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

homelife carlisle
improving homes
improving lives

DISCRETIONARY HOUSING GRANT APPLICATION

CARLISLE CITY COUNCIL
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:_____

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 ☐

Are you the leaseholder? Yes ☐ ☐ No If yes, 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 ☐

Are you subject to Immigration Control? Yes ☐ No ☐

Are you a person from abroad who may be subject to the habitual residence test? Yes ☐ No ☐

Have you come to live in the UK within the last five years? Yes ☐ No ☐

Are the proposed Grant works those for which a Disabled Facilities Grant has been approved or for which an application is pending? Yes ☐ No ☐

Are you related to, or close friends with, anyone who is employed by Carlisle City Council? Yes ☐ No ☐

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

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

	Details	**Quantity**
Key safe		
Deep Clean		
House clearance		
Window security		
Door security		
Electrical safety (*)		
Private water supply		
Energy Efficiency		
Loft insulation		
Cavity Wall insulation		
Draught-proofing		
Thermostat/heating controls (specify radiators or room)		
Double glazing windows		
Double glazing doors		
Other energy efficiency measure (specify)		
Heating		
Boiler service (specify model and fuel type)		
Fire service (specify model and fuel type)		
Heating repair (specify details)		
Boiler (specify fuel type)		
Fire (specify fuel type)		
Extra radiators (specify location)		
Gas safety check including cookers		
Adaptation (including DFG top-up)		
Other (Provide details)		

*) *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.

Minor Measures grants are limited to £500 inclusive of the agency fee. The grant is limited to 2 applications per year and £1000 in a rolling 3 year period.

Safe and Warm grants maximum funding is £7,500 per grant inclusive of VAT and agency fee. The grant is limited to one application per year and to a total of £10,000 in any ‘rolling’ 3 year period.

Any Grant works (including mandatory DFG’s) of a value of over £5,000 will be registered as a local land charge and the excess amount over £5,000 inclusive of VAT and agency fees will be repayable to the Council if you dispose of the Property within 10 years of completion of the works.

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

Would the measure improve the health and well-being of the applicant or their household? Yes ☐ No ☐

Please explain how:_____

_____

_____

_____

Would the measures promote independence at home? Yes ☐ No ☐

Please explain how: _____

_____

_____

_____

Would the measures assist with discharging an occupant from hospital more quickly or prevent admissions to hospital? Yes ☐ No ☐

Please give details: _____

_____

_____

_____

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 (may include making your home safer and more secure)? 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?_____

_____

CONFIRMATION OF ELIGIBILITY

Do you, or anyone in your household, have any of the following health conditions:

	Applicant	Partner	Other
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)			

Other, 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.

Any non-dependents aged 18 or over living in the property? Yes ☐ No ☐

Net household income :

	Client	Partner/spouse	Other	Other	Other
Net monthly income, including benefits					

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

☐ Employment Support Allowance

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

☐ Pension Credit (both Savings and Guarantee)

☐ Income Support

☐ Income based Employment and Support Allowance (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 with a maximum income of £25,000 per annum as assessed by HMRC for that award

☐ Child Tax Credit with a maximum income of £25,000 per annum as assessed by HMRC for that award

☐ Universal Credit

Any other benefits? Please specify: _____

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

_____

Please provide recent documentary evidence of benefits received.

Any other income? Yes ☐ No ☐

Please specify:

Do you have a gross annual HOUSEHOLD income of

Less than £25K Yes ☐ No ☐

Less than £32K Yes ☐ No ☐

Do you and your partner have COMBINED savings of

Over £8,000 Yes ☐ No ☐

Over £16,000 Yes ☐ No ☐

Over £23,500 Yes ☐ No ☐

If over £23,500 how much?.....

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 including for amounts under £5,000.

The information given in this form may be used by the Council to prevent and detect fraud.

DATA PROTECTION ACT 1998

PRIVACY NOTICE AND DATA SHARING AGREEMENT

You have asked Carlisle City Council's Home Improvement Agency, Homelife Carlisle, to arrange for grant-funded work to be carried out at:

……

……

……

In order to process the grant application and make the necessary arrangements 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 (the national body for Home Improvement Agencies) and organisations dealing with government schemes such as ECO providers. This information may include your welfare benefit entitlement.

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.

Please read the statement below and sign the consent form:

I/We authorise Homelife Carlisle Home Improvement Agency, Carlisle City Council to share and obtain personal/sensitive information about me as described on the previous page.

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, health and well-being.

Signature..... Date.....

Signature..... Date.....

STORAGE OF INFORMATION CONSENT FORM

In order to help you we need to store information about you. The Data Protection Act 1998 states that we must get your consent to do this.

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. Please contact us if you wish to obtain a copy of your information.

I give my consent to Homelife Carlisle, Home Improvement Agency, to record personal information on myself for a minimum period of six years. YES/NO

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

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

I/we being the owners of the Property as stated in this form 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.

Any works costing over £5,000 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 such amount of Grant money originally paid to me/us by the Council as is in excess of the VAT inclusive and fee inclusive sum of £5,000 .

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 Agency fees for type of Grants

Minor Measures Grant April 2018-2019	**Safe and Warm Grant April 2018-2019**	**General Agency fees**
Administration 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 work not covered by grant charges: 15% of net cost of work** **Home Visits: £63.51 + VAT** **Applications assistance: £63.51 per hour + VAT**

I declare that the information given above is correct and agree to the terms and conditions for the services to be provided

Signed: Dated:

Signed: Dated:

SEE BELOW FOR INFORMATION ABOUT CANCELLING THIS AGREEMENT

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: