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| REGULATORY REFORM (HOUSING ASSISTANCE) (ENGLAND & WALES) ORDER 2002 HOUSING GRANTS, CONSTRUCTION AND REGENREATION ACT 1996  **MINOR WORKS GRANT APPLICATION FORM**  Please complete this form and return it to :- Homelife Carlisle HIA, Carlisle City Council, Civic Centre, Carlisle, CA3 8QG  <Tel:-> (01228) 817111 |
| ***Data protection*: The information you provide on this form is gathered in the strictest of confidence, and will only be used to process your application for Minor Works Grant. Carlisle City Council may check some of the medical and financial details given, with other departments within the Authority or other agencies, but only in relation to your application. The information given will be used for no other purpose**. |
| Address to which this application relates:  Applicants Name   Address    Telephone Number Applicant’s Date of Birth |
| Are you Pensionable Age Disabled  Neither |
| Is your property A dwelling  Mobile Home  Neither |
| Do you live in the property as your only or main residence Yes  No  Are you the Owner Occupier Yes  No  Please confirm that you have the duty or power to Yes  No  Carry out the proposed works |
| I confirm that, so far as I am aware, the works are not works for which a Disabled Facilities Grant have been approved or for which an application for grant is pending.  **For the purpose of this application, I hereby give my consent to the Council to approach, and to confirm/obtain any necessary information from , any Government Department inc DWP, Cumbria County Council or any department of Carlisle City Council.**  Signed (Applicant) Date |
| Does the client have any of the following health conditions? (Tick all the ones below which apply)  Arthritis (osteo and rheumatoid, requiring regular treatment and review)  Cancer  Cardiovascular disease (for example, heart disease or stroke)  Diabetes (particularly type 1)  Mental illness (for example, depression - and receiving treatment - schizophrenia, bipolar  disorder)  Reduced mobility  Respiratory disease (for example, COPD, emphysema, chronic bronchitis, severe asthma)  Terminal illness  Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Please give a full description of the proposed works and include any reasons why the works are necessary**  **Please explain why the works would improve the health and well-being of any of the occupants in the property** |
| Are you or your partner (this is, your spouse or a person other than your spouse who lives with you as your husband or wife) in receipt of :-  Pension Guarantee Credit/Pension Saving Credit  Income Support  Income Related Employment Support Allowance  Housing Benefit  Council Tax Credit (not single occupancy reduction)  Income-based Jobseekers Allowance  Child Tax Credit (with a household income of less than £15,860)  Working Tax Credit (with a household income of less than £15,860)  Attendance Allowance  Disability Living Allowance Carers Allowance  Personal Independence Payment (PIP)  War Disablement Pension (which must include a mobility supplement or constant   attendance allowance)  Industrial Injuries Disablement (which must include a constant attendance allowance)  Blue Badge  Not on Benefits |
| **ONLY COMPLETE THIS PART IF YOUR APPLICATION RELATES TO MOBILE HOME**  Does the mobile home qualify as a dwelling for the purposes YES  NO  of payment of Council Tax  Are you the lawful occupant of the mobile home YES  NO  Have you occupied the mobile home as your only or main YES  NO  Residence for a period of at least three years immediately  Preceding the date of this application  Has the mobile home for that period been on land forming YES  NO  part of the same protected site within the meaning of the  Mobile Homes Act 1983  Have you occupied the mobile home under an agreement YES  NO  to which that Act applies or under a gratuitous licence |
| I confirm that, so far as I am aware, the works are not works for which a Disabled Facilities Grant have been approved or for which an application for grant is pending.  **For the purpose of this application, I hereby give my consent to the Council to approach, and to confirm/obtain any necessary information from , any Government Department inc DWP, Cumbria County Council or any department of Carlisle City Council.**  Signed (Applicant) Date |
| REGULATORY REFORM (HOUSING ASSISTANCE) (ENGLAND & WALES) ORDER 2002 HOUSING GRANTS, CONSTRUCTION AND REGENREATION ACT 1996  **AGREEMENT FOR PROFESSIONAL, TECHNICAL**  **AND ADMINISTRATIVE SERVICES PROVIDED BY THE**  **COUNCIL IN CONNECTION WITH GRANT** |
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| I, (Full Name)  of (Address)   intend apply to the Council for grant aid in connection with Minor Works at the property referred to in the Schedule below. |
| I wish the Council to provide me with the services in connection with grant as indicated below and I hereby agree that in the event of the grant application being successful I shall pay the amount indicated below as a contribution to the cost of the Council providing the services. |
| **The Schedule  The Property** (Full Address)  **The Works**  (Description)  **Type of Grant** Minor Works Grant **The Services** Assistance in Completing Forms, Preparation of Schedules of Work, Invoice and  Completion works  **Amount Payable**  The charge will be based on the charges report set by the Council for  each financial year.   **The current fee payable will be £360.00 + £72.00 VAT = Total Cost £432.00** |
| **Declaration  I declare that the information given above is correct and agree to the terms and conditions for the services to be provided**  Signed (Applicant) Date |