

Please complete all sections of this form and sign the document on the last page. This is not a formal grant application. If this is a child's application, do not complete sections 3, 4, 5, 6, 7, 8 and 9

1 Application Details

| Applicant | | | |
|--|--|---------------|--|
| Mr/Mrs/Miss/Ms | | Initials | |
| Last name | | Date of birth | |
| National Insurance No: | | | |
| Name of spouse/partner | | | |
| Mr/Mrs/Miss/Ms | | Initials | |
| Last name | | Date of birth | |
| National Insurance No: | | | |
| Name of disabled person for whom works are to be carried out if different from above:- | | | |
| | | Age | |
| Address of property at which works are to be carried out | | | |
| | | | |
| | | | |
| | | | |
| Contact telephone number or mobile number | | | |
| Contact details for access, if different from above ie relative | | | |
| | | | |
| | | | |
| GP Name and Address | | | |

| Are you the | | | |
|-----------------------------|-----|--------------------------|-----------------------------|
| Owner | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| Private tenant | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| Housing association tenant | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| Name of Housing Association | | | |

| | | | | |
|--|-----|--------------------------|----|--------------------------|
| Have you or your spouse ever served in the armed forces (including during the war) for more than one day | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|--|-----|--------------------------|----|--------------------------|

| If you own the property, please specify how long you have lived in the property? | | | |
|--|-----|--------------------------|-----------------------------|
| Is there a mortgage on the property? | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |

| | | | | |
|---|-----|--------------------------|----|--------------------------|
| Please provide all the names of the Deeds and the Mortgage Company | | | | |
| | | | | |
| Is there an Equity Release Loan on the property? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Please provide details of the Equity Release Loan Company | | | | |
| | | | | |

| |
|---|
| Please provide any details of existing conditions or disabilities (eg how long have you had the condition? what medication do you take?) |
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|--|
| Describe briefly the works you wish to be carried out |
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| |
| |
| |
| How will this help you? |
| |
| |
| |
| |

2 Benefits

| | | | | | | | | |
|---|------------|--------------------------|----|--------------------------|----------------|--------------------------|----|--------------------------|
| Please tick if either you or your partner is receiving any of the following allowances or benefits and provide us with a copy of your latest Benefits letter. If you answer yes to this question please proceed to Section 11. Declaration otherwise continue to question 3. | | | | | | | | |
| | You | | | | Partner | | | |
| Income Support | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Income based Jobseekers Allowance | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Working Tax Credit | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Child Tax Credit | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Council Tax Benefit (means tested) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Housing Tax Benefit | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Guaranteed Pension Credit | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

3 Disability Benefits

| | | | | | | | | | | |
|--|------|--------------------------|-----|--------------------------|------|--------------------------|-----|--------------------------|---|---|
| Registered blind | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | |
| Disability Living Allowance | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | |
| <i>If yes, please specify the amount</i> | £ | | | | £ | | | | | |
| Reference to Disability Living Allowance, please specify which rate you receive | | | | | | | | | | |
| Care | High | Med | Low | High | Med | Low | | | | |
| Mobility | High | | Low | | High | | Low | | | |
| Attendance Allowance | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | |
| <i>If yes, please specify the amount</i> | £ | | | | £ | | | | | |
| Severe Disablement Allowance | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | |
| <i>If yes, please specify the amount</i> | £ | | | | £ | | | | | |
| Long Term Incapacity Benefit | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | |
| <i>If yes, please specify the amount</i> | £ | | | | £ | | | | | |
| Carers Allowance | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | |
| <i>If yes, please specify the amount</i> | £ | | | | £ | | | | | |
| Mobility Supplement | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | |
| <i>If yes, please specify the amount</i> | £ | | | | £ | | | | | |
| Unable to work for at least 52 weeks | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | |
| Have a motability car | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | |
| Invalidity Pension | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | |
| <i>If yes, please specify amount and how often paid ie W=Weekly, M=Monthly or Y=Yearly</i> | £ | | W | F | M | £ | | W | F | M |

4 Employment

| | | | | | | | | | | |
|--|------------|--|---|---|---|----------------|--|---|---|---|
| If either you or your partner are currently in paid employment, please give details for the last 12 months and specify if these are paid W=Weekly, M=Monthly or Y=Yearly. | | | | | | | | | | |
| * If you are self-employed, please complete each section in full | | | | | | | | | | |
| | You | | | | | Partner | | | | |
| Average hours worked | | | | | | | | | | |
| Gross pay | £ | | W | M | Y | £ | | W | M | Y |
| Tax | £ | | W | M | Y | £ | | W | M | Y |
| National Insurance contribution | £ | | W | M | Y | £ | | W | M | Y |
| Pension payments | £ | | W | M | Y | £ | | W | M | Y |

| | | | | |
|--|-----|--------------------------|----|--------------------------|
| Do you or your partner receive any income from other sources including charitable or voluntary organisations? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If yes, please give details | | | | |
| | | | | |

5 Pension Details

| If you or your partner are currently receiving a pension, please give details and indicate how often this is paid, ie W=Weekly, F=Fortnightly, M=Monthly | | | | | | | | | | |
|--|-----|--|---|---|---|---------|--|---|---|---|
| | You | | | | | Partner | | | | |
| State Retirement pension | £ | | W | F | M | £ | | W | F | M |
| Occupational pension | £ | | W | F | M | £ | | W | F | M |
| War Widows pension or War Disablement pension | £ | | W | F | M | £ | | W | F | M |
| Widows pension | £ | | W | F | M | £ | | W | F | M |
| Pension Credit | £ | | W | F | M | £ | | W | F | M |
| Do you pay into a private pension plan? | £ | | W | F | M | £ | | W | F | M |

