REGULATORY REFORM (HOUSING ASSISTANCE) (ENGLAND & WALES) ORDER 2002 HOUSING GRANTS, CONSTRUCTION AND REGENREATION ACT 1996

homelife carlisle improving homes

improving lives

DISCRETIONARY HOUSING & ENERGY EFFICIENCY MEASURES GRANT APPLICATION



www.carlisle.gov.uk

Please complete this form and return it to: - Homelife Carlisle HIA, Carlisle City Council, Civic Centre, Carlisle, CA3 8QG Address of property where the work is to be carried out ("The Property"): Applicants Full Name: Partners Full Name: Address for correspondence if different from above: Home Tel: Email: Mobile/other: Applicant's Date of Birth: Partner's Date of Birth: Do you own the Property for which you are applying for the grant? No Yes If it is a leasehold property, how many years are left? Do you have the duty of power to carry out the relevant works? Yes No Do you have household buildings insurance? Yes No Do you have a boiler service plan or heating repair cover? Yes No Have you obtained written consent from your landlord to Yes No N/A carry out the proposed measures? * If you rent your property please provide your landlord's or letting agent's name & contact details: Are you a person from abroad who may be subject to the habitual Yes No residence test OR subject to immigration control OR Have you come to live in the UK within the last five years? Are you a member of staff or closely related to anyone who is employed Yes No by Carlisle City Council? If so, who? Have you applied for a discretionary housing grant from Carlisle City Yes No Council before? If so, what was the grant for and when? How did you hear about our service? Word of mouth □ Website □ Article in paper □ Radio □ Used service before □ Referral

Who informed you:

*Work that your landlord is responsible for may not be covered by a Discretionary Housing Grant. If you are a tenant please contact the HIA for advice before applying.

	Details	Quantity
Key safe		
Deep Clean		
House clearance		
Window / Door security		
Damp-proofing		
Electrical safety (*)		
Double glazing windows		
Double glazing doors		
Private water supply		
Adaptation (including DFG top-up)		
Other (Provide details)		
Heating		
Warm Homes Fund (<i>specify fuel type</i>)		
Boiler service (specify model and fuel type)		
Fire service (specify model and fuel type)		
Heating repair (specify details)		
New central heating (specify fuel type requested)		
Fire (specify fuel type e.g. electric or gas)		
Extra radiators (specify rooms where needed)		
Gas safety check including cookers		
cas salety shock including secrets		
Energy Efficiency		
Loft insulation		
Cavity Wall insulation		
Draught-proofing		
External wall insulation		
Thermostat/heating controls (specify radiators or room)		
Replacement boiler (specify preferred fuel type)		
Replacement central heating (specify fuel type)		
Other energy efficiency measure (specify)		
Other energy emiciency measure (specify)		
Dementia		
Colour & Contrast decorating		
Gas safety taps		
Carbon Monoxide alarm		
Lighting		
Other (specify)		
*) An Electrical Installation Condition report may be required a	s nart of the gran	t hefore any works a
arried out. Remedial work essential for safety that is identified		-
•	i iii tiie repoit iiius	st be carried out with
elay to remove the risks.		
you are eligible for an energy efficiency measure under	•	
CO, you may be referred to a suitable provider depending	ng on the circum	istances.
t is the applicant's responsibility to ensure that any releva	ant planning per	mission or huilding
consent is obtained before the works start. No works sha	- ·	-
		•
approval and no retrospective applications will be consider		_
	ich a Disablad F	acilities
iscretionary. Are the proposed Grant works those for wh Grant has been approved or for which an application is pe		No 🗍

