

Disabled Facilities Grant Application Form: Owner Occupiers, Housing Association Tenants and Shared Ownership Properties V4 (March 2021)

When to use this form: For applications under Part 1 of the Housing Grants, Construction and Regeneration Act 1996 (and amendments to the Act) for a grant towards the cost of works required for the provision of facilities for disabled persons in a house, flat, houseboat or park home, or in the common parts of a building containing one or more flats that is the applicants **MAIN PERMANENT HOME**.

Do not use this form if:

- you are a Milton Keynes Council tenant
- you are a property owner and the application is for a building which is or is intended to be let

Filling in the Form: Please complete the form **IN BLACK INK, TICK BOXES WHERE APPROPRIATE** and where there is an asterisk (*) delete as applicable.

- **Applicants must complete ALL Parts and either an Owners or Tenants Certificate**
- If you are uncertain how to answer any of the questions, please contact 01908 252206 or 01908 222616. You can also email DFG@milton-keynes.gov.uk

Returning the form: Completed forms should be returned to: Disabled Facilities Officer , Milton Keynes Council, 4 Woodhouse Court, Stantonbury Fields, Milton Keynes, MK14 6GB

- ***The declaration must be signed***

- ***Evidence must be provided for any stated income, benefits and capital***
- ***A completed tenant's certificate or owner's certificate must be provided.***

PLEASE NOTE: If these are not completed/provided your application WILL NOT BE PROCESSED

Please ensure that when sending documents to us you use the CORRECT POSTAL RATE. Failure to do so may result in your documentation being returned to you by the postal service.

PART A: DFG APPLICANT DETAILS

Section A1 –Worker Details (To be completed by worker giving out the form before issue)

Worker:	Team:	LAS ref:
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Section A2 – Applicant details. If completing the application on behalf of someone please provide their details as the applicant and yours as the representative.

Title:	
Surname:	
Forename:	
Date of Birth:	
Address & Postcode	
email	
Phone Number(s)	
National Insurance Number:	

Section A3. Representative(s) details – if you are completing this form on behalf of the Applicant i.e. a child or ADULT person unable to complete the form. N.B. Representatives MUST be aged 18 or over

Title (e.g. Mr, Mrs, Ms)	
First name (s)	
Last name	
Address	
Email	
Telephone Number	
3.1 Relationship to the applicant named in section 2	
3.2 If not a parent of the Applicant do you have legal authority to act their behalf <i>If YES you may be required to provide relevant documents such as: Power of Attorney / Deputy for property and affairs (Court of Protection Order)</i>	Yes/ No

Section A4. Household members

Please state who lives with the Applicant (including children aged under 18 and non-dependents):		
Name(s)	Relationship to Applicant	Date of Birth

Section A5. Further Information about the applicant and any partner of the applicant – this is required as part of the allowances made in the Financial Assessment calculation.

	You	Partner
Are you, or your partner, registered blind?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you, or your partner, provided with an invalid carriage or other vehicle, or in receipt of an allowance in respect of such a vehicle (including via the mobility scheme)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you, or your partner, in receipt of Disability Living Allowance	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

PART B : PROPERTY DETAILS (WHERE WORK IS TO BE CARRIED OUT)

B1. Please provide details of the work currently required	
B2. Has planning permission or building regulation approval been granted (if applicable)? If yes, by who and on what date.	Yes <input type="checkbox"/> No <input type="checkbox"/>
B3. Have you started or finished the work which you are applying for a grant? If yes please explain why.	Yes <input type="checkbox"/> No <input type="checkbox"/>

B4. Do you know of any previous applications for a grant to this premises? If yes, please provide details.	Yes <input type="checkbox"/> No <input type="checkbox"/>
B5. Will you or a member of your family carry out the works? If yes please explain who. N.B. If yes the grant (if awarded) will only pay for materials.	Yes <input type="checkbox"/> No <input type="checkbox"/>
B6 Do you agree to the grant (if awarded) to be paid to the Council approved contractor	Yes <input type="checkbox"/> No <input type="checkbox"/>

B7. Please indicate the type of property where works are to be carried out.

