.....	£ .....	£ .....	£ .....
Incapacity benefit (short / long term) .....	£ .....	£ .....	£ .....
Invalidity benefit / pension .....	£ .....	£ .....	£ .....
Industrial injuries benefit.....	£ .....	£ .....	£ .....
War widow's pension.....	£ .....	£ .....	£ .....
War disablement pension .....	£ .....	£ .....	£ .....



	You		Your partner		Child	
	Yes	No	Yes	No	Yes	No
Are you, your partner, or a dependent child registered as blind?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you, your partner, or a dependent child formerly been registered as blind, but ceased to be so registered because of regaining eyesight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Please give the date on which the registration ceased:

\_\_\_\_\_

Are you or your partner provided with an invalid carriage or other vehicle, or receiving an allowance in respect of such a vehicle, including via the mobility scheme?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Please give details:

\_\_\_\_\_

\_\_\_\_\_

Does anyone receive a carer's allowance for caring for you or your partner?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Please give details, including the name of the person who receives the allowance and whether it is paid for caring for you or your partner

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Savings, Capital and Investments

Any other property owned / part owned, eg a business

Yes

No

*Applicant*

*Partner*

*Other*

Cash savings ..... £ ..... £ ..... £ .....

Bank account..... £ ..... £ ..... £ .....

Building society account ..... £ ..... £ ..... £ .....

Money borrowed to finance current work ..... £ ..... £ ..... £ .....

Girobank account ..... £ ..... £ ..... £ .....

Premium bonds / income bonds ..... £ ..... £ ..... £ .....

National savings certificates ..... £ ..... £ ..... £ .....

Stocks and shares ..... £ ..... £ ..... £ .....

Number held..... \_\_\_\_\_

Description..... \_\_\_\_\_

Other investments ..... £ ..... £ ..... £ .....

Details..... \_\_\_\_\_

Other capital ..... £ ..... £ ..... £ .....

Details..... \_\_\_\_\_

No savings, capital investments etc. (please tick).....

**AUTHORISATIONS**

**Great Yarmouth Borough Council** needs your consent before your doctor can be contacted, or before your Housing Benefit records (if any) can be referred to, to speed your application.

If you agree, please sign the following authorisation:

I agree that the above named doctor may be contacted to provide further medical information if necessary. I consent to the Council referring to information where provided by me for the purposes of my application for Housing Benefit.

Name: ..... Signature: .....

Date: .....

**DECLARATION**

I declare that, to the best of my knowledge and belief, the information given in this form is correct. I understand that this form is not a formal application, and its acceptance by the Council does not imply that the adaptations will be carried out.

Signature (applicant):..... Signature (partner): .....

Date: .....



*Please return this form to:*  
**Housing Management Services Department**  
**Great Yarmouth Borough Council**  
Greyfriars House, Greyfriars Way, Great Yarmouth NR30 2QE  
Telephone: (01493) 846380 or 846386