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The Regulatory Reform (Housing Assistance) (England and Wales) Order 2002

# Application for Small Works Assistance

Please complete all sections of this form

## Part 1

|  |  |
| --- | --- |
| Applicant’s name: |  |
| Title: |  |
| Address: |  |
| Telephone number: |  |
| Email address: |  |
| Applicant’s date of birth: |  |

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

|  |
| --- |
| Please describe the proposed works (*attach a separate sheet if necessary*): |
|  |

|  |  |
| --- | --- |
| Please confirm that you have a duty or power to carry out the proposed works? | Yes / no |

## Who will carry out the proposed works?

|  |  |
| --- | --- |
| Contractor name: |  |
| Address: |  |
| Do you confirm that the contractor who is to carry out the works agrees and understands that payment will be made directly to him/her at the satisfactory completion of the works, on production of a valid invoice, which must be made out to you and provided to the Council at the end of the works? | 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.

## Are you currently in receipt of:

|  |  |
| --- | --- |
| 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\***Council Tax Discount (Single Person Discount) is not a qualifying benefit**. | Yes / no |

|  |
| --- |
| 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: |
|  |

|  |  |
| --- | --- |
| Do you live in a park (mobile) home? If yes, please note that we are only able to offer a Small Works Grant for a maximum of £1,000 for this type of property. A Loan is not possible on park (mobile) homes. | Yes / no |

**Note: Small Works Loans will be repayable on the sale of the property.**

## Part 2

To be completed in respect of all applications:

* I enclose two quotes for the cost to me of the works and have indicated which is my preferred quote.
* 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: |  |
| Applicants signature: |  |
| Agent signature (if applicable): |  |
| Agent name (if applicable): |  |
| Agent address (if applicable): |  |
| Agent telephone (if applicable): |  |

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.

|  |  |
| --- | --- |
| Name (block capitals): |  |
| DWP reference number (case paper or National Insurance Number) (if appropriate): |  |
| Housing Benefit reference (if appropriate): |  |
| Council Tax Benefit reference (if appropriate): |  |
| Signed : |  |
| Date: |  |

Please note: 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 Part 2 and 3 of the form?

## Please return the complete form to:

* **Email:** environmental.protection@reigate-banstead.gov.uk
* **Telephone:** 01737 276000
* **Address:** Reigate & Banstead Borough Council, Environmental Health, Town Hall, Castlefield Road, Reigate, Surrey, RH2 0SH

## 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:

* **Email:** Surreyhiacontactus@millbrookhealthcare.co.uk
* **Telephone:** 0330 1243758

**Address:** Millbrook Healthcare Ltd, 1 Alma Building, Brewer Street, Bletchingley, Surrey, RH1 4QP.

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

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.**