|  |
| --- |
| **PROVISIONAL TEST OF RESOURCES**  **ENQUIRY FORM** |
| Disabled Facilities Grants, Eastleigh Borough Council  Eastleigh House, Upper Market Street, SO50 9YN |
| If you have already had an OT assigned to you or carry out an assessment, please provide their details below. If not, please also consider completing our separate OT enquiry form:  OT Name:……………………………………………………………………………………………………  OT Telephone Number:……………………………………………………………………………………  OT Email: …………………………………………………………………………………………………… |
| PLEASE NOTE: Please complete all questions of this enquiry form including details of the works you wish to carry out, in order that your entitlement may be assessed at an early stage.  Please note: The outcome of this provisional assessment is only as accurate as the information you provide on this form.  The completed enquiry form should be returned to **the above address**, and you/your OT will be notified of the outcome in writing. |
| 1. Full name of applicant(s): |
| 1. Address of property for which financial assistance is required:   …………….………………………………………………………………….…………………………..  ………………………………………………………………….…….……Post Code ………………..  Contact Details: Home Phone…………………….………………………………  Work Phone………… ………………………………………….  Mobile ……………………………………………………………  Email:……………………………………………………………… |
| 1. Your home address if different from above:   ………………………………………………………………….…………………………………………  ……………………………………………………………...………………Post Code ……………….. |
| 1. In respect of the property to be improved are you at present or will you be?   □ Owner Occupier □ Landlord  □ Private Tenant □ Housing Association Tenant  □ Other - Please state nature of tenancy…………………….………..……………………………….. |
| 1. Is the property in multiple occupation? Yes / No   (i.e. bedsits, flatlets, student accommodation etc.) |
| 1. Is the applicant registered blind? Yes / No |
| 1. Please list works which are required:   ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………… |
| 1. Please list the names of **all** occupants and their dates of birth and their relationship to you:   ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
| 1. Are you or your partner in receipt of:  * Income Support Yes / No * Guaranteed Pension Credit Yes / No * Job Seekers Allowance Yes / No * Universal Credit Yes / No * Employment Support Allowance Yes / No   If yes, is this □ Income related ESA  □ Contribution based ESA   * Housing Benefit Yes / No   If yes, EBC Ref. No…………………………………   * Council Tax Benefit Yes / No   If yes, EBC Ref. No………………………………….  Are you in receipt of any other benefits?  e.g. Attendance Allowance, Disability Living Allowance, Incapacity Benefit, Carers Allowance  Type ………………………………….. Amount per week £ …………….  Type ………………………………….. Amount per week £ …………….  Type ………………………………….. Amount per week £ …………….  Type ………………………………….. Amount per week £ …………….   * Working Tax Credit Yes / No   Amount per week …………………… Date awarded ………………… |
| 1. Are you or your partner in receipt of Working or Child Tax Credit?  * Working Tax Credit Yes / No   Amount per week …………………… Date awarded …………………   * Child Tax Credit Yes / No   Amount per week ………………………Date of award……………………  If yes to *either* above Tax Credit, please give the figure HMRC have used as your annual income to assess your entitlement – this will be in the award letter  £…………..………………..  If receiving Working Tax Credit:  Does it include the addition awarded when working 30 or more hours per week? Yes / No  Does it include the addition for an Adult Disability Element?  Yes / No |
| 1. Are you a disabled person? Yes / No   Are you registered with Social Services as a disabled person? Yes / No  Is there any other disabled person living in the property Yes / No  If yes, please state:    Name: ………………………………………… Age ……………  Relationship to applicant: ………………………………………  Is this disabled person registered with Social Services? Yes / No  If **you** are a disabled person, are the proposed works necessary  to allow you to continue to live in the property? Yes / No  Are the proposed works necessary to allow **another** person who  is disabled to continue to live in the property? Yes / No  Are you a single parent Yes / No  If so, were you a single parent on 5th April 1998 and  have you been continually since then? Yes / No |
