



**HOUSING GRANTS, CONSTRUCTION AND REGENERATION ACT 1996
Regulatory Reform (Housing Assistance) Order 2002**

MINOR ADAPTATION GRANT APPLICATION FORM

This is the form to use if you are making an application for a minor adaptation grant

The maximum grant is £15,000 and if the cost of works is likely to be greater, you may wish to discuss this with us. In exceptional circumstances a higher limit may be considered by the Corporate Manager.

Please tick which one you are applying for:

| | |
|--|--|
| To facilitate a Minor Adaptation to the home such as level access shower or a stairlift. | |
| The application is for a person suffering from a terminal illness where works will enable them to be cared for at home | |
| The application is to facilitate discharge from hospital | |
| Adaptations to assist those with Dementia to remain at home | |
| Provide adequate heating where there is a medical need | |
| Exceptional circumstances agreed by the Corporate Manager | |

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1.0 APPLICANT'S ADDRESS AND OTHER PRELIMINARIES

The applicant is the person applying for the grant. (Usually, the person in need of the works)

- *If you are a parent/guardian of a child that needs the adaptations, please complete your information here and enter the child's details in the relevant person section 1.4.*
- *If your parent is living with you as their permanent home, you are the applicant, and your parent will be considered as the relevant person section 1.4*

1.1 Name:

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

Partner's name (if applicable)

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

1.2 Address:
.....

Correspondence address (if different):

Home Tel. no. Work Tel. no.....

Mobile. no. E-mail

1.3 Date of Birth: National Insurance no:.....

Partner's DOB:..... Partner's NI no:

1.4

Relevant person details: child/ parent living with you

Name:
.....

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

Date of Birth: National Insurance no:.....

1.5 What is the reason these works are required?
Please provide a brief summary of your condition:

.....

.....

.....

2.0 PROPERTY WHERE THE WORKS WILL BE CARRIED OUT

2.1 Please describe the works you wish to carry out.

.....

.....

.....

2.2 How will this improve your home life?

.....

.....

.....

2.3 Are you:

An Owner Occupier

☐

(Go to section 3)

A Private tenant

☐

A Social Housing tenant

☐

My landlord is

.....

Address.....

.....

Home Tel. no. Work Tel.no.....

Mobile. no. E-mail

2.4 Do you have your landlord's written permission to carry out these works?

(please supply a copy of the written permission with your application)

Yes ☐

No ☐

2.5 Is this application for an adaptation in a common part of the building?
(such as a communal staircase or entrance door)

Yes ☐

No ☐

3.0 FINANCIAL INFORMATION

This information may be used to determine whether you would be entitled to other available grants.

3.1 Are you in receipt of any benefit?

Yes ☐ if yes, please state all

No ☐

4.0 ASBESTOS

It is important that you protect the health and safety of anyone carrying out work in your home. Please read the statements below and sign the boxes to confirm that you have understood. These boxes both need to be signed. Failure to sign the below boxes will result in your application form being returned.

4.1 I have made the contractors aware of any potential asbestos at the property and I have informed the contractor that the cost of Asbestos testing can be included in the quote for the grant.

Signature

Signature

If you need additional support in answering these questions, please let us know.

5.0 Building Control

- 5.1** Certain works such as level access showers will require a building control completion certificate. Failure to provide one where necessary may result in a delay in the contractor being paid . You or your contractor should contact the Councils' Building Control section as soon as your grant is approved. Tel 01449 724510.

I confirm I / my contractor will contact building control and will provide a Building Control Completion Certificate where necessary. Please tick the box. ☐

6.0 Listed Buildings – Historic England

- 6.1** Please confirm if the property where the adaption is being completed is a listed building. Certain works will require that consent is obtained before we are able to approve a grant.

I confirm the building is a listed building and I have obtained the relevant permissions (if required) and attached them to support the application . ☐

I confirm the building is **not** a listed building ☐

7.0 Medical and Occupational Therapist Referral

- 7.1** As part of the grant application process you will have been asked to provide a referral from an Occupational Therapist or other medical professional. It may be necessary for us provide a copy of this referral to the quoting contractors when it details specifications on the work needed at your home.