House <input type="checkbox"/>	Bungalow <input type="checkbox"/>	Flat <input type="checkbox"/>
Common area to block <input type="checkbox"/>	Other qualifying premises – please state	

B8. Please indicate the type of Application being made

Tenant – rented property <input type="checkbox"/>	Owner/Occupier <input type="checkbox"/>	Shared ownership <input type="checkbox"/>
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B9.If you are a tenant or shared ownership please give the landlords name and address

Name	
Address	
Post Code	
Tel No.	
Email	

B10. If you are not the sole owner of the property provide details of everyone who has an interest in the property; including Equity Release and Mortgage (in place or applied for). If you do not have a mortgage, please give details of holds the deeds of the property or your solicitor.

Name		
Address		
Post Code		
Tel No.		
Email		
Account number		

Part C: FINANCIAL ASSESSMENT / Test of Affordability

C1. Is the application on behalf of a child/ young person aged under 19 in full time education? If YES - DO NOT COMPLETE SECTION C Please proceed to the declaration PART D	Yes <input type="checkbox"/> No <input type="checkbox"/>
C2. Is the application is on behalf of an adult aged over 18? If YES – The Applicant MUST CONTINUE TO COMPLETE SECTION C. PLEASE NOTE The financial assessment is based on household income and details for the applicant (referred to in this section as you) and any partner must be completed.	Yes <input type="checkbox"/> No <input type="checkbox"/>

PLEASE CHECK YOUR ANSWERS TO QUESTION C1 and C2 before you complete C3 – You may be able to go straight to the declaration PART D

C3. Income categories (for purposes of financial assessment process)

C3.1 Give details if the following benefits were received during the last 12 months	Paid to you		Frequency e.g. weekly	Paid to partner		Frequency e.g. weekly
	£	P		£	P	
Housing Benefit						
Income Support /income related Employment Support Allowance						
Income based Jobseekers Allowance						
Pension Guarantee Credit						
Universal Credit						

IF you receive any of the above benefit income please proceed to the declaration PART D

C3.2 Public Service: Are you or your partner current or ex-service personnel? If yes, please detail below	You		Partner		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Benefits for ex service personnel					
	Paid to you		Paid to partner		Frequency e.g. weekly
	£	P	£	P	
War Pension Scheme for disablement of 80 per cent or higher					
Capital lump sum through Armed Forces Compensation Scheme and Guaranteed Income Payment (Tariff Level 1-6)					

IF you receive any of the above benefit income please proceed to the declaration PART D

C3.3 Give details if the following benefits were received during the last 12 months	Paid to you		Frequency e.g. weekly	Paid to partner		Frequency e.g. weekly
	£	P		£	P	
Child Tax Credit / Working Tax Credit						

IF you receive any of the above benefit income and your combined income is less than £15,050 per annum please proceed to the declaration PART D

PLEASE CHECK YOUR ANSWERS TO QUESTION C3 before you complete C4 – C8 – You may be able to go straight to the declaration PART D

C4. Employment.

C4.1 If you or your partner are currently in paid employment, please give the following details for each job held during the last 12 months? (Includes second, part-time, casual or self-employment)

Name & address of employer	You		Partner	
Occupation				
How often paid?				
Average weekly hours of work				
Gross pay				
Income tax paid				
National Insurance contributions				
Occupational/personal pension contributions				

C4.2 Have you or your partner been incapable of work for at least 52 weeks?	You	Partner
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If No – are you retired?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

C4.3 Have you or your partner been assessed for Employment and Support Allowance?	You	Partner
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Currently under assessment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Work Related Activity Group	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Support Group	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

C5. Benefits and pensions

C5.1 Give details if the following benefits were received during the last 12 months	Paid to you		Frequency e.g. weekly	Paid to partner		Frequency e.g. weekly
	£	P		£	P	
Constant Attendance Allowance						
Carer's Allowance						
Child Benefit						
Disability Living Allowance – Care	Low					
	Med					
	High					
Disability Living Allowance – Mobility	Low					
	High					
Diseases Benefit Scheme payments						
Guardian's Allowance						
Incapacity Benefit (Long Term)						
Industrial Injuries Disablement Benefit/Industrial Death Benefit						
Personal Independence Payment (PIP)- Daily Living	S					
	E					
Personal Independence Payment (PIP) – Mobility	S					
	E					
Severe Disablement Allowance						
Universal Credit						
Workman's Compensation scheme						
Invalidity Pension						
Mobility Supplement						
Earnings Top-Up						
Contribution-based Jobseekers Allowance						
Contributory Employment & Support Allowance						
Incapacity Benefit						
One Parent Benefit						
Rehabilitation Allowance						
Unemployment Benefit						
Bereavement Allowance						
Statutory Maternity/Paternity/Adoption Pay						
Statutory Sick Pay						
Any other benefits						

C5.2 . Give details of Pensions / retirement annuities received during the last 12 months	Paid to you		Frequency e.g. weekly	Paid to partner		Frequency e.g. weekly
	£	P		£	P	
Work / Occupational Pension						
Personal Pension						
State Retirement Pension						
Pension for victims of National Socialist persecution						
Personal Annuity						
Serviceman's widow's supplementary pension						
War Disablement Pension (or compensation for non-payment of such pension)						
War Widow's/Widower's Pension (or compensation for non-payment of such pension)						
Widow's armed forces pension (or compensation for non-payment of such pension)						
Widow's pension at the supplementary rate under the Personal Injuries (Civilians) Scheme						
Widow's pension under the Dispensing Instruments						
Any other pensions						

C5.3 Other income- Please give details of **ALL** other income **YOU MUST ATTACH A COPY OF THE LATEST STATEMENTS**

Other Income regardless of where it is from	Paid to you		Frequency e.g. weekly	Paid to partner		Frequency e.g. weekly
	£	P		£	P	
Child Support (Maintenance)						
Court Orders - give details including Court and Reference No						
Payments received from other members of household, lodgers and sub-tenants e.g. rent						
Trust Fund Income						
One off payments received in the last 12						
ALL other income not previously noted above: e.g. Dividends, Private Health Insurance, annuities, rent from property or lodgers, Home Office ex gratia incapacity allowances, Tax refunds etc. <i>This list is not exhaustive, and you must list ALL other income.</i>						

C6- Your Capital Resources - Please give details of ALL cash, savings, stocks and shares and other investments. YOU MUST ATTACH A COPY OF THE LATEST STATEMENTS

	Your account		Partners account		Joint account	
	£	P	£	P	£	
Banks						
Bonds (including Premium Bonds)						
Building Society						
Cash						
National Savings Bank - Ordinary Account - Investment Account						
National Savings Certificates						
Shares						
Trust Funds (capital value – *discretionary/non-discretionary)						
Unit Trust Savings						

C7 - Property and Land

Do you or your partner own, lease or have an interest in any property other than your main permanent address. This includes investment/holiday properties that you do not live in and /or land? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details below and an estimated market value.	Enter values (£)
Property / Land at (address(s)):	
If property is not entirely owned by you, who else has a legal interest in it? Name: Address:	
Who holds the title documents?	

C8 –Expenses taken into account - Give details if you or your partner have any childcare costs or are contributing towards a student grant or STUDENT loan for a son, daughter or partner

Name (cost incurrent for)	D.O.B.	Paid To	Amount Paid	How Often Paid

Part D. Declaration – to be completed for ALL Applicants

- FORM COMPLETION:** I declare that to the best of my knowledge, information and belief the information in the application is correct.
- FINANCIAL ASSESSMENT -** I understand you will use the information provided to complete a Financial Assessment .This will determine the financial contribution which I agree to pay towards any agreed works.
- APPROVAL OF THE GRANT:** I understand that I should not commence any works until I have received written approval of the grant from Milton Keynes Council. I understand that if I commence works before I have received written approval, I will be liable for the cost of the works up to that point and Milton Keynes Council may refuse my grant application
- REPAIR AND MAINTENANCE,** I understand that the repair and maintenance of any adaptations carried out at the premises will be my responsibility after the warranty period has ended. The warranty periods are as follows unless stated otherwise on approval of the grant or provided automatically by the manufacturer. PLEASE TICK all as appropriate for the works agreed:
 - Building works – 12 months;
 - Stairlifts – 36 months;
 - Ceiling track hoists – 36 months;
 - Clos-o-Mat toilet – 60 months;
 - Electric showers – 24 months;
 - Shower pumps – 60 months

LOCAL LAND CHARGE: I understand if I am making an owner-occupier application that if the grant is more than £5,000 a local land charge may be placed against the property for the value of the grant but to be no more than £10,000. This charge will be against the property for a period of 10 years

MISUSE AND FRAUD: I understand that if I receive any grant payment based on any omission or misinformation then the grant payment, or such part of it that was paid due to the omission or misinformation will be recoverable by Milton Keynes Council. ??? misuse of grant/ fraud/ civil recovery??? *Anyone who knowingly signs a false declaration may be guilty of an offence and may be prosecuted if the Council has evidence of an intention to obtain a grant by deception*

CHANGE IN NEEDS/ REAPPLICATION: If my needs change, I understand that I can contact the Occupational therapy Service to discuss changes to the works done and this may include reapplication for a Disabled facilities grant

Name Applicant / representative	
Signature	
Date	

Adult Social Care Data Privacy Notice

We collect and use information about you so that we can provide you with social care services under the Care Act 2014 and related legislation. Full details about how we use this data and the rights you have around this can be found at www.Milton-Keynes.gov.uk/privacy. If you have any data protection queries, please contact the Data Protection Officer at data.protection@Milton-Keynes.gov.uk

OWNER'S CERTIFICATE

To: The Milton Keynes Council:

1. In connection with my application dated: _____ for a Disabled Facilities Grant in respect of the premises known as:

(Address)
2. [I] [WE] HEREBY CERTIFY that [I] [have acquired] [propose to acquire] a qualifying owner's (See Note A) interest in the dwelling known as:
3. I intend that throughout the grant condition period (see Note B), or such shorter period as [his] [her] health and other relevant circumstances permit the [dwelling] [flat] will be the only or main residence of and will be occupied by the disabled occupant (See Note C).

Signed:

Dated:

Notes

- A. *Having an "owner's interest" means owning the freehold of the property or having it on a tenancy of which not less than ten years remain unexpired at the date of the application, whether the property is owned alone or jointly with others.*
- B. *"Grant condition period" means the period of ten years, or such other period as the Secretary of State may by order specify or as may be imposed by the Council with the consent of the Secretary of State, beginning with the date certified by the Council as the date of completion of the eligible works to their satisfaction.*
- C. *"Disabled occupant" means, in relation to an application for disabled facilities grant, the disabled person for whose benefit it is proposed to carry out any relevant works.*

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TENANT'S CERTIFICATE

To: The Milton Keynes Council

3. In connection with my application dated: _____ for a disabled facilities grant
in respect of the premises known as

4. I HEREBY CERTIFY that this is a tenant's application. (see Note A)

5. I INTEND that, throughout the grant condition period (see Note B), or such shorter period as [my] [his] [her] health and other relevant circumstances permit, the [dwelling] [flat] will be the _____ only or main residence of and will be occupied by [me] [the disabled occupant] (see Note C).

Signed:

Dated:

Address:

Cross out any words in square brackets which do not apply

Notes

- A. A "tenant's application" in relation to a disabled facilities grant is an application by a person who (alone or jointly with others:
- (a) in a case of an application in respect of works to a dwelling, is a tenant of that dwelling; or;
 - (b) in the case of a common parts application, is a tenant of a flat in the building;
- and in either case does not have or propose to acquire an owner's interest in every parcel of land on which the relevant works are to be carried out.
- B. "Grant condition period" means the period of five years, or such other period as the Secretary of State may by order specify or as may be imposed by the Council with the consent of the Secretary of State, beginning with the date certified by the Council as the date of completion of the eligible works to their satisfaction.
- C. "Disabled occupant" means, in relation to an application for disabled facilities grant, the disabled person for whose benefit it is proposed to carry out any relevant works.
- D. Anyone who knowingly signs a false declaration may be guilty of an offence and may be prosecuted if the Council has evidence of an intention to obtain a grant by deception.

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