

Private Housing Improvement Team

Landlord Disabled Facilities Grant

HOUSING GRANTS, CONSTRUCTION AND REGENERATION ACT, 1996

This form is for landlords who wish to apply for this grant. Owners are also required to fill in the relevant owner's certificate at the back of this application.

PLEASE READ THESE NOTES BEFORE COMPLETING THE FORM

What is a Disabled Facilities Grant?

Disabled Facilities Grants are available to landlords to help a disabled person live more independently in their own home. The proposed works have to be necessary and appropriate for the disabled person and also have to be reasonable and practical.

Mandatory Grant: Is available for essential adaptations to allow the disabled person freedom of movement into and around their home.

- ◆ To aid entry and exit from the dwelling e.g. widening doors, providing ramps
- ◆ To aid access into living areas, bedroom, kitchen, toilet by installing a stair lift or providing a downstairs bathroom.
- ◆ To improve or provide a heating system.
- ◆ To adapt heating or lighting controls.
- ◆ To improve access for the disabled person who is responsible for the care of a child or spouse.

Discretionary Grant: The Council has discretion to give grants for other works to make a home suitable for the disabled occupant's accommodation, welfare or employment needs.

- ◆ Providing or adapting a room to allow the disabled person to work from home.
- ◆ Providing a safe area for a disabled child to play etc.

How the Grant will be calculated

Disabled Facilities Grants are means tested. In determining whether you will be asked to contribute towards the cost of works, we will assess the current and proposed rent levels for the property and your ability to raise other funds to cover this work.

Any amount of grant received will be the difference between the amount you are assessed and being able to afford and the approved cost of eligible works.

Please return this form to:

London Borough Of Tower Hamlets
Private Housing Improvement Team
 5th Floor
 Anchorage House
 Clove Crescent
 London E14 1BY

If you are unsure how to answer any question please contact the Team: ☎ **020 7364 2531**

Community Languages

এই দলিলটি বুঝার সুবিধার জন্য যদি আপনি ভাষার সাহায্য চান, এই ফর্মটি পূরণ করে ঠিকানায় পাঠিয়ে দিন
 Haddii aad jeclaan lahayd kataageeris luqadda ah in lagaaga caawiyo fahmidda dukumiintigaan, fadlan dhameystir foomkan kuna soo celi
 如果你想獲得以中文提供的協助以幫助你瞭解這份文件，請填寫這份表格，然後將它寄回：

Language/ভাষা/
 Luqadda/語言
 বাংলা
 Soomaali
 中文
 Other

Our Service Promise

We will acknowledge your application within 10 working days and we aim to determine 80% of all FULL grant applications within 8 weeks of the full application being received.

Tower Hamlets has a legal duty to protect the public funds it administers and to this end may use information you have provided on this form within the authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.

Part 1 - About you & the property - please answer each question

If you are a **housing association** or **limited company** please enter the details below

Full name of organisation
Address
Contact name
Phone
Fax
E-mail

If you are a **private landlord** please enter the details below

Your details	Your partner's details
Mr/Mrs/Miss/ Ms/etc.	Mr/Mrs/Miss/ Ms/etc.
Last name	Last name
First name	First name
Date of birth	Date of birth
National Insurance number	National Insurance number
Address <i>Including flat number</i>	Address <i>Including flat number</i>
Postcode	Postcode
Home phone number	Home phone number
Work phone number	Work phone number
E-mail	E-mail

Have you come to live in the U.K (i.e England, Scotland, Wales, Northern Ireland) the Channel Islands, Isle of Man or Republic of Ireland in the last 5 years?

Yes No

If you have answered *Yes* to the above question, what is your nationality?

Are you a registered charity?

Yes No

Is the property owned by the church?

Yes No

If another person is helping you with your application, please provide their details:

Name

Address
Postcode

Phone number

Enter the address of the grant property:

Address
Postcode

Tenant's phone no.

Date you let the property

If the date is within six months of the date you are making your application you should supply the tenant's previous address

Address
Postcode

Is the property a: flat?
maisonette?
house?

Is the property: freehold?
leasehold?
private tenancy?

Rent Act tenancy?
housing association?
Housing Choice tenant?

Please list all occupants in household

	<i>First name</i>	<i>Last name</i>	<i>Relationship to main</i>
1	<input type="text"/>	<input type="text"/>	
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 1 - About you & the property *contd.*

Is the property currently occupied? Yes No

Are the works to provide a disabled adaption? Yes No

Are any works for communal areas? Yes No

Please provide the name of the disabled person and describe their disability.

Name	Date of birth
Disability	

Please describe the adaptations to be carried out at the grant property.

Do you alone or jointly with others, own the freehold or leasehold of the property?

Freehold Yes No

Leasehold (with at least **five** years to run) Yes No

If held jointly with others, please provide details:

Name
Address
Postcode
Phone number
Date ownership commenced

If you **DO NOT** own the freehold or leasehold of the property, do you, or others, propose to acquire it?

Freehold Yes on No

Leasehold (*with at least FIVE years to run*) Yes on No

Have you made previous applications for grant assistance ?

Yes No

If Yes please provide:

Date of application

Reference number

Do you know if the previous owners of the property have ever applied for a grant?

Yes No

If Yes please provide details:

Would you like to claim for any expenses incurred in connection with your grant?

Yes No

i.e. occupational therapy fees etc.

If Yes, please give details:

Have you already begun the works?

Yes No

Have you already finished the works?

