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| **K:\Housing\HIA\marketing homelife\homelife black and white master.jpg** REGULATORY REFORM (HOUSING ASSISTANCE) (ENGLAND & WALES) ORDER 2002 HOUSING GRANTS, CONSTRUCTION AND REGENREATION ACT 1996  **DISCRETIONARYHOUSING**  **GRANT APPLICATION -**  **HOSPITAL DISCHARGE**  Please complete this form and return it to :- homelife@carlisle.gov.uk |
| 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  Have you obtained written consent from your landlord to carry out the proposed measures?  Not applicable  Yes  No .*(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  **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. Please note that we are unable to provide a Discretionary Housing Grant for any work that your landlord is reasonably expected to be responsible for.** |
| Which measures are you applying for? (Please tick all that may apply)   |  |  |  | | --- | --- | --- | |  | **Details** | **Quantity** | | Key safe ( **please specify 4 digit code preferred)** |  |  | | Deep Clean |  |  | | House clearance |  |  | | Window security |  |  | | Door security |  |  | | Electrical safety (\*) |  |  | | 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** |  |  | | 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 & Safety Requirements** |  |  | | 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. |
| **To be completed by a health professional or social care professional**  NHS No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Hospital, ward and date admitted:  Covid -19 patient – yes or no  Please give details of how the measures would assist with discharging an occupant from hospital more quickly:  .        Signature of professional:  Job Title and contact number:  **Any other information (e.g. who to contact for access) Family members contact details:** | |
| **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 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, welfare benefit entitlement, housing information and health.  Applicants Signature.......................................................... Date...........................  If applicant is unable to sign please confirm that the statement has been read to the resident and they consent for the works to go ahead on their home.  Signed by: .......................................................... Date...........................  Print Name: ………………………………………..  Relationship to applicant (Family/organisation) ……………………………..  If you have any queries about this form please contact our Homelife Liaison Officer Laura Moss on 07795 370899 or Emma Moraitis Homelife Team Leader on 07779 416151 or write to us electronically at: [homelife@carlisle.gov.uk](mailto:homelife@carlisle.gov.uk) | | |
| |  |  |  | | --- | --- | --- | | K:\Housing\HIA\marketing homelife\homelife master (2).jpg | 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.  **Current Home Improvement Agency fees 2019- 2020 (not charged to client included within grant):**   |  |  |  | | --- | --- | --- | | **Key Safe: £75.00 + VAT per case** | **Major works Administration fee: £518.72 + VAT**  **Additional quotes from contractors within same grant: £291.78 + VAT** | **For all other work: 15% of net cost of work** | | | |
| **CANCELLATION**  IF YOU WISH TO CANCEL THIS AGREEMENT YOU MUST DO SO IN WRITING by electronic mail to the email address below.  To: homelife@carlisle.gov.uk | | |