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**THE REGULATORY REFORM (HOUSING ASSISTANCE)**

**(ENGLAND AND WALES) ORDER 2002**

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| APPLICATION FOR SMALL WORKS ASSISTANCE LOANS WILL BE REPAYABLE ON THE SALE OF THE PROPERTY |

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| ***Please complete all sections of this form*** |

## PART 1

1. Please give the following details:

Applicant’s Name:……………………………………………………………………………………………………….

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

Address:……………………………………………………………………………………………….…………………

……………………………………………………………………………………………………………………………

Telephone number(s):(home) ……………………………………(mobile)………………………………………….

E-mail address: …………………………………………………………………………………………………………

1. Applicant’s date of birth: ……………………………………………………………………………………………...

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Do you live in the property as your only or main residence? | Yes |  | No |  |
|  |  |  |  |  |
| 1. (a) Do you have an owner’s interest in the property? | Yes |  | No |  |
|  |  |  |  |  |
| 1. Are there any other adult members of your family or household? (If yes, please specify at the end of this form) |  |  |  |  |
| Yes |  | No |  |
|  |  |  |  |
|  |  |  |  |
| (c) Are there any other owners of the property, resident or not? (If yes, please specify at the end of this form) |  |  |  |  |
| Yes |  | No |  |
|  |  |  |  |
|  |  |  |  |

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

………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………

1. Please confirm that you have a duty or power to carry out the proposed works?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes |  | No |  |

1. Who will carry out the proposed works?

Contractors name:……………………………………………………………………………………………………

Address:………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………….

**8.** Do you wish for the grant or loan payment to be made direct to the above contractor?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes |  | No |  |

**Note: *You will not qualify for a Small Works Grant or Loan if the person making the application is not in receipt of one of the following benefits at the time of application. See eligible benefits listed below.***

**9.** Are you currently in receipt of:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Applicant | | | |
| Income Support | Yes |  | No |  |
|  |  |  |  |  |
| Tax Credits (Working and/or Child)(where annual income is below £15,050 for tax credit assessment purposes) | Yes |  | No |  |
|  |  |  |  |  |
| Housing Benefit | Yes |  | No |  |
|  |  |  |  |  |
| Universal Credit | Yes |  | No |  |
|  |  |  |  |  |
| Guarantee Pension Credit | Yes |  | No |  |
|  |  |  |  |  |
| Job Seeker’s Allowance (income or contributions based) | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employment and Support Allowance (income or contributions based) | Yes |  | No |  |
|  |  |  |  |  |
| Council Tax Reduction | Yes |  | No |  |

1. Please give details of the amount or value of any previous Small Works Grant or Loan assistance given in respect of the property in the three years immediately before the date of this application:

*………………………………………………………………………………………………………………………………………*

*………………………………………………….…………………………………………………………………………………..*

……………………………………………………………………………..………………………………………………………………………

PART 2

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

* I enclose a quote for 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.

**WARNING: IF YOU KNOWINGLY MAKE A FALSE STATEMENT YOU MAY**

**BE LIABLE TO PROSECUTION**

***Where there is more than one owner, all must sign below.***

Date ……………………………………………. (Signed) ……………………………………………………….

[applicant] [applicant’s agent]

Details of applicant’s agent (*if applicable*):

Agent name:….……………………………………………………………………………………………………………………

Agent address:…………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………

Agents telephone number:……………………………………………………………………………………………………….

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

**PART 3**

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

I authorise the Council to make such enquiries as are necessary to confirm that I currently receive the benefit(s) I have indicated in Part 1 above.

Your Name *(block capitals)*………………………………………………………………………………………………………

If possible, please 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 of the questions?**

**Have you SIGNED Parts 2 & 3 of the form?**

**PLEASE RETURN THE COMPLETED FORM TO:**

Reigate and Banstead Borough Council

Environmental Health

Private Sector Housing

Town Hall, Castlefield Road

Reigate, Surrey

RH2 0SH

[environmental.protection@reigate-banstead.gov.uk](mailto:environmental.protection@reigate-banstead.gov.uk)

🕿 01737 276000

**THE ELDERLY, DISABLED OR VULNERABLE**

The Council has a Home Improvement Agency service operated by **Millbrook Healthcare Ltd** to provide help and advice on housing adaptation matters to the elderly, disabled or vulnerable. If you require assistance with completing this form, you may contact:

Millbrook Healthcare Ltd

The Old Crumpet Factory

16 Brockham Lane

Brockham

Surrey RH3 7EL

[surreyhia@millbrookhealthcare.co.uk](mailto:surreyhia@millbrookhealthcare.co.uk)

🕿 03301 243758

**Please provide details of additional adult family or household members below.**

**Bona fide lodgers do not need to be listed.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Date of Birth** | **Relationship to applicant** | **Income per week** | **Benefit(s) received**  **(please specify)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Please provide details of all owners of the property, whether resident or not.**

**Former partners do not need to be included.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Address** | **Relationship to applicant** | **Income per week** | **Benefit(s) received**  **(please specify)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Note: 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.**