

Reference (for official use only)

DISABLED FACILITIES GRANT - PROVISIONAL TEST OF RESOURCES

Contact information

If you have any queries about this form or are unsure how to answer any of the questions, or for any other information about grants, please contact

Name:	Test Valley Home Improvement Agency
Address:	Private Sector Housing Team, Housing and Environmental Health, Test Valley Borough Council, Beech Hurst, Weyhill Road, Andover SP10 3AJ
Telephone:	0800 8491 334 or 01264 368
Email:	tvhia@cfnf.org.uk or phousing@testvalley.gov.uk

Please return your completed form to the address above.

How we collect and use information

We will use the information supplied in this form for the purposes of administering Disabled Facilities Grants or other financial assistance relevant to your property. Information may be shared with other agencies such as Test Valley Home Improvement Agency or Hampshire County Council who are also involved in the Disabled Facilities Grants process. Your contact details may be shared with contractors who may be carrying out the work relevant to your application. Your financial information is not passed on to any other organisation or used for any other purpose.

Test Valley Borough Council is required by law to protect the public funds it administers. It may share information provided to it with other bodies responsible for auditing or administering public funds, or where undertaking a public function, in order to prevent and detect fraud.

DISABLED FACILITIES GRANT - PROVISIONAL TEST OF RESOURCES

This is a **provisional assessment only**, and is not an application for grant. The information from this form will be used to conduct a means-test to assess the likelihood of you receiving assistance under the grant scheme.

Please tick boxes where appropriate.

If there is insufficient space on the form to fill in all the required information, please continue on a separate sheet.

When you have completed this form, please send it to the address given on the front page, or as directed in any covering letter.

The following table provides Attendance Allowance (AA), Disability Living Allowance (DLA), and Personal Independence Payment (PIP) rates, which may be helpful for answering **Questions 9, 11 and 14**.

Current (2016/17) care/daily living rates for AA/DLA/PIP are as follows (all figures weekly):

<i>DLA Care Low Rate</i>	<i>£21.80 (usually paid as £87.20 4-weekly)</i>
<i>DLA Care Medium Rate / Low Rate AA / PIP Daily Living Standard Rate</i>	<i>£55.10 (usually paid as £220.40 4-weekly)</i>
<i>DLA Care High Rate / High Rate AA / PIP Daily Living Enhanced Rate</i>	<i>£82.30 (usually paid as £329.20 4-weekly)</i>

DLA and PIP awards may also include a mobility element:

<i>DLA Mobility Low Rate / PIP Mobility Standard Rate</i>	<i>£21.80 (usually paid as £87.20 4-weekly)</i>
<i>DLA Mobility High rate / PIP Mobility Enhanced Rate</i>	<i>£57.45 (usually paid as £229.80 4-weekly)</i>

Preliminary DFG Application

Addresses and other preliminary information

*The following questions relate to the **applicant**. The applicant must be aged over 18, and have an owner's or tenant's interest in the property where the works are to be carried out. The applicant may not be the disabled person for whom the works are being carried out.*

1	Applicant's
	Title: Mr/Mrs/Miss/Ms/Other (please specify)
	First name(s):
	Last name:
(continued on next page)	

Address 1:											
Address 2:											
Town/City:						Postcode:					
Telephone numbers: (home)											
(work)											
(mobile)											
Email:											
Date of birth:		DD			MM			YYYY			

2 I am **not** a “person from abroad” and am therefore entitled to make an application for a grant.

YES NO

A “person from abroad” is someone who is either not habitually resident in the United Kingdom, or who is living here but lives here with a restriction on their immigration status which means they must not receive help from public funds such as this grant. If you are unsure, discuss your situation with the council, or with whoever is advising you about your immigration and residence status.

3 Are you an Owner/occupier Tenant

If you are a tenant, who is the owner of the property?

First name(s):

Last name:

Address of the Property where works are to be carried out (if different):

Address 1:

Address 2:

Town/City:

Postcode:

4	Please give a brief description of works to be carried out:	
Please give an approximate cost (if known):		£

The following questions relate to the **disabled person** (and their partner, if applicable) for whom the adaptations are required.

5	Please give details for yourself (if you are not the person named in Question 1) and for your partner (if applicable).											
You:												
Title:		Mr/Mrs/Miss/Ms/Other (please specify)										
First name(s):												
Last name:												
Date of birth:		DD			MM			YYYY				
National Insurance Number:												
Your partner:												
Title:		Mr/Mrs/Miss/Ms/Other (please specify)										
First name(s):												
Last name:												
Date of birth:		DD			MM			YYYY				
National Insurance Number:												

6 Is the grant for a disabled child or disabled dependant young person?

A child is someone under the age of 16. A dependant young person is someone under the age of 20 for whom Child Benefit is payable, i.e. s/he does not work or claim benefits in his/her own right.

YES NO

If you have ticked **YES**, you will qualify automatically for a mandatory grant without the requirement for a means test. Please proceed straight to the **Declaration** at the end of this form.

7 Do you (or your partner, if any) receive any of the following:

- Universal Credit
- Income Support
- Income-related Employment and Support Allowance
not contribution-based ESA alone
- Income-based Jobseeker's Allowance
not contribution-based JSA alone
- Guarantee Pension Credit
not Savings Pension Credit alone
- Working Tax Credit and/or Child Tax Credit (where your annual income for the purposes of the tax credits assessment was **below** £15,050)
- Housing Benefit

If you have ticked any of the boxes above, you will qualify automatically for a mandatory grant without the requirement for a means test. Please proceed straight to the **Declaration** at the end of this form.

8 Do you/your partner (if any) receive Council Tax Support/Council Tax Reduction?

YES NO

Please note that receipt of this benefit does **not** currently qualify you automatically for a mandatory grant.

9	Are you or your partner in receipt of		You	Partner
	Attendance Allowance*		<input type="checkbox"/>	<input type="checkbox"/>
	Disability Living Allowance Medium Care*		<input type="checkbox"/>	<input type="checkbox"/>
	Disability Living Allowance High Care*		<input type="checkbox"/>	<input type="checkbox"/>
	Other Disability Living Allowance* <i>i.e. Low Care component, any Mobility component</i>		<input type="checkbox"/>	<input type="checkbox"/>
	Personal Independence Payment Daily Living Enhanced Rate*		<input type="checkbox"/>	<input type="checkbox"/>
	Personal Independence Payment Daily Living Standard Rate*		<input type="checkbox"/>	<input type="checkbox"/>
	Personal Independence Payment Mobility (at either rate)*		<input type="checkbox"/>	<input type="checkbox"/>
	Carer's Allowance <i>This also includes where you have met the qualifying conditions for Carer's Allowance and have made a claim, but been turned down because you and/or your partner receive an "overlapping benefit," e.g. Retirement Pension.</i>		<input type="checkbox"/>	<input type="checkbox"/>
	Are you/your partner a hospital in-patient?		<input type="checkbox"/>	<input type="checkbox"/>
	If so, have you/your partner ceased receiving Attendance Allowance / Disability Living Allowance / Personal Independence Payment as a result of the stay in hospital?		<input type="checkbox"/>	<input type="checkbox"/>
	Are you registered blind?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Does someone receive Carer's Allowance for looking after you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Is your partner registered blind?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Does someone receive Carer's Allowance for looking after your partner?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		

* Please refer to the notes at the beginning of this form for a table of Attendance Allowance, Disability Living Allowance and Personal Independence Payment rates.

10	Are you or your partner students?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	If YES , please state the amount of Grant and/or Student Loan received:		
Grant	£ <input type="text"/>	Loan	£ <input type="text"/>

11 Please give details of all children and dependant young people

A child is someone under the age of 16. A dependant young person is someone under the age of 20 for whom Child Benefit is payable, i.e. s/he does not work or claim benefits in his/her own right.

First name(s):

Last name:

Date of birth:	DD			MM			YYYY			
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In receipt of Disability Living Allowance (DLA)* or Personal Independence Payment (PIP)*

DLA Medium Care/PIP Daily Living Standard Rate

DLA High Care/PIP Daily Living Enhanced Rate

Other DLA/PIP

Is this person registered blind?

YES

NO

Is there an award of Child Benefit for this person?

YES

NO

First name(s):

Last name:

Date of birth:	DD			MM			YYYY			
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In receipt of Disability Living Allowance (DLA)* or Personal Independence Payment (PIP)*

DLA Medium Care/PIP Daily Living Standard Rate

DLA High Care/PIP Daily Living Enhanced Rate

Other DLA/PIP

Is this person registered blind?

YES

NO

Is there an award of Child Benefit for this person?

YES

NO

First name(s):

Last name:

Date of birth:	DD			MM			YYYY			
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In receipt of Disability Living Allowance (DLA)* or Personal Independence Payment (PIP)*

DLA Medium Care/PIP Daily Living Standard Rate

DLA High Care/PIP Daily Living Enhanced Rate

Other DLA/PIP

(continued on next page)

Is this person registered blind?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Is there an award of Child Benefit for this person?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
First name(s):				
Last name:				
Date of birth:	DD		MM	YYYY
In receipt of Disability Living Allowance (DLA)* or Personal Independence Payment (PIP)*				
<input type="checkbox"/>	DLA Medium Care/PIP Daily Living Standard Rate			
<input type="checkbox"/>	DLA High Care/PIP Daily Living Enhanced Rate		<input type="checkbox"/>	Other DLA/PIP
Is this person registered blind?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Is there an award of Child Benefit for this person?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

* Please refer to the notes at the beginning of this form for a table of Disability Living Allowance and Personal Independence Payment rates.

12 Please give details of anyone else who lives in the house
A person is a boarder/lodger where their rent includes meals.

First name(s):				
Last name:				
Are they:	<input type="checkbox"/>	Joint owner/Joint tenant		
	<input type="checkbox"/>	Sub-tenant	Please state weekly rent	£
	<input type="checkbox"/>	Boarder/Lodger	Please state weekly rent	£
First name(s):				
Last name:				
Are they:	<input type="checkbox"/>	Joint owner/Joint tenant		
	<input type="checkbox"/>	Sub-tenant	Please state weekly rent	£
	<input type="checkbox"/>	Boarder/Lodger	Please state weekly rent	£

(continued on next page)

First name(s):			
Last name:			
Are they:	<input type="checkbox"/>	Joint owner/Joint tenant	
	<input type="checkbox"/>	Sub-tenant	Please state weekly rent
			£
	<input type="checkbox"/>	Boarder/Lodger	Please state weekly rent
			£

Income

Employment

13 Are you or your partner in paid employment?

You Partner

Please give amount and period covered (week / month /year) for the following:

	You		Partner	
	Amount	Period	Amount	Period
Hours of work per week		wk		wk
Gross income	£		£	
Income tax	£		£	
National Insurance	£		£	
Pension contributions	£		£	

Are you or your partner self-employed?

You Partner

(continued on next page)

Please give approximate net profit from self-employment for the last 12 months

You

£

Partner

£

Is any of your income from Territorial Army/Fire/Lifeboat/Coastguard pay?

You Partner

Is any of your income from Childminding?

You Partner

Do you pay childcare costs for care provided for any child in the family who is aged 15 or under (16 or under if disabled)

YES NO

If YES, please give amount paid **per week**

£

Pension income

14 Please give details of any pensions that you or your partner receive, and period covered (week / 4-week / month / year). If you receive Attendance Allowance (AA) or Disability Living Allowance (DLA) which is paid as part of your pension, please **do not** include the AA/DLA amount in your pension figure.*

Pension type/name	You		Partner	
	Amount	Period	Amount	Period
State Retirement Pension	£		£	
Occupational Pension	£		£	
Private Pension	£		£	
Other Pension	£		£	
Other Pension	£		£	

* Please refer to the notes at the beginning of this form for a table of AA/DLA rates.

Other income

15 Please give details of any of the following that you or your partner receive, and period covered (week / 4-week / month / year):

	You		Partner	
	Amount	Period	Amount	Period
Carer's Allowance	£		£	
Statutory Sick Pay	£		£	
Statutory Maternity Pay	£		£	
Statutory Paternity Pay	£		£	
Statutory Adoption Pay	£		£	
Widow's Pension	£		£	
War Widow's Pension	£		£	
War Disablement Pension	£		£	
Armed Forces Independence Payment	£		£	
Maintenance payments	£		£	
Savings Pension Credit	£		£	
Industrial Injuries Disablement Benefit	£		£	
Severe Disablement Allowance	£		£	
Incapacity Benefit	£		£	
Contribution-related Employment and Support Allowance	£		£	
Contribution-based Jobseeker's Allowance	£		£	
Any other income	£		£	

Capital

16 Please give details of any of capital held by you or your partner

By "capital" we mean any sort of assets or savings which belong to **you and to your partner** (if any). **Do not** include your home or personal possessions.

Savings - please indicate type - e.g. cash, bank and building society accounts, Post Office accounts (including current accounts) - and value.

	£
	£
	£
	£
	£

Investments - please indicate type (e.g. investments, unit trusts, ISAs, premium bonds, savings certificates, bonds, stock and shares) and value. Please indicate the number of shares held where possible.

	£
	£
	£
	£
	£

Other capital - please indicate type (e.g. holiday home) and value.

	£
	£
	£
	£
	£

DECLARATION

The Council may wish to investigate or formally verify any information provided in this application. Please be aware that if you knowingly make a false statement you may be liable to prosecution.

I/We declare that to the best of my/our knowledge and belief that the information provided above is correct.

Signature:

Print name:

Date:

Signature:

Print name:

Date: