



**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

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	

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

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.

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.

The information collected on this form will be stored on a computer system registered under the GDPR of the Data Protection Act 2018. We may use the information for purposes that the Council has registered with the Information Commissions Office.

We may also get information about you from certain third parties, or give information to them, to check the accuracy of information; to prevent or detect crime; and to protect public funds in other ways, as permitted by law. These third parties include other government departments and local authorities.

Further details of how we use your information can be found at <https://www.babergh.gov.uk/the-council/your-right-to-information/how-we-use-your-information/>

I agree to being contacted for further information to determine my eligibility for the scheme if required. I understand that any further information that I give will be treated as above.

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. Or In the case of specialist equipment such as stairlifts one fully itemised and priced estimate from a contractor (including the VAT).	
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