We will only share this information if you provide your consent below. If you provide or don't provide your consent now and later wish to change your mind, you can inform us at adaptations@baberghmidsuffolk.gov.uk and we will update your preference in our system.

I consent to a copy of my occupational therapist / medical referral being provided to the contractor/s estimating for the adaption work . ☐

DATA PROTECTION & DECLARATION

By signing this form I confirm that I understand and agree to the following:



Data Protection

The information I have provided, including my personal data, will be used to determine my eligibility for the Disabled Facilities Grant.

Privacy notice

Babergh and Mid Suffolk District Councils are Data Controllers and can be contacted at: Babergh & Mid Suffolk District Councils, Endeavour House, 8 Russell Road, IPSWICH IP1 2BX. The Data Protection Officer can be contacted at the same address.

We are collecting your personal information in order to process your application. For more information on this see: [How we use your information - Babergh District Council - Babergh & Mid Suffolk District Councils - Working Together](#).

Your data will not be shared with third parties except for with your consent, or where we are required to, for example, to prevent or detect crime, to protect public funds or where we are required or permitted to share data under other legislation.

Your data will be shared with the council's Building Control team for the purpose of obtaining a fee exemption where a building control notice is required.

Your data will be kept in line with our retention policy.

You have the right to access your data and to rectify mistakes, erase, restrict, object or move your data in certain circumstances. Automated decision making and processing is not used during this application. Please contact the Data Protection Officer for further information or go to our website where your rights are explained in more detail. If you would like to receive an explanation of your rights in paper format, please contact the Data Protection Officer.

Any complaints regarding your data should be addressed to the Data Protection Officer in the first instance. If the matter is not resolved you can contact the Information Commissioner's Office at: Wycliff House, Water Lane, Wilmslow, Cheshire, SK9 5AF
Phone: 0303 123 1113.

If you do not provide the information required on the application form, then we will not be able to process application for a licence. Your data must be kept up to date in accordance with the conditions of your licence.

For further information on our Data Protection Policies please go to our website: [How we use your information - Babergh District Council - Babergh & Mid Suffolk District Councils - Working Together](#) or email: data.protection@baberghmidsuffolk.gov.uk

DECLARATION

I understand I must tell you about any changes in my circumstances which may affect my entitlement to a grant.

I confirm that none of the work to be included within the grant has been started or completed.

I declare that to the best of my knowledge; the information I have given in this application is correct.

Applicant (1) signature Date

Applicant(2) / Partner signature Date

If a third party has assisted with completion of this form, please sign.

Signature:Date:

Company:

Documents to be submitted with your application.

Please ensure the following are enclosed with your application and are less than 3/6 months old:

| Items required | Check |
|--|--------------|
| Application form must be signed and dated and both asbestos boxes signed by the grant applicant(s). Building Control box must be ticked if relevant | |
| Landlord's/Housing Association authorisation letter signed by owner of the property (if not an owner/occupier). This letter must be less than 6 months old | |
| Any relevant information regarding your health and proposed work for example GP / Hospital / Memory Clinic letter. This evidence must be in the grant applicant's name and address and be less than 6 months old | |
| If you have been given recommendations from your hospital Occupational Therapist or a home assessment, please include as this can quicken up the process. | |
| Two comparable quotations from contractors (including applicable VAT) in line with the Occupational Therapist's recommendations where relevant. These quotes must be on headed paper and itemised. They must be in the name and address of the grant applicant and be less than 3 months old. A layout/sketch is required from both contractors unless their quote is based on a sketch/layout from an OT/OTA. | |
| Where did you hear about us e.g. Doctor, Friend, Website, Occupational Therapist, Facebook, Twitter, local magazine, other (please specify) | |

**Please do not submit your application until you have all the documents listed above. If your application is incomplete, we may return it to you and any approval will be delayed.
Please return your completed application to:**

Private Sector Housing
Babergh and Mid Suffolk District Councils
Endeavour House
8 Russell Road
Ipswich
IP1 2BX