| 1. If you or your partner are working what is your / your partner’s average income, including overtime?   **Applicant** **Partner**  Occupation/Job Title ……………………… ……..…………………  How often paid ……………………… ……..…………………  Gross pay ……………………… ……..…………………  Income tax ……………………… ……..…………………  N.I. contribution ……………………… ……..…………………  Occupational/personal pension  Scheme contributions ……………………… ……..…………………  Average hours worked per week. ……………………… ……..………………… |
| **Other Income**   1. Do you or your partner receive any other income?   e.g. maintenance, income from shares/bonds/annuities. Yes / No  If yes, please detail below. Include **all** pensions (state or otherwise) received:    **INCOME TYPE INCOME AMOUNT** (circle per wk or mnth)  Type: ………………………………… Amount £ …………………… wk / mnth  Type: ………………………………… Amount £ …………………… wk / mnth  Type: ………………………………… Amount £ …………………… wk / mnth  Type: ……………………………….... Amount £ …………………… wk / mnth  Type: ……………………………….... Amount £ …………………… wk / mnth  Type: ……………………………….... Amount £ …………………… wk / mnth |

|  |
| --- |
| **Savings and Investments**   1. Do you or your partner have any bank and building society accounts, cash savings, annuities, bonds, stocks, shares, unit trusts, ISA’s or other investments?   Yes / No  If yes, please list below  **You: account name current balance**  Type: …………………………… Amount £ ……………………..  Type: …………………………… Amount £ ……………………..  Type: …………………………… Amount £ ……………………..  Type: …………………………… Amount £ ……………………..  Type: …………………………… Amount £ ……………………..  **Your Partner: account name current balance**  Type: …………………………… Amount £ ……………………..  Type: …………………………… Amount £ ……………………..  Type: …………………………… Amount £ ……………………..  Type: …………………………… Amount £ ……………………..  Type: …………………………… Amount £ ……………………..  If either of you have further accounts, please list on a separate sheet and send in with this form. |
| **IMPORTANT – PLEASE NOTE**   1. This is a Financial Assistance Enquiry Form only. 2. The completion of this form does not constitute an application or imply that any financial assistance will be given. 3. No work must start prior to formal approval of financial assistance unless you have received written consent, or unless you are required by statutory notice to carry out the works. 4. You are advised that certain information provided by you may be used for Council Tax purposes. The information is limited to name(s), address(es) and date(s) of residence. 5. Eastleigh Borough Council are committed to your privacy.  We will use the information on this form to undertake a provisional financial assessment.   Please refer to our full Privacy Notice at [www.eastleigh.gov.uk/privacy](http://www.eastleigh.gov.uk/privacy) |
| **AUTHORISATION**  **For persons receiving certain income-related benefits**   1. If you receive Income Support or an income-based Jobseeker’s Allowance it may be possible for the Council to process your application more quickly if you give permission for your local Department of Social Security office to confirm this fact. If you wish to do this, please complete the authorisation below. If not, go to the Declaration.   I authorise the Department of Work & Pensions to confirm on request by the Council that I now receive Income Support/Jobseeker’s Allowance\*.  Name: ………………………………………………………………………………  National Insurance number: …….……………………………………………….  Signature: ………………………………………Date…………….…….……….  Name in block capitals …………………………………………………………..   1. If you receive Housing Benefit (HB) or Council Tax Benefit (CTB), but not Income Support or an income-based Jobseeker’s Allowance, it may be possible for the Council to process your application more quickly if you give permission for them to refer to your HB or CTB records. They can only do this with your consent. If you are content for the Council to refer to your existing HB or CTB records, please sign the authorisation below.   For the purpose of this application, I give my consent to the Council to refer to my Housing Benefit/Council Tax Benefit\* records.  Name:…………………………………………………………………..  HB/CTB\* reference, if known: ………………………………………..  Signature: ………………………………Date………………………...  Name in capitals………………………………………………………  \**Please delete as appropriate* |
| **DECLARATION**  I declare that the information I have given is, to the best of my knowledge  and belief, true in every respect. I fully understand that if false information is  given this will result in my enquiry being cancelled or court proceedings  possibly being taken to recover any payments made.  Signed: ………………………………………..Date: …………………………    Print Name: ……………………………………………………………………..  Signed : Partner/Spouse: ………………………………Date: ……………….    Print Name: ……………………………………………… |