

## **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. **Please note**, this is **not** your grant application form. This form is to provide us with financial information necessary to determine whether you will have to make a contribution towards the cost of the grant works. If you are receiving certain income related-benefits, you will automatically be exempt from having to make a contribution:- see Part 4 of this form. Otherwise the Council will calculate what your contribution will be. A letter will follow to tell you if you need to pay anything towards the grant.
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 I Douce on 01702 318050 or Mr K Scott on 01702 318051
5. Please return this form to:

The Head of Community Services  
Rochford District Council  
Council Offices  
South Street  
Rochford  
Essex  
SS4 1BW

**Part 1 – General Details:**

Your Name:		Date of Birth:	
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Your Partner's Name:		Date of Birth:	
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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 **Yes**, please state the number of children and their ages :-

Please enter any savings, attendance allowance, or disability living allowance, (care/mobility at the high/medium or low rates) for each child:-

**Part 3 – Please state the nature of the works you wish to have grant-aided here:**  
  
**Part 4 – Financial Details**

Are you or your partner receiving any of the following benefits or allowances:

Housing Benefit, Council Tax Benefit, Income Support, Employment and Support Allowance,( the Income related element), Income-based Job Seekers Allowance, the guarantee credit element of Pension Tax Credit, Working Tax Credit (with an income of less than £16,040.00.) or Child Tax Credit (with an income of less than £16,040.00.) Yes  No

**If Yes, please circle, or underline which benefit you receive, and then go to the last page and sign the declaration.****If No, please complete the details below.**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) Occupational pension contribution		
(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 YOU RECEIVE BELOW:**

<b>Details – please state: weekly,4-weekly, monthly or annually for each item</b>	<b>You</b>	<b>Your partner</b>
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 Benefit		
Does this include Constant Attendance Allowance?  Yes <input type="checkbox"/> No <input type="checkbox"/>		
War Pension		
Widow’s Pension		
Statutory Sick Pay		
Statutory Maternity Pay		
Pension Tax Credit (savings credit element)		
Any other benefit(s) (please state which benefit and amount)		

If you are in receipt of **Disability Living Allowance**, please state whether this is for **care**, **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:

<b>Type of Savings</b>	<b>You</b>	<b>Your partner</b>
Bank/Building Society Current Account		
Bank Deposit Account		
Any other Bank/Building Society Account		
Cash savings		

Type of Savings	You	Your partner
<b>National Savings Certificates:</b>		
Issue Number		
Date		
Number held		
Post Office Investment Account		
Post Office Ordinary Account		
Premium Bonds		
<b>Stocks &amp; Shares:</b>		
Company		
Number held		
Current Value		
<b>Unit Trusts etc:</b>		
Company		
Number held		
Current Value		
<b>Any other investments:</b>		
Details		
Current value		
Do you or your partner own any other properties?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please detail		
Have you or your partner received any one-off payments in the last year?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please detail		
Do you or your partner have any other income?		Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
If yes, please detail		
(b) payment for childcare for your children by a registered child minder, local education authority, school etc.		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes to (b), please provide details of the child's date of birth and how many hours the child care is provided for		
<b>Signed:</b>		<b>Date:</b>
<b>Print Name:</b>		

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