

Landlord Application for a Disabled Facilities Grant

In these instructions and the accompanying form and notes, "the Act" means the Housing Grants, Construction and Regeneration Act 1996. The Act has been substantially amended by Schedule 3 to the Regulatory Reform (Housing Assistance) England and Wales) Order 2002 (S.I. 2002/1860). Unless otherwise stated, all references are to sections of the Act.

The Council is under a duty to protect the public funds it administers and to this end may use information you have provided on this form within the authority for the prevention and detection of fraud.

This is the form to use if you are making an application under Part 1 of the Act for grant towards the cost of works required for the provision of facilities for disabled persons in a house, a flat, a qualifying houseboat or a caravan, or in the common parts of a building containing one or more flats. (Notes 6, 6A and 68 give further information) about the meaning of flat, qualifying houseboat and caravan).

This form is for Landlords applying for this grant

Please tick boxes where appropriate and when you have completed this form please send it to:

Name and Address of the Local Authority

DO NOT START WORK ON THE PROPERTY UNTIL YOU HAVE RECEIVED APPROVAL, OTHERWISE FUNDING WILL BE REFUSED.

Part 1 – Preliminary and General Information

Please answer each question unless directed elsewhere.

If a question does not provide enough space for your answer, please continue your answer on a separate sheet of paper and mark the sheet with your name (or, in the case of a joint application, with all the applicants' names) and the question number.

Please make sure you enclose all additional sheets with your application.

1.0	Works Required	
1.1	Details of Housing Association or Limited Company	
	Full name of organisation	
	Business Address	
	Contact Name	
	Telephone Number	
	Email Address	
1.2	Details of the disabled person	
	Title	Choose an item.
	If other, please specify	
	Full Name	
	Date of Birth	
	Disability	
	Ethnic origin	
	Contact phone number	

1.3	Property details where works are to be carried out	
	Full Address	
	Post Code	
	Tenancy start date	
	Property Type	Choose an item.
	If other, please specify	
1.4	Are the works to a communal area?	Yes / No
1.5	Do you own the freehold or leasehold of the property?	Yes / No

Part 2 – Additional Information

Please submit the signed Owners Certificate with your application.

Checklist:

Before you return this form please ensure you have:

1. Answered all the questions that apply
2. Signed the form (please read the declaration carefully)
3. Enclosed all the required documentation with your application

Declaration for an application made by a Housing Association or Limited Company

- I declare that the information I have given is correct and complete, to the best of my knowledge.
- I agree to the Council making enquiries to check the information I have given. This may mean contacting other Government agencies.
- I understand that if I give false information I may be prosecuted.

Please print name	
Position held in company	
For (company name)	
Registered address	
Post code	
Signature	
Date	

Part 3 – Owners Certificate

To	Insert council name
In connection with the application dated	Insert date
For a disabled facilities in respect of	insert property address

1. I/We hereby certify that I/we [have acquired] / [propose to acquire] a qualifying owner's interest in the dwelling.
2. I/We intend that the disabled occupant will live in the dwelling or flat as their only or main residence throughout the grant condition period or for such shorter period as their health or other relevant circumstances permit. Should the disabled occupant cease to occupy the dwelling or flat, I/we will endeavour to ensure that future tenants are allocated the property based on their need for such an adapted property, wherever possible.
3. I/we intend that in future as far as is practical the property will remain occupied by persons requiring the same level of adaptations.

Please print name	
Position held in company	
For (company name)	
Registered address	
Post code	
Signature	
Date	