6 Other Income

| Please indicate if you receive any of the following benefits. Please give amounts and indicate how often these are paid, ie W=Weekly, F=Fortnightly, M=Monthly | | | | | | | | | | |
|--|-----|--|---|---|---|---------|--|---|---|---|
| | You | | | | | Partner | | | | |
| Statutory Sick pay | £ | | W | F | M | £ | | W | F | M |
| Statutory Maternity pay | £ | | W | F | M | £ | | W | F | M |
| Pension credit | £ | | W | F | M | £ | | W | F | M |
| Lone Parent benefit | £ | | W | F | M | £ | | W | F | M |
| Child benefit | £ | | W | F | M | £ | | W | F | M |
| Disabled Persons Tax credit | £ | | W | F | M | £ | | W | F | M |
| Any other benefits | £ | | W | F | M | £ | | W | F | M |

7 Dependents

| Please give details of any dependents that are living in the property. Please indicate their date of birth. Please give details of any Child Benefit and any savings, allowances or incomes they are receiving. | | | | | | | | | | |
|---|------|---------------|--------------------------|--------------------------|----|--------------------------|---|--|--|--|
| | Name | Date of Birth | Benefit/Allowance/Income | | | | | | | |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| Do you or your partner receive maintenance in respect of a former partner or child? | | | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | | |
| If yes, please state amount and how often paid | | | £ | | W | F | M | | | |

8 Non Dependents

| Please give details of all other adults that live in the property | | | | | |
|---|------|-----|--------------------------|----|--------------------------|
| | Name | Age | Relationship | | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| Do any of the adults mentioned above pay rent? | | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If yes, please state amount and how often paid | | | | | |
| | | £ | | W | F M |
| | | £ | | W | F M |

9 Students

| | | | | |
|---|-----|--------------------------|----|--------------------------|
| Do you or your partner pay any contributions to a student grant or a student loan for a son, daughter or partner in a full-time higher education? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If yes, please state amount and how often paid | | | | |
| | £ | | W | F M |

10 Capital and savings

| Please give details of all capital and savings. Please specify the exact amounts held in all accounts. | | | | |
|--|-----|--|---------|--|
| Type of account | You | | Partner | |
| Current account / Cash | £ | | £ | |
| Savings / Deposit account | £ | | £ | |
| Building Society account | £ | | £ | |
| Post Office | £ | | £ | |
| Shares / Stocks / Unit Trusts | £ | | £ | |
| Investments / ISAs | £ | | £ | |
| Premium Bonds | £ | | £ | |
| Other | £ | | £ | |

NOTE: If your enquiry progresses to the formal application stage and you have not stated in full your income and savings on this enquiry form, should your new means test give a different contribution figure (especially an amount exceeding the cost of the works) you may be liable to pay any surveyors fees that may have been incurred.

11 Declaration

| | | | |
|---|--|-------------|--|
| I declare that to the best of my knowledge, the information I have provided is accurate and correct. | | | |
| Signed | | Date | |

| | | | |
|---|--|-------------|--|
| I give my consent to Epsom & Ewell Borough Council to refer to information provided by me for the purpose of my application(s) for Housing / Council Tax benefit and Land Registry enquiries to provide proof of Ownership. Council Tax / Housing Benefit Number:..... | | | |
| Signed | | Date | |

Please send this form to:
Grants and Licensing Team
Epsom & Ewell Borough Council
Town Hall, The Parade
Epsom, Surrey, KT18 5BY

Equal Opportunities

As part of its Best Value Policy, Epsom & Ewell Borough Council is required by Law to collect data on ethnicity. We would therefore be grateful if you could complete the following questionnaire and return it with your Grant Enquiry Form.

This information will be used to assist the Grants Section in the monitoring of its performance in relation to Equal Opportunities. All information will be treated with the strictest confidence and protected by the Data Protection Act 1998.

Please answer the question by placing a tick in the appropriate box as follows:

| |
|---|
| How would you describe your racial or cultural origin? |
|---|

| | | | | | |
|--------------|--------------------------|-------|--------------------------|-------------|--------------------------|
| White | | | | | |
| British | <input type="checkbox"/> | Irish | <input type="checkbox"/> | Other White | <input type="checkbox"/> |

| | | | | | |
|-------------------------------|--------------------------|---------------|--------------------------|-------------|--------------------------|
| Black or Black British | | | | | |
| Black Caribbean | <input type="checkbox"/> | Black African | <input type="checkbox"/> | Other Black | <input type="checkbox"/> |

| | | | | | |
|---------------------------|--------------------------|-------------------------|--------------------------|-----------------|--------------------------|
| Mixed | | | | | |
| White and Black Caribbean | <input type="checkbox"/> | White and Black African | <input type="checkbox"/> | White and Asian | <input type="checkbox"/> |
| Other mixed | <input type="checkbox"/> | | | | |

| | | | | | |
|-------------------------------|--------------------------|-----------|--------------------------|-------------|--------------------------|
| Asian or Asian British | | | | | |
| Indian | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> |
| Other Asian | <input type="checkbox"/> | | | | |

| | | | | | |
|--------------------------------------|--------------------------|--------------------|--------------------------|------------|--------------------------|
| Chinese or other Ethnic Group | | | | | |
| Chinese | <input type="checkbox"/> | Other Ethnic Group | <input type="checkbox"/> | Don't know | <input type="checkbox"/> |