



Great Yarmouth Borough Council

Application for Housing Renewal Assistance
Regulatory Reform Order 2002 - Private Sector Housing Renewal Assistance

1. Applicant		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. _____	

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	_____
Have you made any other grant application in the last 10 years	*yes/no	(*delete as appropriate)	
Is this your main and only residence?	*yes/no	(*delete as appropriate)	

4. If you are not the owner of the property	
What is the name and address of your *landlord/The owner?	
Name: _____	Address: _____
Are you responsible for all repairs to the property?	*yes/ no (*delete as appropriate)

5. Who lives with you?			
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 occupants(s) _____			
Address (2)	_____	Approx. value of property	£
	_____	Value of mortgage outstanding	£
Name(s) of occupants(s) _____			

7. Description of work required

What problems do you have and what work/ repairs are needed?

Do you currently have adequate building insurance cover on your property? ***yes/ no**Could any of the work form part of a possible insurance claim? ***yes/ no**

8. Benefits

Do you or your partner receive Income Support or Income-based Job Seeker's Allowance?

If **YES**, please state the name of the claimant _____

***yes/ no**

(*delete as appropriate)

Other Benefits and unearned income

Enter 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	£ _____	£ _____
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 made	£ _____	£ _____
How many hours per week do you work?	_____ hours	_____ hours
Other Income: give details including any _____		

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 ant dependant children		
Savings/Deposits/Cash		£ _____
Investments (detail) _____		£ _____
Other (detail) _____		£ _____

11. Secured Borrowings and Mortgages

Is the property mortgaged and are there any borrowings secured against it?	*yes/ no
If Yes give details of below:	
Mortgage:	Name of Lender _____
	How much is left to pay? £ _____
	Account number _____
Secured Loans:	Name of Lender _____
	How much is left to pay? £ _____
	Account number _____

12. 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

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

Signature: _____ Date: _____

13. 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 : _____

Date: _____

Signature of Partner : _____

Date: _____

Important Information

Please refer to the attached Explanatory Notes - Stage 1 (informal) to help you to complete your application. At Stage 2 (the formal stage) of your application you will be required to provide evidence of the information you have given in this form and this will be used to calculate the assistance that could be available to you. we will not be able to process Stage 2 of your application until you have submitted all the information and documentation requested.

Using an Agent

If you require the services of an agent to help you through the Renewal Assistance 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
Textphone for the deaf: 01493 846123
Textmessages : 07760 166366