CONFIRMATION OF ELIGIBILITY Would the measure improve the health and well-beir applicant or a member of their household?	ng of the	Yes	No
Would the measures promote independence at home?		Yes	No
Would the measures assist with discharging an occupant from hospital more quickly or prevent admissions to hospital?			No
Would the measures help keep you warmer in your home or		Yes	No
make you more energy efficient? Would the measures reduce hazards or risks that are	 e likely to		
cause harm or injury? (making your home safer and	more secure)	Yes	No
Please give details:			
Do you, or anyone in your household, have any of the	following hea	Ith or medica	al conditions:
	Applicant P	artner	Other
Arthritis (Osteo and Rheumatoid, requiring regular treatment and review)			
area and review)			
Cancer			
Cardiovascular disease (for example, Heart Disease or Stroke)			
(rei example, Fleart Bleedee er eueke)			
Diabetes			
Mental illness and receiving treatment			
montal imposs and reserving a saument			
Reduced mobility			
Respiratory Disease (E.g. COPD, Emphysema, chronic Bronchitis, severe Asthma			
Immuno-deficiency diseases			
Other health (please specify)			
NHS No. (if known)			
Are you currently in hospital? Yes No If yes, please confirm which, hospital, ward and date	admitted		
Do you have a blue badge? Yes No	l		
Please provide documentary evidence in the form	of a letter fro	m a health	professional,
prescription or similar.			

Do you, or anyone	e in your household, received any of the following non-means tested benefits:
	Disability Living Allowance (DLA)/ Personal Independence Payment (PIP)
\Box	Attendance Allowance
	Contribution based Employment Support Allowance (CB-ESA)
Do you, or anyone	in your household, receive any of the following means-tested benefits:
	Pension Credit (both Savings and Guarantee)
\Box	Universal Credit
\Box	Income based Employment and Support Allowance (IS- ESA)
	Income based Job Seekers Allowance (JSA)
\Box	Council Tax Reduction formerly known as Council Tax Benefit (NOT single person or any other discount)
\Box	Working Tax Credit
П	Child Tax Credit
Any other benefits	? Please specify:
•	cess of claiming any benefits? Please specify:
, ,	5
How muc	h is your HOUSEHOLD income (including all welfare benefits) NET of tax per annum?
(please prov	ide evidence such a wage slips or benefit award)
	w much is your rent or mortgage per annum? e provide evidence such as mortgage statement)
	nember of your household, own other property or
capital assets?	(If yes, please provide evidence of capital value)
(not including	tal HOUSEHOLD savings and capital value? the home that you reside in and pay council) ide evidence such as 2 months bank statements)
(picase provi	de evidence such as 2 months bank statements)
	How many bedrooms does your home have? erty is your home?
Bungalow □ D	etached house □ Flat □ Semi-detached □ Terrace □
•	melife to add your name to Electricity North West's Register? (see www.enwl.co.uk for more details) Yes No

To assess for Health Through Warmth grants:
Is your NET (after tax) annual HOUSEHOLD income (please tick as appropriate)
Less than £25k Over £36k
Do you and your partner (if applicable) have COMBINED savings and capital of
Less than £8k £8k-£16k £16k-£23.5k Over £23,500
How many adults live in your household?
How many children live in your property? (please include young adults who you are claiming child benefit for)
Please provide recent documentary evidence of your income and savings.
ENERGY EFFICIENCY AND ECO GRANT APPLICATION (Only complete the questions in this section if you are applying for a grant for energy efficiency measures)
Do you have any children aged under 5 years of age living in your household? YES NO Service NO Service NO NO Service NO
What is the Energy Performance Certificate (EPC) rating of your property if known? (If you have a landlord then please ask your landlord to supply a copy of the EPC)
Does your property currently have a mains gas connection? YES NO
What is your current main heating in the property?
Mains gas boiler & radiators □ LPG gas boiler & radiators □ Warm air gas boiler and radiators □ Oil boiler and radiators □ Electric boiler □ Electric storage heaters □ Solid fuel boiler & radiators □ Solid fuel fires □ Plug-in electric heaters □ Other (please specify)
What year was the house built? Are you aware of any asbestos present in your property? YES / NO. If so where? Do you have any textured coatings (e.g. artex)? YES / NO. If so where?
Are you aware of any hazards or potentially dangerous structures? YES/NO

DATA PROTECTION PRIVACY NOTICE

Regulatory Services of Carlisle City Council are committed to ensuring that your information is used appropriately. We will use your information for the purpose of providing you with a service. The full Privacy Notice which explains how your information is handled can be viewed at: https://www.carlisle.gov.uk/Privacy-Statement. We will take appropriate steps to ensure your information is secure, and we will only make it available to those who have a right to see it. Subject to the details contained within the Privacy Notice you have the right to withdraw consent at any time and you also have the right to access the information we hold about you. You can request this, seek further information or guidance, or make a complaint by writing to the Data Protection Officer: Civic Centre, Carlisle, Cumbria, CA3 8QG or Emailing: dataprotection@carlisle.gov.uk

You have asked Carlisle City Council's Home Improvement Agency, Homelife Carlisle, to arrange for grant-funded work to be carried out. In order to process the grant application The Council may need to provide information about you to other council departments, external organisations and companies.

This privacy statement is to make you aware that we may need to share your personal and/or sensitive information that you provide to us in the application including with the following:

- A) HEALTH PROFESSIONALS, SOCIAL SERVICES, OCCUPATIONAL THERAPISTS OR TRUSTED ASSESSORS. These may be employed by NHS, Cumbria County Council or private consultants. For certain equipment or measures a recommendation from a professional may be required.
- B) OTHER INTERNAL DEPARTMENTS such as Revenues and Benefits, Building Control, Planning, Housing, Environmental health, Benefit Advice Service.
- C) EXTERNAL ORGANISATIONS dealing with other grants such as charitable grant providers, Foundations Independent Living Trust and organisations dealing with government schemes such as ECO providers. This information may include your welfare benefit entitlement. Our data sharing agreement with ECO suppliers and our 'Statement of Intent' for ECO flexible eligibility scheme can be found: https://www.carlisle.gov.uk/ homelife
- D) PRIVATE BUILDING CONTRACTORS AND CONSULTANT SURVEYORS who have been approved by the Council to carry out grant work.

Please note that to restrict data sharing may prevent us from sharing sufficient information to process the grant application and supply the service you require.

Carlisle City Council has a duty to protect the public funds it administers and accordingly may use the information you have you have provided for the prevention and detection of fraud. It may also share this information with law enforcement agencies and other bodies responsible for auditing or administering public funds for these purposes.

STORAGE OF INFORMATION

To help you we need to store information about you. Your information will be retained for a minimum period of six years from the date of your last contact with Homelife Carlisle Home Improvement Agency and ten years if the grant is registered as a land charge. Please contact us if you wish to obtain a copy of your information.

Full details of The City Council's Housing Assistance Policy can be found on The City Council website: www.carlisle.gov.uk/homelife. The Council's statutory duty to carry out data processing for grant applications is derived from the following pieces of legislation: Regulatory Reform (Housing Assistance) (England & Wales) Order 2002 and Housing Grants, Construction And Regeneration Act 1996

Please read the statement below and sign if you agree to the terms of the grant application:

I/We authorise Homelife Carlisle Home Improvement Agency, Carlisle City Council to share and obtain personal/sensitive information about me.

I/We authorise Homelife Carlisle Home Improvement Agency, Carlisle City Council, to contact, receive and give information to third parties from whom, or to whom, we refer or signpost to, in order to ascertain the progress and outcome of any referral and to help speed up the application process.

I/We understand that this may require the disclosure of some of my personal details to the third party or for the agency to disclose information. I/We authorise Homelife Carlisle that information given, either from a referring agency, or to an agency that I have agreed to be referred to, may share relevant information including any supporting documentation regarding my financial circumstances, welfare benefit entitlement, housing information and health.

Signature	Date
Signature	Date

If you have any queries about this form please contact Emma Moraitis on 01228 817443 or write to us at: **Homelife Carlisle HIA**, **Carlisle City Council**, **Civic Centre**, **Carlisle**, **CA3 8QG** or Email: homelife@carlisle.gov.uk

Please ensure that the details on this form are true as it may invalidate your grant application if they are not. The Council reserves the right to cancel the grant application or reclaim any monies paid at any time based on false or misleading information provided by you during the application process. If the grant was paid based on false or misleading information The Council may decide to register any monies paid as an indefinite local land charge on your property.



