

**DECENT HOMES ASSISTANCE**

**The Regulatory Reform (Housing Assistance) (England and Wales) Order 2002**  
**APPLICATION FORM FOR**  
**HEATING AND REPAIRS GRANT**

---

Please tick boxes as appropriate throughout this form.

**PART 1 General Details**

1 Applicant's Name:.....

Applicant's Address:.....

.....

Telephone Nos: Home ..... Work.....

Mobile:.....National Ins No: .....

How long have you lived at the property: ..... years

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

3 Confirm the property's current Council Tax Band.....

4 Please give the following details of the property to which the application relates:

dwelling  mobile home

5 Do you live in the property as your only or main residence Yes  No

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

(c) Are you a tenant? Yes  No

7 Are you a tenant of any of the following authorities and bodies, if so you are **not entitled** to apply for grant assistance.

**local authority; registered social landlord (Housing Association);** new town corporation; urban development corporation; housing action trust; health authority, special health authority or NHS trust; police authority established under section 3 of the Police Act 1964; joint authority established by Part IV of the Local Government Act 1985; residuary body established under Part VII of that Act; or an authority established under sec 10(1) of that Act (waste disposal)?

Yes  No

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

.....

.....

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

Yes  No

10 Are you or your partner (*that is, your husband, wife or civil partner, or someone that lives with you as a partner*) in receipt of:

	<b>You</b>		<b>Partner</b>	
Income Support	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Working Tax Credit or Child Tax Credit with a joint income less than £16,040.	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"/>
<b>Guaranteed Pension Credit</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Income based Job Seekers Allowance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Income based ESA	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**If you have answered “yes” to any of the above, continue to Part 2.**

**If you have answered “no” continue to Question 12**

11 I am not in receipt of a qualifying related benefit but;

a) I have a child under 10 and a joint income of less than £20,000 (evidence is required) Yes  No

b) Are you either registered disabled or chronically sick? Yes  No

If yes please give details:.....

12 I/We have less than £10,000 in savings or £15,000 as a couple (evidence is required)

Yes  No

**PART 2:**

**TO BE COMPLETED BY ALL APPLICANTS OR THEIR AGENTS**

Details of applicant's agent (if applicable):

Name: .....

Address: .....

.....

Telephone Nos: Home: ..... Work: .....

Mobile: .....

**DECLARATION (to be signed by the applicant)**

**WARNING:** *if you knowingly make a false statement you may be liable to prosecution*

I declare that to the best of my knowledge the details I have provided, and the reasons for the works listed in the enclosed cost estimate, are correct.

I confirm that the works are not works for which a Disabled Facilities Grant has been approved or for a pending application.

If I arrange for the eligible works to be started or completed prior to written approval from Lewes District Council then no grant assistance will be forthcoming.

Date: ..... Signed: .....

**AUTHORISATION (to be completed by the person in receipt of benefit)**

I authorise Lewes District Council's Benefit Section to confirm, on request by the Council, that I receive the benefit I have indicated in Part I above.

Name: .....

Date: ..... Signed: .....

Environmental Health  
Lewes District Council, Southover House, Southover Road, Lewes BN7 9FA  
01273 484361

**FOR OFFICER USE ONLY**

Cat 1 Hazards Present;

---

---

---

---

---

Rated on worksheet No: