



2009-2010  
Positive engagement of older people  
2009-2010  
Preventing and tackling child poverty  
2003-2009  
Winner of 7 previous  
Beacon Awards



INVESTOR IN PEOPLE



London Borough of Tower Hamlets **Private Housing Improvement Team**

# Disabled Facilities Grant

Housing Grants, Construction and Regeneration Act, 1996

This form is for owners, owner-occupiers or tenants 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 owners, owner-occupiers or tenants 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.

**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.

Please return this form to:

LONDON BOROUGH OF TOWER HAMLETS  
PRIVATE HOUSING IMPROVEMENT TEAM  
MULBERRY PLACE (AH) PO BOX 55739  
5 CLOVE CRESCENT  
LONDON E14 1BY

If you are unsure how to answer any question please contact the Team: ☎ 020 7364 2531 or 020 7364 0819

## How the Grant will be calculated

The aim of the grant system is to provide financial help for disabled people who are least able to pay for the total cost of eligible works to their property.

All grant applicants will be subject to a means test. The means test is used to assess how much, if anything, you are able to contribute towards the cost of the works and is based upon your weekly income and savings. Any amount of grant received will be the difference between the amount you are assessed as being able to afford and the approved cost of the eligible works.

## How to complete parts 2-6 of this form

The means test will be calculated on the income of the disabled person and their immediate family i.e. partner, children (under 18). If the disabled person is a child, no means test is required if you are the owner. If you are the owner and not the disabled person or partner, you do not need to provide your financial information. However, you must complete "Section A" of the owners details and sign the application form.

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.

## 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 fahmida 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



Enter the address of the grant property  
(if different from above). Address

  
  
  
  
Postcode

Is the property:

- |  |  |
|--|--|
| <input type="checkbox"/> freehold?         | <input type="checkbox"/> Right-to-Buy leasehold? |
| <input type="checkbox"/> leasehold?        | <input type="checkbox"/> Right-to-Buy freehold?  |
| <input type="checkbox"/> private tenancy?  | <input type="checkbox"/> housing association?    |
| <input type="checkbox"/> Rent Act tenancy? | <input type="checkbox"/> Housing Choice tenant?  |

Is the property a:

- flat?     maisonette?     house?

Are the works to provide a disabled adaptation?

- Yes     No

## Section B - Details of disabled person

If you are not the disabled person, how is the disabled person related to you? e.g. mother, father, daughter, son etc.

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

Name

Disability

Date of birth

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

Have you already begun the works?

- Yes     No

Have you already finished the works?

- Yes     No

**Section C - Details of owner or owner occupier** Go to Section D if you are a tenant

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

Freehold

Yes  No

Leasehold (with at least 5 years to run)

Yes  No

If held jointly with others, please provide details:

Name

Address

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  No

Leasehold (with at least 5 years to run)

Yes  No

Please provide the details of joint applicants:

Name

Address

Phone number

Name

Address

Phone number

**Section D - Details of tenant only** Go to Section E if you are an owner

Are you the tenant of a house?

Yes  No

Are you a tenant of a flat in a building?

Yes  No

Which type of tenancy do you have:

introductory tenancy?

secure tenancy?

Service Occupancy?

regulated tenancy?

Assured tenancy?

Assured Shorthold tenancy?

Tenancy other than the above?

Do you (alone or jointly with others) propose to acquire the freehold of the property or a tenancy with at least 5 years to run?

Yes  No

If you are a joint tenant of the dwelling, please give the names and address of the other tenants

Name

Address

Name

Address

Please give the name address and telephone number of your landlord

Name

Address

Phone number

### Section E - All applicants to complete this section

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:

Will you or a member of your family carry out the works?

Yes  No

Would you like to claim for any expenses incurred in connection with your grant? i.e. occupational therapy fees etc.