Part 1 of agreement for Agency Service, including professional, technical and administrative services provided by Carlisle City Council for Discretionary Housing Grant.



I/we being the legal occupiers of the Property authorise and instruct Carlisle City Council's Home Improvement Agency, Homelife Carlisle, to act on my behalf to provide the following services:

- ~ Prepare a schedule of works and obtain any necessary specialist reports
- ~ Obtain competitive estimates from contractors selected by the HIA
- ~ Obtain details from the Land Registry to confirm ownership of the Property
- ~ Assist with the application process to secure Discretionary Housing Grants funding
- ~ Subject to the approval of funding instruct the selected contractor(s) to carry out the agreed work and make all necessary payments directly to the contractor(s)

I/we understand that:

Discretionary Grant funding can only be paid for work that has been carried out to the Property. If I/we prevent the contractor(s) from completing the agreed work, no payment will be made and I/we will be liable for any sums owed to the contractor.

I/we certify that I/we intend to live in the qualifying property as my/our only or main residence throughout the grant condition period (10 years) or for such shorter period as my/our health and other relevant circumstances permit.

Any grant of £5,000 or over which The Council decides has added value to the property will be registered as a local land charge. If I/we dispose of the Property within 10 years of completion of the Grant works I/we agree to repay to the Council, the whole amount of any Grant of £5,000 or over approved to me/us by the Council inclusive of VAT and fees. (For example; a grant of £6,000 would require to be repaid in full. A grant of £2,000 would not be registered.)

I/we agree that in the event of the grant application being successful I/we agree that the grant shall include the amount indicated below (as varied from time to time) as a contribution to the cost of the Council to provide the service. The charge will be based on the charging levels as agreed from time to time by the Council for each financial year.

Current Home Improvement Agency fees:

Safe and Warm Grants (less than £500) 2019-2020	Safe and Warm Grant April 2019-2020	General Agency fees
Admin. fee: £75.00 + VAT Handyperson admin fee: £75 per case plus handyperson hourly rates Key Safe: £75.00 + VAT per case plus handyperson charge of £20	Administration fee: £507 + VAT Additional quotes from contractors within same grant: £294 + VAT	For other schemes: 15% of net cost of work Home Visits & surveys: £64.67 + VAT Applications assistance: £64.67 per hour + VAT

Applicant / Occupier's certificate	<u>9</u>
The applicant(s) who is occupying example disability, health or welfar	the premises who has the relevant qualifying criteria (for e benefit) should sign below:
I declare that the information give of the grant application:	ren above is correct and agree to the terms and conditions
Signed:	Dated:
Signed:	Dated:
Consent certificate	
• • • • • • • • • • • • • • • • • • • •	son who is also entitled to possession or to dispose of the nd/or tenants) should also sign below:
I declare that the information give of the grant application:	ren above is correct and agree to the terms and conditions
Signed:	Dated:
Signed:	Dated:
Address:	
CANCELLATION	
YOU MAY CANCEL THIS AGREE	MENT WITHIN 14 DAYS OF IT BEING SIGNED
may be by electronic mail) to the a	AGREEMENT YOU MUST DO SO IN WRITING and send (which ddress below.
may be by electronic mail) to the a	
may be by electronic mail) to the a Complete and return this section o AGREEMENT	ddress below.
may be by electronic mail) to the a Complete and return this section o AGREEMENT To: Homelife Carlisle, Carlisle City	ddress below. If the form ONLY IF YOU WANT TO CANCEL THE Council, Civic Centre, Carlisle, CA3 8QG cancel my/our agreement for the provision of agency services
may be by electronic mail) to the a Complete and return this section of AGREEMENT To: Homelife Carlisle, Carlisle City I/we hereby give notice that I/we to for application of discretionary hou	ddress below. If the form ONLY IF YOU WANT TO CANCEL THE Council, Civic Centre, Carlisle, CA3 8QG cancel my/our agreement for the provision of agency services
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