



# GRANT ENQUIRY FORM

Please complete this form and return it to:- Housing Services, 7th Floor, Civic Centre, CARLISLE.  
CA3 8QG Tel 01228 817342

**Data protection:** The information you provide on this form is gathered in the strictest confidence, and will only be used to process your application for a Grant. Carlisle City Council may check some of the medical and financial details given, with other departments in the Authority or other agencies, but only in relation to your application. The information given will be used for no other purpose.

**Note:** This is a grant enquiry form the completion of which will enable both you and the dwelling to be assessed for eligibility for grant assistance. It is not a full application which consists of an application and test of resources form, relevant ownership certificates, full schedule of work upon which the grant is sought, and two detailed estimates from different contractors for the cost of carrying out the relevant works. Should your application be refused or be non eligible then any

**GRANT PROPERTY ADDRESS:** \_\_\_\_\_

Name(s) of Applicant(s) \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_ Phone Number \_\_\_\_\_

**TYPE OF GRANT** Renovation (for owner-occupiers)  Renovation (for landlords)  Disabled Facilities (for adaptations)  Minor Works (for aged 60+)

**DETAILS OF WORK REQUIRED** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you the Owner? Yes  No

If the property is jointly owned with others please state their names and addresses:  
\_\_\_\_\_

**All enquirers (except landlords) must answer all of the following questions:**

Have you owned the dwelling for the last 3 years? Yes  No

Are you the occupier? Yes  No  Are you a tenant? Yes  No

Have you continuously occupied the dwelling for the last 3 years? Yes  No

Have you been the tenant of the dwelling for the last 3 years? Yes  No

**If you do not yet own it you must have had your offer accepted before you can submit this form.  
You must attach written confirmation of both offer acceptance and permission for a Council officer to inspect the property from the vendor or estate agent.**

Will you be the owner and occupier? Yes  No  Is the house empty? Yes  No

How long has it been empty \_\_\_\_\_ How long was it empty before you bought it \_\_\_\_\_

Have you or your partner had an Owners Interest in a house before? Yes  No

If "yes" was this a joint ownership with a person from whom you were legally divorced before you purchased this house? Yes  No

I declare that to the best of my knowledge, information and belief the information I have given on this form is correct.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ /200

**INITIAL TEST OF RESOURCES - FOR OWNER-OCCUPIERS, THE DISABLED, & TENANTS ONLY**

Information which is required in order to calculate the approximate amount of an applicants contribution towards the cost of the grant eligible work

**THIS TEST IS GIVEN IN GOOD FAITH AND WITHOUT PREJUDICE. IT IS A PRELIMINARY TEST AND THE RESULT MUST NOT BE TAKEN AS BEING THAT FOR GRANT APPROVAL PURPOSES. THE COUNCIL WILL NOT BE HELD RESPONSIBLE FOR ANY ACTIONS TAKEN BASED UPON THE RESULT OF THIS PRELIMINARY ASSESSMENT.**

**GRANT PROPERTY - HOUSEHOLD DETAILS**

Name of Householder	Title	Age	Married / Single
_____	_____	_____	_____
Names of all Other occupiers	Title	Age	Relationship to Householder
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EARNED INCOME**

Please state your take home pay as an average weekly amount taken over the last year ( **YOU MUST INCLUDE ALL OVERTIME, BONUS, COMMISSION ETC**

Applicant \_\_\_\_\_ per week

Wife / Partner \_\_\_\_\_ per week

Children - *only if they work more than 16 hrs / week* \_\_\_\_\_ per week

**PENSIONS** give weekly amounts

	You	Partner	Other
State Pension	_____	_____	_____
Works Pension	_____	_____	_____
Other	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**BENEFITS and ALLOWANCES** Please show which you receive & (except for \*) the weekly amount

	You	Partner	Children		You	Partner	Children
<i>Income support</i> *	_____	_____	_____	<b>Mobility</b> *	_____	_____	_____
<i>Income based job seekers</i> *	_____	_____	_____	<b>Attendance</b> *	_____	_____	_____
<i>Council Tax</i> *	_____	_____	_____	<b>Disability Living</b> *	_____	_____	_____
<i>Housing Benefit</i> *	_____	_____	_____	Incapacity	_____	_____	_____
<i>Disability Working</i>	_____	_____	_____	Invalidity	_____	_____	_____
Working Tax Credit	_____	_____	_____	Sickness	_____	_____	_____
Child Tax credit	_____	_____	_____	Invalid care	_____	_____	_____
Child benefit	_____	_____	_____	Severe disablement	_____	_____	_____
One parent benefit	_____	_____	_____	Other benefits	_____	_____	_____
Unemployment	_____	_____	_____	_____	_____	_____	_____

**SAVINGS**

Include all Cash, Savings, money in your Bank or Building Society accounts, Shares etc. and the value of any land or property which is not part of the house or garden of the building on which grant is sought

Applicant \_\_\_\_\_

Partner \_\_\_\_\_

Children \_\_\_\_\_

**OTHER INCOME**

Include the amount, and type, of all other income received eg. Maintenance; YTS; adoption allowance; rent from tenants etc

	£	Type of income
Applicant	_____	_____
Partner	_____	_____
Children	_____	_____

**OUTGOINGS**

Basic mortgage repayments (excluding mortgage protection, insurance etc) £ \_\_\_\_\_ Per month