Yes  No

If Yes, please give details:

**Section F**

	You	Your partner
Do you or your partner get Income Support, guaranteed pension credit, Jobseekers Allowance (income based)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes from when?	<input type="text"/>	<input type="text"/>
National Insurance Number	<input type="text"/>	<input type="text"/>
Are you or your partner registered blind?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or your partner long term sick or disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes please give dates:	From <input type="text"/> To <input type="text"/>	From <input type="text"/> To <input type="text"/>
Are you or your partner terminally ill?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or your partner have a vehicle from a mobility scheme?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or your partner get Disability Living Allowance or Attendance Allowance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes how much do you get?	Care <input type="text"/> £ Mobility <input type="text"/> £	Care <input type="text"/> £ Mobility <input type="text"/> £
Are you in hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes please tell us the date of admission:	<input type="text"/>	<input type="text"/>
Is anyone is claiming invalid care allowance for you/your partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes please give their details:	Name <input type="text"/>	
	Address <input type="text"/>	

**Proof Needed** If you get Income Support, Guarantee Credit or Jobseekers Allowance (income based), Disability Living Allowance or Attendance Allowance we must see proof of your claim at your present address. Please supply a photocopy of pages 1-3 of your benefit book.

**IF YOU LIVE ALONE GO STRAIGHT TO PART 5**

**Part 3** Financial information about children living with you

**Section G**

Do you or your partner have any dependant children, under the age of 19 living with you?

Yes     No

Please list all children living with you for whom you receive child benefit:

Family name	First names	Date of birth	Male/female	Name of school or place of work

Are any of your children blind or receiving Disability Living Allowance?     Yes     No

If Yes how much do they get?

Care    £

Mobility    £

Do any of your children own any land, property, business or have any capital whatsoever?

Yes     No

If Yes please state:

Child's name	Type of property	Current value

Do any of your children have savings of more than £5,000 or other investments?  Yes  No

If Yes how much? £

Do any of your children have their own income or works more than 16 hours per week?

Yes  No

If Yes please state:

Child's name	Type of work	Gross pay	How often paid

**Proof Needed** If any of your children have savings or are employed, please to provide a recent copy of a bank statement or two consecutive wages slips for the previous week's or month's employment.

## Part 4 Everyone else living with you

### Section H

Does anyone aged over 18 live with you?  Yes  No

If Yes please give details:

Family name	First name	Date of birth	Relationship to you	Total weekly income

Do any of the persons above receive Housing Benefit?  Yes  No

If Yes please give details:

Family name	First name	National Insurance Number



## Section J

	You	Your partner
How much do you or your partner earn before any deductions (i.e. before tax or insurance is deducted)?	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other Please specify <input type="text"/> <input type="text"/> £	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other Please specify <input type="text"/> <input type="text"/> £
How much tax do you pay?	<input type="text"/> £	<input type="text"/> £
How much National Insurance?	<input type="text"/> £	<input type="text"/> £
Do you receive the National Minimum wage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you earn less than the minimum wage, please state the reasons.	<input type="text"/>	<input type="text"/>
Are you or your partner self employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or your partner own any part of the company that employs you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have ticked Yes we will write to you for further information.

### Proof Needed

We **must** see proof of your earnings before we can process your form.

If you or your partner are working, we will need to see your last five weekly or two monthly pay slips for each job you have. If you or your partner are self employed please enclose your accounts for the 12 months immediately preceding this application.

## Section K

Do you or your partner get any pensions?  Yes  No

If you have ticked NO go to SECTION L, if YES then please give details below.

	You	Your partner
State Retirement Pension	£ <input type="text"/>	£ <input type="text"/>
Widows Pension	£ <input type="text"/>	£ <input type="text"/>
War Disability or War Widows Pension	£ <input type="text"/>	£ <input type="text"/>
Retirement Annuity	£ <input type="text"/>	£ <input type="text"/>
(1) Private Pension (e.g from previous employer)	£ <input type="text"/>	£ <input type="text"/>
(2) Private Pension (e.g from previous employer)	£ <input type="text"/>	£ <input type="text"/>
How often is your private pension paid? (e.g weekly, four weekly, monthly etc)	<input type="text"/>	<input type="text"/>
Please give the name of employer/company that pays the pension	<input type="text"/>	<input type="text"/>
Other pension payments whatsoever (e.g from abroad)	£ <input type="text"/>	£ <input type="text"/>
Savings Credit	£ <input type="text"/>	£ <input type="text"/>

### Proof Needed

We **must** see proof of your pension before we can process your form.

This can be a copy of the cover and the first two pages of your order book or a letter or two most recent pay statements from the people paying your pension.

Do **not** send pension books through the post.

## Section L

Do you or your partner get any benefits or allowances?  Yes  No

If you have ticked NO go to SECTION M, if YES then please give details below.

	You	Your partner
Bereavement Allowance	£	£
Carer's allowance	£	£
Child Benefit	£	£
Lone Parent Child Benefit	£	£
Child Tax Credit	£	£
Community Care Payment	£	£
Contribution Based Jobseekers allowance	£	£
Earnings top-up	£	£
Employment Support allowance	£	£
Incapacity benefit	£	£
Income- based Jobseekers Allowance	£	£
Income Support	£	£
Joint-claim jobseekers allowance	£	£
Joint Tax credit	£	£
Rehabilitation allowance	£	£
Severe Disablement allowance	£	£
Maternity Pay, Paternity pay, adoption pay	£	£
Statutory Sick pay	£	£
Widowed parents allowance	£	£
Working Tax Credit	£	£
Any other benefits	£	£

### Proof Needed

We **must** see proof of your benefits or allowances before we can process your form.

This can be a copy of the cover and the first two pages of your order book, or a letter, or two most recent pay statements from the people paying your pension. If you receive Working Tax Credit we must see a copy of your award letter.

Do **not** send original documents through the post.

## Section M

Do you or your partner get any of the following?

			Weekly amount
Adoption allowance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	£ <input type="text"/>
Annuities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	£ <input type="text"/>
Career development loan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	£ <input type="text"/>
Charitable income and voluntary payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No	£ <input type="text"/>
Government training allowance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	£ <input type="text"/>
Insurance payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No	£ <input type="text"/>
Maintenance from former partner(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	£ <input type="text"/>
Other scholarships and bursaries etc	<input type="checkbox"/> Yes	<input type="checkbox"/> No	£ <input type="text"/>
Contribution to a student grant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	£ <input type="text"/>
Student grant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	£ <input type="text"/>
Student loan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	£ <input type="text"/>
Youth training allowance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	£ <input type="text"/>
Any other income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	£ <input type="text"/>

If Yes then please give details:

### Proof Needed

We **must** see proof of your income before we can process your form. Please provide proof of any income that you have given details of in this section, for example a copy of recent bank statements showing the payments, court order, letter from the awarding body, etc.

Do **not** send original documents through the post.

## Section N - Savings

Do you or your partner have any savings?  Yes  No

### You

Do you have a bank or building society current account?

Yes  No

If Yes, how much?

Bank

£

Building society

£

Do you have a bank or building society deposit account?

Yes  No

If Yes, how much?

Bank

£

Building society

£

Do you have National Savings Certificates?

Yes  No

If Yes, issue number?

Do you have a Post Office account?

Yes  No

If Yes, how much?

£

Do you have Stocks, shares, unit trusts, Premium bonds, etc.

Yes  No

If Yes, how much?

£

Any other investments

Yes  No

If Yes, how much?

£

Details of investments

### Your partner

Yes  No

If Yes, how much?

Bank

£

Building society

£

Yes  No

If Yes, how much?

Bank

£

Building society

£

Yes  No

If Yes, issue number?

Yes  No

If Yes, how much?

£

Yes  No

If Yes, how much?

£

Yes  No

If Yes, how much?

£

Details of investments

**You**

**Your partner**

Do you or your partner own land?

Yes  No

Yes  No

Do you or your partner own property?

Yes  No

Yes  No

Do you or your partner have any other capital whatsoever?

Yes  No

Yes  No

If Yes to any of the above, please give details:

If Yes to any of the above, please give details:

Have you received any one-off payments during the past 12 months?

Yes  No

Yes  No

If Yes, please give details:

If Yes, please give details:

Have you received a payment after 1/2/2001 relating to imprisonment or internment by the Japanese during the Second World War?

