**Housing Grants, Construction and Regeneration Act 1996**



**Part I, Chapter III**

Private Sector Housing Officer

Housing Strategy Service

West Berkshire Council

Market Street

Newbury, RG14 5LD

Tel: 01635 519680

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Application for Home Repair Assistance

*(Please complete* ***all*** *relevant parts of this form)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you? Owner-occupier |  | Landlord |  | Tenant |  |

WEST BERKSHIRE COUNCIL

#### PART I

1) Please give the following details:-

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant's Name: | |  | | | | | Date of Birth |  |
| Title: Mr/Mrs/Miss/Ms/Other (please specify) | | | |  | | |  |  | |
| Address: |  | | | | | | | | |
|  |  | | | | | | | | |
|  |  | | | | | | | | |
| Postcode: |  | | | | | | | | |
| Telephone Number: (Home) | | |  | | (Work) |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 2) Are you disabled or infirm? Disabled |  | Infirm |  | Neither |  |

3) If disabled are you in receipt of any disability benefits? Yes  No

If yes please state …………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………….

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 4) Please give the following details of the property to which the application relates: | | | | |
|  | Address | |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 5) Is the property a dwelling, a houseboat or a mobile home? |  |  |  |  |  |
| Dwelling |  | House-Boat |  | Mobile Home |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 6) Do you live in the property as your only or main residence? Yes |  | No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you own the property? Yes |  | No |  |
|  |  |  |  |
| Are you a tenant? Yes |  | No |  |
|  |  |  |  |
| Do you have the exclusive right to occupy this property for more than 5 years? Yes |  | No |  |

7) How long have you lived there?

8) If you are a tenant, is the landlord any of the following:

Yes No

|  |  |  |  |
| --- | --- | --- | --- |
| 1. local authority |  |  |  |
|  |  |  |  |
| 1. new town corporation |  |  |  |
|  |  |  |  |
| 1. an urban development corporation |  |  |  |
|  |  |  |  |
| 1. housing action trust |  |  |  |
|  |  |  |  |
| 1. the Development Board for Rural Wales |  |  |  |
|  |  |  |  |
| 1. health authority |  |  |  |
|  |  |  |  |
| 1. special health authority or NHS trust |  |  |  |
|  |  |  |  |
| 1. police authority established under section 3 of the Police Act 1964 |  |  |  |
|  |  |  |  |
| 1. joint authority established by Part IV of the Local Government Act 1985 |  |  |  |
|  |  |  |  |
| 1. residuary body established under Part VII of that Act |  |  |  |
|  |  |  |  |
| 1. Authority established under section 10(1) of that Act (waste disposal)? |  |  |  |

9) If you are a private tenant, please give the name and address of your landlord. We will require consent from your landlord for any works to be carried out.

10) Please describe the proposed works (*attach a separate sheet if necessary*):

11) Do the proposed works relate to means of escape from fire, or other fire precautions? Yes  No

12) Are the proposed works necessary to allow you to provide care for

someone who lives or proposes to live in the dwelling? Yes  No

13) Who will carry out the proposed works? (Complete details below) Don’t Know

Name:

Address

14) Are you or your partner (or person you live with as Husband and Wife) in receipt of:

**You** **Partner**

Yes No Yes No

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Income Support/Guaranteed Pension Credit? | | | | |  |  |  |  |  |  |  |
| **If yes, N I Number** |  | | | | |  |  |  |  |  |  |
|  | | | | |  |  |  |  |  |  |  |
| Tax Credit? Working element | | | | |  |  |  |  |  |  |  |
| Child element | | | | |  |  |  |  |  |  |  |
| **If yes, DSS Number** | |  | | | |  |  |  |  |  |  |
|  | | | | |  |  |  |  |  |  |  |
| Housing Benefit? | | | | |  |  |  |  |  |  |  |
| **If yes, Housing Benefit Number** | | | |  | |  |  |  |  |  |  |
|  | | | | |  |  |  |  |  |  |  |
| Council Tax Benefit? | | | | |  |  |  |  |  |  |  |
| **If yes, Council Tax Number** | | |  | | |  |  |  |  |  |  |
|  | | | | |  |  |  |  |  |  |  |
| Disability Living Allowance? | | | | |  |  |  |  |  |  |  |
| **If yes, N I Number** | | | |  | |  |  |  |  |  |  |
|  | | | | |  |  |  |  |  |  |  |
| Job Seeker’s Allowance? | | | | |  |  |  |  |  |  |  |

15) If you are aware of any home repair assistance given in respect of the property in the past three years, please give details:- .......................................................................................................................................................................

………………………………………………………………………………………………………………………………………

16) Do you have any capital over £5,000? Yes  No

#### PART II

##### Please complete this part only if your application in respect of a house-boat

17) Do you pay Council Tax in respect of the houseboat? Yes  No

Have you been the lawful occupant of the houseboat for the past 3 years? Yes  No

Has the boat had its only or main mooring in the same locality on an inland waterway

or in marine waters within the boundary of the Council for the past 3 years? Yes  No

Do you have a right to moor the boat there? Yes  No

#### PART III

##### Please complete this part only if your application in respect of a mobile home

18) Do you pay Council Tax in respect of the mobile home? Yes  No

Have you been the lawful occupant of the mobile home for the past 3 years? Yes  No

Has the mobile home been on land forming part of the same protected site

within the meaning of the Mobile Homes Act 1983 for the past 3 years? Yes  No

Have you had a right to occupy and station the mobile home on land forming part of

the same protected site within the meaning of Part I of the Caravan Sites Act 1968? Yes  No

Do you have an owner’s interest in or are you a tenant

of the land on which the mobile home is stationed? Yes  No

Have you occupied the mobile home under an agreement to which the

Mobile Homes Act 1983 applies or under a Gratuitous licence? Yes  No

#### PART IV

**DECLARATION TO BE COMPLETED IN RESPECT OF ALL APPLICATIONS**

I confirm that as far as I am aware:-

a) the works are not works for which a grant under Chapter I of Part I of the Housing Grants, Construction and Regeneration Act 1996 (*renovation, disabled facilities, common parts or HMO grants)* has been approved, or for which an application for a grant is pending.

b) the works are not works which are specified in a group repair scheme approved under Chapter II of that part of the Act or prepared and awaiting the approval of the secretary of state.

c) **I declare to the best of my knowledge, information and belief, the information given above is correct.**

Signed: Date:

Name: (Block Capitals)

Address:

**AUTHORISATION**

***Completing this authorisation will assist in processing your application.***

a) I authorise the Department of Social Security and the Department of Social Services to disclose to the Council on request the necessary information for the purposes of processing my application for a Home Repairs Assistance Grant.

Signed:

Date: DSS Reference Number:

b) For the purposes of this application, I give my consent to the Council to refer to information provided by me for the purposes of my application(s) for housing benefit / council tax benefit.

Signed:

Date: Benefit Reference Number:

### Notes

The following notes are to assist you with your application. Please read them carefully.

Grant Applications

1. If this is your initial grant enquiry, please complete the form and return it to the address below. An officer will contact you in due course to arrange a visit if necessary.
2. With your application you will need to supply copies of the following documents as applicable:

* Proof of benefits
* Proof of pension
* birth certificate, passport or driving licence
* proof of tenancy agreement
* where applicable, two itemised estimates, on Contractors headed paper, of the cost of works (Labour and VAT must be shown separate) and/or the cost of the materials to be used in carrying them out.
* Proof of power of attorney where applicable

If you have signed all of the declarations on the form you may not need to supply all of the above. You need only return your completed form at this stage.

1. If you are registered disabled, we will request confirmation of this from Adult Social Care.

Eligible Works

1. You will be advised of which works are eligible for grant aid following an inspection by an officer.
2. The maximum grant aid is £5000.If the cost of eligible works, including VAT and any unforeseen works, exceeds £5000 a letter from you confirming that you are willing to pay the additional cost of the works will be required**.**
3. The following types of works may be eligible:

* Works to improve home safety (window locks, door chains etc.)
* Works to improve energy efficiency (loft / cavity wall insulation, draft proofing)
* Adaptations for elderly/ disabled people to be cared for in their own homes
* Minor works to the basic fabric of the property to prevent deterioration due to defects

1. Please note- Improvement works (replacement windows / doors, upgrading heating installations etc) are **not** eligible for grant aid unless the existing installations are dangerous, or in a severe state of disrepair.

General

1. This is not a definite offer of grant aid. You should not carry out any works prior to grant approval as works will not be approved retrospectively.
2. **Please retain these notes for your information**.