

**THE REGULATORY REFORM (HOUSING ASSISTANCE)  
 (ENGLAND AND WALES) ORDER 2002**

**APPLICATION FOR SMALL WORKS ASSISTANCE**  
**NB GRANTS OVER £500 WILL BE REPAYABLE ON THE SALE OF THE PROPERTY**

*Please tick boxes as appropriate throughout this form*

**PART I**

1. Please give the following details:

Applicant's Name: .....

Title: Mr / Mrs / Miss / Ms / Other / (please specify) .....

Address: .....

.....

Telephone number(s): (home) ..... (work) .....

2. Applicant's date of birth: .....

3. Do you live in the property as your only or main residence? Yes  No

4. (a) Do you have an owner's interest in the property? Yes  No

(b) Are you a tenant? Yes  No

(c) If you answer yes do you have a repairing obligation? Yes  No

(d) Do you occupy the property under a right of exclusive occupation granted for your life or for a period of more than five years? Yes  No

(e) Are you disabled? Yes  No

(f) Are there any other adult members of your family or household (Please specify at the end of this form) Yes  No

(g) Are there any owners of the property resident or not (Please specify at the end of this form) Yes  No

5. Please describe the proposed works (attach a separate sheet if necessary):

.....

.....

.....

**N.B. If you are under 60 years of age you will not obtain Small Scale House Repairs Assistance if you (or your spouse or the person with whom you live as husband and wife) have not been in receipt of one of the following for 6 consecutive months prior to the date of application; Income Support, Income-based Job seeker's Allowance, Housing Benefit, Council Tax Benefit, Tax Credits and guarantee pension credit. If you are over 60 years of age on the date of application you will need to be in receipt of one of the aforementioned benefits but the 6 months period is waived.**

6. Please confirm that you have a duty or power to carry out the proposed works?  
 Yes  No

7. Who will carry out the proposed works?  
 Name: .....  
 Address: .....  
 .....

7a. Do you wish for the grant or loan payment to be made direct to the above contractor?  
 Yes  No

8. Are you or your partner (that is, your husband or wife or a person of the opposite sex who lives with you as your husband or wife) in receipt of-

	You		Your Partner	
*Income support*	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
*Tax credits*	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Housing benefit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Council tax benefit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
*Guarantee Pension Credit*	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
*Income based job seeker's allowance*	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

9. Please give details of the amount or value of any small scale home repairs assistance given in respect of the property in the period of three years immediately preceding the date of this application:

\* Please supply the area postal address of your Benefits Office:

Address: .....  
 .....  
 .....

**PART II**

**To be completed in respect of all applications**

- I enclose an estimate of the cost to me of the works.
- I confirm that, as far as I am aware the information I have provided in this form is to the best of my knowledge correct
- A signed copy of the loan agreement, which has been witnessed by an independent person. **NB** All applicants are recommended to take independent legal, financial and other advice concerning the signing of the agreement to register the loan as a local land charge for 35 years. (This does not apply to grants up to £500 in value).

**WARNING: IF YOU KNOWINGLY MAKE A FALSE STATEMENT YOU MAY  
BE LIABLE TO PROSECUTION**

**N.B. Where there is more than one owner or a joint tenancy, all must sign below.**

Date ..... (Signed) .....  
[applicant] [applicant's agent]

Details of applicant's agent (if applicable):

Name: .....

Address: .....

Telephone number(s): (home) ..... (work) .....

**N.B It is very important that you do not start any work for which you are seeking assistance until you have a written approval.**

**PART III**

**DECLARATION (TO BE SIGNED BY THE APPLICANT(S))**

I authorise the Department of Work and Pensions (DWP); Inland Revenue; the Housing Benefit Section; or the Council Tax Section, to confirm on request by the Council, that I now receive the benefit I have indicated in Part I above.

Your Name (*block capitals*) .....

If possible, provide:-

DWP reference number (*case paper or National Insurance Number*) (if appropriate) .....

Housing Benefit reference (if appropriate) .....

Council Tax Benefit reference (if appropriate) .....

Signed ..... Date .....

**N.B. ALL INFORMATION PROVIDED BY THE APPLICANT WILL BE CHECKED THOROUGHLY AND COULD BE SHARED WITH OTHER ORGANISATIONS HANDLING PUBLIC FUNDS TO PREVENT AND DETECT FRAUD.**

**Have you answered ALL the questions?  
Have you SIGNED the form?**

**PLEASE RETURN THE COMPLETED FORM TO:**

Reigate and Banstead Borough Council  
Housing and Pollution  
Town Hall, Castlefield Road  
Reigate, Surrey  
RH2 0SH  
☎ 01737 276425

**THE ELDERLY, DISABLED OR VULNERABLE**

The Council has an agency service run by “**Independent Home Solutions**” to provide help and advice on all housing matters to the elderly, disabled or vulnerable. If you require assistance with completing this form you may contact:

The Project Manager  
 Independent Home Solutions  
 The Old Stables  
 21 Croydon Road  
 Reigate, Surrey  
 RH2 0LY  
 ☎ 01737 222482

**PLEASE PROVIDE DETAILS OF ADDITIONAL ADULT FAMILY OR HOUSEHOLD MEMBERS BELOW.  
 NB BONA FIDE LODGERS DO NOT NEED TO BE LISTED**

NAME	Date of Birth	Relationship to applicant	Income per week	Benefit received (please specify)

**PLEASE PROVIDE DETAILS OF ALL OWNERS OF THE PROPERTY WHETHER RESIDENT OR NOT  
 NB exclude former partners**

NAME	ADDRESS	Relationship to applicant	Income per week	Benefit received (please specify)

**1. NB Where other members of the household or owners are considered to be able to contribute to the cost of the works, assistance will not be available.**