



**Rochford District
Council**

Council Offices, South Street, Rochford Essex SS4 1BW

Telephone: 01702 546366; DX 39751 Rochford; Facsimile: 01702 545737

Housing Grants, Construction and Regeneration Act 1996
Disabled Facilities Grant – Preliminary Enquiry Form

IMPORTANT: PLEASE READ THESE NOTES BEFORE COMPLETING THIS FORM:

1. You will find it helpful to read the booklet “Key Facts – Disabled Facilities Grants” before completing this form.
2. **This is NOT your grant application form.** You are entitled to make an application at this stage, and we will issue the relevant forms upon request. However, you are strongly recommended to use this preliminary form so that we can give you an indication of how much you are likely to have to pay yourself.
3. We will treat this information as private and confidential and will not disclose it to any unauthorised person.
4. **If you need help completing this form, please ring:**

Mr L Webster on 01702 318050 or Mr K Scott on 01702 318051
5. Please return this form to:

The Head of Housing, Health and Community Care
Rochford District Council
Council Offices
South Street
ROCHFORD
Essex
SS4 1BW

Part 1 – General Details:

Your Name: Date of Birth:.....

Your Partner’s Name:..... Date of Birth:.....

Address of Property to be adapted:
.....
.....

Your Telephone Number:

Part 2 – Personal details:

Your current Address (if different from above):
.....
.....

Are you an owner-occupier*/private tenant*/Council tenant*? (please delete as necessary)

Do you have any dependent children living with you? Yes/No
If so, please state the number, their ages and if they have any savings, receive attendance allowance or disability living allowance (care/mobility at the high/medium or low rates)

Part 3 – Details about the works to be carried out

Please state the nature of the works you wish to have grant-aided here.....
.....
.....

Part 4 - Financial Details

Are you or your partner on Income Support, Income-based Job Seekers Allowance or the guarantee credit element of Pension Tax Credit Yes/No

If yes, please go to and sign the declaration on the last page now.

Are you or your partner in Paid employment? Yes/No
If yes, please provide the following weekly details:

Weekly details	You	Your Partner
(a) Your gross income		
(b) The Income Tax paid		
(c) The National Insurance paid		
(d) The contribution towards an Occupational pension paid		
(e) Hours of work per week		

Are you or your partner self-employed? Yes/No
– If yes, please provide a copy of your latest audited accounts with this form.

Do you or your partner receive one of the following pensions or state benefits

Yes/No

- If yes, please insert the amounts below:

Details – please state weekly, 4 weekly, monthly or annually	You	Your Partner
State Retirement Pension		
Occupational Pension(s)		
Attendance Allowance		
Disability Living Allowance		
Short term Incapacity Benefit		
Long Term Incapacity Benefit		
Invalidity Benefit		
Invalid Care Allowance		
Working Tax Credit		
Disabled Person's Tax Credit		
Child Tax Credit		
Child Benefit		
Industrial Injuries Disablement Allowance Does this include Constant Attendance Allowance? Yes/No		
War Pension		
Widow's Pension		
Statutory Sick Pay		
Statutory Maternity Pay		
Pension Tax Credit (savings credit element)		
Any other benefit(s) (please state)		

If you are in receipt of Disability Living Allowance, please state whether this is for care or mobility or both
and at which rate (i.e. high/middle/low)

Do you or your partner have any savings?

Yes/No

- if yes, please insert the amounts below:

Type of Savings	You	Your Partner
Bank/Building Society Current Account		
Bank Deposit Account		
Building Society Deposit Account		
Any other Bank/Building Society Account		
Cash savings		
National Savings Certificates: Issue Number Date Number held		
Post Office Investment Account		

Type of savings	You	Your Partner
Post office Ordinary Account		
Premium Bonds		
Stocks & Shares: Company Current Value (if known) Number held		
Unit Trusts etc: Company Current Value (if known) Number held		
Any other investments: Details Current value (if known)		

Do you or your partner own any other properties? Yes/No
 -if yes, please detail.....

Have you or your partner received any one-off payments in the last year? Yes/No
 - if yes, please detail

Do you or your partner have any other income? Yes/No
 - If yes, please detail

Do you or your partner make, or have made in the last 12 months, any of the following contributions?

(a) a contribution in respect of a student loan for a son, daughter or partner Yes/No
 - if yes, please detail.....

(b) payment for childcare for your children by a registered child minder, local education authority, school etc. Yes/No
 - if yes to (b), please provide details of the child's date of birth and how many hours the child care is provided for

Signed:

Date:

Print name:

In order to help us improve our service, please would you answer the following two questions:

1. Did you find this form easy to complete? Yes/No

2. Do you have any comments on how it might be improved?

Thank you.