Yes  No

Yes  No

If Yes, please give details:

If Yes, please give details:

Have you received any payment to compensate you for any events suffered during the Second World War?

Yes  No

Yes  No

If Yes, please give details:

If Yes, please give details:

Have you received any payment under the Armed Forces Compensation Scheme or War pension Scheme?

Yes  No

Yes  No

If Yes, please give details:

If Yes, please give details:

Have you, a partner or a member of your family received any vCJD trust payments?  Yes  No

If Yes, please give details:

**Proof Needed**

We must see proof of any information declared in Section N before we can process your form.

We must see copies of recent bank statements, pass books, savings certificates, premium bonds, shares, etc.

We must also see letters relating to any one off payments that have been awarded to you or your partner.

Do not send original documents through the post.

**Section O**

**You**

**Your partner**

Do you have any of your children under 16 looked after while you and your partner work?

Yes  No

Yes  No

Do you pay any money to a son/daughter aged under 25 years who is in higher education (college or university)?

Yes  No

Yes  No

If you have answered Yes to either of these questions we will write to you for further information.

## Checklist

Before you return this form please make sure that you have:

1. answered all the questions that apply to you;
2. signed the form (please read the declaration carefully first);
3. if you are the owner of the property and not the disabled person, please sign in the "Owners signature" box at the bottom of this form and also sign the owners certificate;
4. if you are the disabled person and you and your partner have completed the means test, please sign the form marked "disabled applicant" and/or "partners signature";
5. enclosed all the proof asked for.

If you do not provide the proof required it will slow down your application

## Part 7 Declaration Please read carefully

- I declare that the information I have given is correct and complete, to the best of my knowledge and belief.
- I authorise the Council making enquiries to check the information I have given. This may mean contacting other Government agencies, my employer, or my accountant if I am self-employed.
- I understand that if I give false information, or knowingly leave out information I may be prosecuted.
- I authorise the Occupational Therapy Service to provide the Private Housing Improvement Team with any information on my disability/condition considered necessary to enable the determination of this grant application.

This authority is under a duty to protect the public funds it administers, therefore it may use the information provided by you in this form for the prevention and detection of fraud. It may also share this information with other bodies administering public funds.

I give my consent for the disabled works being carried out to my property.

Owner's signature

Date

I/We agree that the financial information provided in this form is correct.

Disabled applicant's signature

Date

Partner's signature

Date

## Part1: 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] or [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 [my] [their] health or other relevant circumstances permit.

Signed

Date

Print name

Address

Postcode



## Diversity monitoring

By law, we must not discriminate against anyone. The information that you give here helps us to make sure that we are fair and unbiased. These details are confidential and will not be used to assess your priority for housing. Please tell us about how you think of yourself:

### Gender

Are you:

Female?       Male?

### Ethnicity

Are you:

#### Asian

Bangladeshi       Chinese  
 Indian       Pakistani  
 Vietnamese

Other Asian background (specify)

#### Black

Caribbean  
 African  
 Somali       Other African

Other black background (specify)

#### Mixed/Dual Heritage

White & Asian  
 White & Black African  
 White & Black Caribbean

Other Mixed background (specify)

#### White

English       Irish  
 Scottish       Welsh

Other White background (specify)

### Disability

Do you consider yourself to be a disabled person?

Under the Disability Discrimination Act 1995 a person is considered to have a disability if he/she has a physical or mental impairment which has a sustained and long-term adverse effect on his/her ability to carry out normal day to day activities.

No       Yes

### Sexual Orientation

How would you define your sexual orientation?

Bisexual       Heterosexual  
 Gay       Lesbian

### Age

Date of birth

Or alternatively, the following age banding

0-4       5-11  
 12-19       20-25  
 26-34       35-43  
 44-52       53-59  
 60-64       65+

### Religion/Belief

What is your religious belief?

Buddhist       Christian  
 Hindu       Jewish  
 Muslim       Sikh  
 No Religion

Other religious beliefs (specify)

The information which you provide on this form will be kept in accordance with the Data Protection Act 1998 and used for the purposes of monitoring.