Yes No

Part 2 - Financial information - please answer each question

Are you applying as a charity? Yes No

Are you applying as a church? Yes No

Is the residence currently let? Yes No

What type of tenancy/licence is in use? *Please give details*

On which date(s) was the current rent set? Yes No

Date

Date

Do you charge a market rent? *If No please give details* Yes No

How much rent is charged per week? £ per week

Are the following included in the rent? Water charges Yes No

Furniture Yes No

Board Yes No

Other services Yes No

Give details

What other financial resources are available to you? *Please give details*

Is there any other relevant information you would like to tell us? Yes No

If Yes please give details

Part 3 - General information - please answer each question

Do you own any other residential properties in the Tower Hamlets area?

Yes No

If Yes, how many?

Please give address of each property (*continue on a separate sheet if necessary*)

Address

Postcode

Address

Postcode

Address

Postcode

Address

Postcode

Will you increase the rent if the improvement or adaption is grant aided?

Yes No

If Yes please give details:

Is the property part of a Decent Homes programme?

Yes No

Housing associations **MUST** provide an answer to the following:

What percentage of your annual budget do you contribute towards the cost of aids and adaptations for the disabled, per annum, in the Tower Hamlets area?

Please submit the following information with your application:

1. two estimates from different contractors (for the cost of works)
2. proof of ownership
3. the Owners Certificate, signed
4. details of fees for which you wish to claim
5. Occupational Therapist's referral (housing applications only).

Checklist

Before you return this form please ensure you have:

1. answered all the questions that apply to you
2. signed the form (please read the declaration carefully, first)
3. enclosed all the required proof.

If you do not provide the proof asked for in this form your application could be delayed.

Tower Hamlets has a legal duty to protect the public funds it administers and to this end may use information you have provided on this form within the authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.

Declaration - please read carefully

Declaration - for an application made by an **INDIVIDUAL**

- ◆ I declare that the information I have given is correct and complete, to the best of my knowledge.
- ◆ I agree to the Council making enquiries to check the information I have given. This may mean contacting other Government agencies.
- ◆ I understand that if I give false information I may be prosecuted.

Applicant's signature

Date

Print name

Partner's signature

Date

Print name

Name of person completing this form

Declaration - for an application made by a **HOUSING ASSOCIATION or LIMITED COMPANY**

- ◆ I declare that the information I have given is correct and complete, to the best of my knowledge.
- ◆ I agree to the Council making enquiries to check the information I have given. This may mean contacting other Government agencies.
- ◆ I understand that if I give false information I may be prosecuted.

Signed

Date

Print name

For *company name*

Position held in company

Name of person completing this form

Registered address

Postcode

Company's official stamp

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Part 1: Chapter 1 Owner's Certificate

To the London Borough of Tower Hamlets

1 In connection with my application dated

for a Disabled Facilities Grant in respect of
Property address

Postcode

2 I **HEREBY CERTIFY** that I [have acquired]/[propose to acquire] a qualifying owner's interest in the dwelling.

3 I **INTEND** that the disabled occupant will live in the dwelling or flat as their only or main residence throughout the grant condition period or for such shorter period as their health or other relevant circumstances permit.

Signed

Date

Print name

Address

Postcode

Diversity monitoring - DETAILS OF TENANTS ONLY

It is important that you complete this page as the details are necessary to consider and process your grant.

Case no.

By law we must not discriminate against anyone. The information you give here helps us to make sure that we are fair and unbiased when delivering services. These details are confidential.

Gender Are they:

Male Female Transgender

Language

They speak English confidently Yes No

They can read English Yes No

They can write English Yes No

Your preferred language

What is their preferred spoken and written language? Please tick just one relevant box for the **written** option and one relevant box for the **spoken** option.

	Written	Spoken		Written	Spoken
Bangla	<input type="checkbox"/>	<input type="checkbox"/>	Sylheti	<input type="checkbox"/>	<input type="checkbox"/>
Cantonese	<input type="checkbox"/>	<input type="checkbox"/>	English	<input type="checkbox"/>	<input type="checkbox"/>
Somali	<input type="checkbox"/>	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>			

Other *please tell us*

Racial Group & Heritage Are they:

Asian or Asian British

Bangladeshi Chinese Indian
 Pakistani Vietnamese Other Asian

background *please tell us*

Black or Black British

African Somali
 Other African background *please tell us*

Caribbean
 Other Black background *please tell us*

Dual Heritage

Asian/Black Asian/White
 Black African/White Black Caribbean/White
 Other dual heritage *please tell us*

White

British Irish
 Other White background *please tell us*

Other Any other racial group? *please tell us*

Disability/Health Issues

Please tick any options that apply to them

Wheelchair user

Other mobility impairment

Hearing impairment

Sight impairment

Learning disability

Limiting long-term illness

Mental health issue

Drug and/or alcohol issue

Other *please tell us*

Optional Diversity Questions

We want to ensure we do not discriminate against anyone due to religion, faith or sexuality. We appreciate that you may not want to ask and they may not want to answer questions on these subjects. If you are happy to do so, to help us be fair and unbiased, please obtain answers the next two questions.

What is their religious belief or faith?

Buddhist Christian

Hindu Jewish

Muslim Sikh

No religion

Other *please tell us*

How would they define their sexual orientation?

Bisexual Gay

Heterosexual Lesbian

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Demographics of beneficiaries

White No. of people

British

Irish

Any other White background

Mixed No. of people

White & Asian

White & Black African

White & Black Caribbean

Any other mixed

Asian No. of people

Indian

Pakistani

Bangladeshi

Any other Asian background

Black No. of people

Caribbean

African

Any other Black

Chinese or Other No. of people

Chinese

Any Other

Not provided

Number of households assisted Units

Eligible vulnerable households

Non vulnerable households

Total number of households assisted

Number of vulnerable beneficiaries Units

On benefit and children in household

On benefit and older people in household

On benefit with long-term ill health or disability

On benefit and none of the above

Age of beneficiaries Units

Under 25

25-59

60+

Cost of service for which:

- materials;

- labour;

- owner's contribution;

- local authority contribution.