

APPLICATION FOR IMPROVEMENT GRANT RELATING TO WORKS FOR A DISABLED OCCUPANT

Please read these notes before completing this form. These notes are not a complete or authoritative statement of the law.

This is an application form for an improvement grant where the works are required to make the house suitable for a disabled occupant.

In this form and these notes “house” includes flats.

This form must be completed and returned to the local authority for the area where the house is situated. The local authority will tell you what documents you need to provide to show that the information you give is correct. They may also need to inspect the house to check that they can give grant for the works you plan to do.

YOU SHOULD NOT START THE WORK ON THE HOUSE BEFORE THE LOCAL AUTHORITY HAS APPROVED YOUR GRANT APPLICATION IN WRITING.

IF YOU START WORK BEFORE YOUR APPLICATION IS APPROVED, THE LOCAL AUTHORITY MAY NOT BE ABLE TO GIVE YOU A GRANT.

If you are not the owner of the house, the owner must agree to the application being made. If grant is given, the following conditions apply to the house for 5 years after the work is completed. The owner must agree to abide by these conditions:

- the house must be used as a private dwelling-house (although part may be used for business purposes);
- if the owner or a member of their family occupies the house, it must be their main home; and
- the house must be kept in good repair, as far as possible.

The conditions will be registered on the title of the house. If there are any loans secured on the house the lender should be informed of this application.

The amount of grant that may be paid usually depends on the income of the applicant (the disabled person) and their partner over the past year. (“Partner” means someone you are married to, or someone who normally lives with you as if you are married.) If the disabled person is under 16 years old, the application should be made by their parent, or other person responsible for them.

Leaflets are available to tell you more about the grants system and how the amount of grant is calculated.

PART A – GENERAL

A1 Address of the house where work is to be done.

Please include the flat number, if applicable

Postcode

A2 Your details (the applicant).

Name	
Address (if different from A1)	
Postcode	
Telephone (day)	Telephone (evening)
Telephone (mobile)	Email

A3 Who owns the house where work is to be done?

If there are joint owners, please continue on a separate sheet if necessary

Owner's name	
Owner's address	
Postcode	Telephone

A4 If you want someone else to deal with the application for you, please give their details.

Name	
Address	
Postcode	
Telephone (day)	Telephone (evening)
Telephone (mobile)	Email

PART B – ABOUT THE HOUSE

B1 What sort of property is it? *Please tick one box*

House: detached semi-detached terraced

Flat: tenement high-rise 4-in-a-block

Other – please describe

B2 Please give a brief description of the planned works.

B3 How much will these works cost?

Cost of work	£
VAT on work	£
Professional fees	£
VAT on fees	£
Total	£

You will need to provide full specifications for the work and estimates of the costs, including professional fees. The local authority will tell you what is required.

PART C – YOU AND THE HOUSE

C1 What is your connection with the house? *Please tick one box*
(*Agricultural and crofting tenants are treated as owners for the purposes of grant. If this applies to you, please answer as if you were the owner.*)

a) Owner b) Tenant c) Liferenter

d) Other – please describe

C2 Are the works required to meet the needs of a disabled person who is under 16 years old? *Please tick one box*

No Yes Please give the disabled person's name and date of birth

Name	Date of birth
<input type="text"/>	<input type="text"/>

PART D – INCOME

D1 Do you have a partner who normally lives with you?

Please tick one box and follow the instructions alongside

Yes What is your partner's name?

Please include your partner's income and circumstances in completing this Part

No *Please include only your own income in completing this Part*

D2 Do you receive any of the following benefits?

Please answer "Yes" or "No" in each box

	You	Your partner
Income support		
Income-based Jobseekers' Allowance		
Guarantee element of Pension Credit		

Note: If you have answered "Yes" in any of these boxes, you do not need to answer any more questions in this Part. Please go to the end of the form and sign the declaration.

The following questions ask about your income and circumstances over the past year (the year ending with the date of this application). If the answer to any of the questions is "none", please write "none" in the box. The local authority will tell you what documents you need to provide to show that the information is correct.

D3 How much did you receive in earnings from employment and/or self-employment over the past year?

Enter the gross amount, minus income tax and NI contributions

	You	Your partner
Employment	£	£
Self-employment	£	£

D4 How much did you pay over the past year in contributions to occupational pensions (deducted from your pay) or personal pensions, including stakeholder pensions and retirement annuities?

	You	Your partner
Occupational	£	£
Personal	£	£

D5 How much income did you receive from savings and investments, including annuities, unit trusts, shares, etc. over the past year?

Include all interest paid to any accounts, net of tax, even if it was re-invested

	You	Your partner
Income from savings and investments	£	£

D6 How much did you receive over the past year from occupational pensions, personal pensions, annuities or state second pensions (S2P, or SERPS)?

Do not include Pension Credit, or any war pensions or war widows' pensions

	You	Your partner
Income from pensions	£	£

D7 If you let any property to someone else, including letting rooms in your own home, what was the **net** taxable income from the letting over the past year?

Enter the amount after subtracting expenses which are deductible for income tax purposes

	You	Your partner
Income from rents	£	£

D8 If you receive maintenance from anyone for your own support or to support a child you are responsible for, what was the total amount received over the past year? *Do not include benefit payments or any payments from a local authority for looking after a child placed with you for fostering or adoption*

	You	Your partner
Maintenance payments	£	£

D9 If you receive Housing Benefit, what was the total amount received over the past year?

	You	Your partner
Housing Benefit		

D10 How much did you pay in rent or mortgage payments over the past year, for your own home?

Include payments for any endowment policy or other investment or insurance products you are required to pay to stay in your home. Do not include other amounts for services, bills, additional insurance or council tax

	You	Your partner
Mortgage/rent		

D11 How much did you pay in rent or mortgage payments, as above, for any other house where a member of your family lives?

Only include payments which you are contractually required to make

	You	Your partner
Mortgage/rent		

D12a Were you or your partner responsible for any child under 16, or any young person between 16 and 21 and in full-time education, for any part of the past year? *Please tick one box and follow the instructions alongside*

No *Please go to question D13a*

Yes *Please complete the details below*

D12b Please list the name and date of birth of each child or young person in the table below, and tick if they receive Disabled Living Allowance (DLA) or are registered blind. Continue on a separate sheet if necessary.

Child/young person's name	Date of birth	DLA/blind

D12c If the situation changed during the past year for any of the children listed in question D12b, please give details of the changes in the table below, showing the child or young person's name and the relevant dates.

Name	U16/16-21 student	DLA/blind
<i>Eg: Mary Smith</i>	<i>2 Nov 02 – 27 Jun 03</i>	<i>2 Nov 02 – 27 Jun 03</i>

D13a Are you or your partner registered blind, or receive any of the benefits listed below? *Please answer “Yes” or “No” in each box*

	You	Your partner
Registered Blind		
Disability Living Allowance		
Disability element of Working Tax Credit		
Disabled Person’s Tax Credit		
Severe Disablement Allowance		
Incapacity Benefit		
Mobility Supplement		
Attendance Allowance		
Other similar benefit: please specify		

D13b If you or your partner received any of these benefits for only part of the year, please say which benefits, and the dates when you started and/or stopped receiving them. You do not need to say if you stopped receiving a benefit because you passed the maximum age limit or went into hospital. In this case, you will be treated as if you still receive it.

Benefit	Date started	Date stopped

D14 This application relates to works required to make the house suitable to meet the needs of a disabled person. Have you or your partner received or applied to receive any compensation or insurance payment as a result of this disability, during the last three years?

- Yes The local authority will need to ask you more about this
- No

DECLARATION

This is my application for an improvement grant towards the cost of works described in this form.

I declare that all the information given in this form is correct to the best of my knowledge, and I confirm that I have advised each person providing information of the identity of the local authority this information is being given to, and what the information will be used for.

Signed..... Date.....

Print name

Anyone who knowingly or recklessly gives false information in an application for grant is committing an offence which could lead to prosecution.