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

**DISCRETIONARY**

**HOUSING & ENERGY**

**EFFICIENCY MEASURES GRANT**

**APPLICATION**

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: | | | | | | | | | | |
| Email: | Home Tel: | | | 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? | | | | | | **Yes** |  | **No** |  |
| 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 carry out the proposed measures?\* | | | **Yes** | |  | **No** |  | **N/A** |  |
| *(Please complete landlord consent form)* | | | | | |  | | | |
| If you rent privately please provide your landlord’s or letting agent’s name and contact details: | | | | | | | | | |
| Are you a person from abroad who may be subject to the habitual residence test OR subject to immigration control OR Have you come to live in the UK within the last five years? | | | | | | **Yes** |  | **No** |  |
| Are you related to, or close friends with, anyone who is employed by Carlisle City Council? | | | | | | **Yes** |  | **No** |  |
| Have you applied for a discretionary housing grant from Carlisle City Council before? | | | | | | **Yes** |  | **No** |  |
| If so, what was the grant for and when? | | | | | | | | | |

**Please note it is the applicant’s responsibility to ensure that any relevant planning permission or building control consent is obtained before the works start.**

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

Which measures are you applying for? (Please tick all that may apply)

|  |  |  |
| --- | --- | --- |
|  | **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** |  |  |
| Boiler service (specify model and fuel type) |  |  |
| Fire service (specify model and fuel type) |  |  |
| Heating repair (specify details) |  |  |
| New central heating (specify fuel type) |  |  |
| Fire (specify fuel type) |  |  |
| Extra radiators (specify location) |  |  |
| Gas safety check including cookers |  |  |
|  |  |  |
| **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) |  |  |
|  |  |  |
| **Dementia** |  |  |
| Colour & Contrast decorating |  |  |
| Gas safety taps |  |  |
| Carbon Monoxide alarm |  |  |
| Lighting |  |  |
| Other (specify) |  |  |

(\*) *An Electrical Installation Condition report may be required as part of the grant before any works are carried out. Remedial work essential for safety that is identified in the report must be carried out without delay to remove the risks.*

If you are eligible for an energy efficiency measure under a government funded scheme such as ECO you may be referred to a suitable provider depending on the circumstances.

No works shall be carried out without formal grant approval and no retrospective applications will be considered. Please note the grants are discretionary.

Are the proposed Grant works those for which a Disabled Facilities

Grant has been approved or for which an application is pending? Yes No

**CONFIRMATION OF ELIGIBILITY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Would the measure improve the health and well-being of the applicant or a member of their household? | **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? | **Yes** |  | **No** |  |
| Would the measures help keep you warmer in your home or make you more energy efficient? | **Yes** |  | **No** |  |
| Would the measures reduce hazards or risks that are 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 health or medical conditions:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Applicant | Partner | Other |
| Arthritis (Osteo and Rheumatoid, requiring regular treatment and review) |  |  |  |
| Cancer |  |  |  |
| Cardiovascular disease  (for example, Heart Disease or Stroke) |  |  |  |
| Diabetes |  |  |  |
| Mental illness and receiving treatment |  |  |  |
| 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

**Please provide documentary evidence in the form of a letter from a health professional, prescription or similar.**

Do you, or anyone in your household, received any of the following non-means tested benefits:

|  |  |  |
| --- | --- | --- |
|  |  | Disability Living Allowance (DLA)/ Personal Independence Payment (PIP) |
|  |  | 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) |
|  |  | Universal Credit |
|  |  | Income based Employment and Support Allowance (IS- ESA) |
|  |  | Income based Job Seekers Allowance (JSA) |
|  |  | Council Tax Reduction formerly known as Council Tax Benefit  (NOT single person or any other discount) |
|  |  | Working Tax Credit |
|  |  | Child Tax Credit |

Any other benefits? Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you in the process of claiming any benefits? Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| How much is your HOUSEHOLD income (including all welfare benefits) NET of tax per annum? |  |
|  |  |
| How much is your rent or mortgage per annum? |  |

To assess for Health Through Warmth grants:

Is your NET (after tax) annual HOUSEHOLD income (please tick as appropriate)

Less than £25k **** £25k-£32k **** Over £32k ****

Do you and your partner (if applicable) have COMBINED savings 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 |  |  |  |

Is any member of your household pregnant?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| YES |  | NO |  |  |  |

Other than health issues, do you consider any member of your household to be vulnerable to the effects of the cold?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| YES |  | NO |  |  |  |

If yes, please specify how: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 have access to mains gas?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| YES |  | NO |  |  |  |

What is the current heating system(s) in your property?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| OIL |  | MAINS GAS |  | LPG |  | ELECTRIC |  | SOLID FUEL |  |

PLEASE NOTE THAT YOU MAY STILL QUALIFY FOR A DISCRETIONARY HOUSING GRANT FOR ENERGY EFFICIENCY MEASURES EVEN IF YOU DO NOT QUALIFY FOR MEASURES UNDER THE ECO SCHEMES.

**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](mailto: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:

1. 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.
2. OTHER INTERNAL DEPARTMENTS such as Revenues and Benefits, Building Control, Planning, Housing, Environmental health, Benefit Advice Service.
3. 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
4. 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**

In order 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](http://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](mailto: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.**

|  |  |  |
| --- | --- | --- |
| K:\Housing\HIA\marketing homelife\homelife master (2).jpg | 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:**

|  |  |  |
| --- | --- | --- |
| **Minor Measures Grant April 2018-2019** | **Safe and Warm Grant April 2018-2019** | **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: £492.25 + VAT**  **Additional quotes from contractors within same grant: £285.82 + VAT** | **For all other work: 15% of net cost of work**  **Home Visits & surveys: £63.51 + VAT**  **Applications assistance:**  **£63.51 per hour + VAT** |

**Applicant / Occupier’s certificate**

The applicant(s) who is occupying the premises who has the relevant qualifying criteria (for example disability, health or welfare benefit ) should sign below:

**I declare that the information given above is correct and agree to the terms and conditions of the grant application:**

Signed: Dated:

Signed: Dated:

**Consent certificate**

Other than the applicant, each person who is also entitled to possession or to dispose of the qualifying premises (owners and/or tenants) should also sign below:

**I declare that the information given above is correct and agree to the terms and conditions of the grant application:**

Signed: Dated:

Signed: Dated:

Address:

**CANCELLATION**

**YOU MAY CANCEL THIS AGREEMENT WITHIN 14 DAYS OF IT BEING SIGNED**

IF YOU WISH TO CANCEL THIS AGREEMENT YOU MUST DO SO IN WRITING and send (which may be by electronic mail) to the address below.

Complete and return this section of the form **ONLY IF** YOU WANT TO CANCEL THE AGREEMENT

To: Homelife Carlisle, Carlisle City Council, Civic Centre, Carlisle, CA3 8QG

I/we hereby give notice that I/we to cancel my/our agreement for the provision of agency services for application of discretionary housing grants at my/our home.

Signed PRINT NAME Date

Signed PRINT NAME Date

Address: