

This is not a formal application for a grant

## Preliminary Enquiry for Disabled Facilities Grant



The purpose of this preliminary enquiry is to find out whether you qualify for a grant under the Regulatory Reform (Housing Assistance) Order 2002

1. Address of property requiring adaptation:

.....

Postcode ..... Tel No:..... Email.....

2. **FULL** name of disabled person requiring adaptations at the address above:

Mr/Mrs/Miss/Ms..... Date of birth.....  
(please circle as applicable)

**FULL** name of partner of the above (if applicable)

Mr/Mrs/Miss/Ms..... Date of birth.....  
(please circle as applicable)

3. Is the disabled person (please tick below)

- Owner occupier?
- Relative of the owner?  Please state nature of relationship.....
- Private rental tenant?
- Other?  Please state.....

4. Name(s) and address(es) of owner(s) if the disabled person is not the owner :

.....

..... Tel No .....

5. Correspondence/contact name & address (if different to question 4):

.....

..... Tel. No.....

6. Is the property freehold YES  NO

Or

Is the property leasehold with at least 10 years remaining on the lease? YES  NO

7. Address of the disabled person if they are not resident at the property where the adaptation is required:

.....  
.....

8. What is the nature of the disabled person's disability ?

.....  
.....

9. What adaptations are required for the disabled person? .....

.....  
.....

10. Doctor's name and address:

.....  
.....

**Financial details of disabled person for whom the adaptations are required**  
(Evidence of any financial information may be required at a later date)

11. Is the grant for a disabled child or disabled dependant young person?

(A child is someone under the age of 16. A dependant young person is someone under the age of 20 for whom child benefit is payable i.e. she/he does not work or claim benefits in his/her own right.)

**YES**  - Please go straight to the declaration at the end of this form

**NO**  - Complete the following

12. Do you (or your partner, if any) receive any of the following (tick as appropriate):

- Universal Credit
- Income Support
- Income-based Employment and Support Allowance
- Income-based Jobseeker's Allowance
- Guarantee Pension Credit
- Working Tax Credit and/or Child Tax Credit (where your annual income for the purposes of the tax credits assessment was **below** £15,050)
- Housing Benefit
- Council Tax support/Council Tax reduction

**If you or your partner are in receipt of any of the above you need not answer any further questions - please go straight to the declaration at the end of this form**

13. Are you or your partner in receipt of:

	You	Your partner
Attendance Allowance *	<input type="checkbox"/>	<input type="checkbox"/>
Disability Living Allowance Medium Care *	<input type="checkbox"/>	<input type="checkbox"/>
Disability Living Allowance High Care*	<input type="checkbox"/>	<input type="checkbox"/>
Other Disability Living Allowance* <i>i.e. Low Care Component, any Mobility component</i>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Independence Payment Daily Living Enhanced Rate*	<input type="checkbox"/>	<input type="checkbox"/>
Personal Independence Payment Daily Living Standard Rate*	<input type="checkbox"/>	<input type="checkbox"/>
Personal Independence Payment Mobility (at either rate)*	<input type="checkbox"/>	<input type="checkbox"/>
Carer's Allowance	<input type="checkbox"/>	<input type="checkbox"/>

*This also includes where you have met the qualifying conditions for Carer's Allowance and have made a claim but have been turned down because you and/or your partner receive an "overlapping benefit" e.g. Retirement Pension*

Are you or your partner registered blind?	<input type="checkbox"/>	<input type="checkbox"/>
Does someone receive Carer's allowance for looking after you or your partner?	<input type="checkbox"/>	<input type="checkbox"/>

*\*Please refer to the table of rates on the back page of this form*

## INCOME

### Employment

14. Are you or your partner in paid employment?  - You  -Your partner  
 (If you or your partner is self- employed please see next question)  
 Please give amount and period covered (week/month/year) for the following:

	You		Partner	
	Amount	Period	Amount	Period
Hours of work per week				
Gross income				
Income tax				
National insurance				
Pension contributions				

15. Are you or your partner self-employed?

- You

- Your partner

Please give approximate net profit from self-employment for the last 12 months

You

£

Partner

£

Is any of your income from Territorial Army/Fire/Lifeboat/Coastguard pay?

You

Partner

Is any of your income from child-minding?

You

Partner

Do you pay childcare costs for care provided for any child in the family who is aged 15 or under?  
(16 or under if disabled)

Yes

No

If **YES**, please give amount paid per week

£

### Pension Income

16. Please give details of any pensions that you or your partner receive, and period covered (week/4-week/month/year). If you receive Attendance Allowance (AA) or Disability Living Allowance (DLA) which is paid as part of your pension, please **do not** include the AA/DLA amount in your pension figure (*please refer to rates table on the back page*).

You

Partner

Pension type/name	Amount	Period	Amount	Period
State retirement pension				
Occupational pension				
Private pension				
Other pension				

17. Are you or your partner students?

YES

NO

If **YES**, please state the amount of grant and/or student loan received:

Grant

£

Loan

£

### Other Income

18. Please give details of any of the following that you or your partner receives, and period covered (week/ 4-week/ month/ year):

	You		Partner	
	Amount	Period	Amount	Period
Carer's Allowance				
Statutory Sick Pay				
Statutory Maternity/Paternity/Adoption Pay				
Widow's Pension				
War Widow's Pension				
War Disablement Pension				
Armed Forces Independence Payments				
Maintenance payments				
Savings Pension Credit				
Industrial Injuries Disablement Allowance				
Severe Disablement Allowance				
Incapacity Benefit				
Contribution-related Employment & Support Allowance				
Contribution-based Jobseeker's Allowance				
Any other income				

19. Please give details of any **sub-tenants or boarders/lodgers** who also live in the house:

Names(s)

.....

Weekly rent £.....

20. Please give details of **any capital held by you or your partner** (by "capital" we mean any sort of assets or savings which belong to you or your partner. Do not include your home or personal possessions)

**Savings** – Indicate type (e.g. cash, bank and building society accounts, Post Office accounts) and value

	£
	£
	£

**Investments** – Indicate type (e.g. investments, Unit trusts, ISAs, Premium Bonds, Saving Certificates, Bonds, stocks and shares) and value

	£
	£
	£

**Other capital** – indicate type (e.g. holiday home) and value

	£
	£

**21. Please give details of anyone else living in the property including any children**

Name	Date of birth

**22. Declaration – to be completed by the owner or one of the owners of the property or the tenant of the property.**

- I declare that, to the best of my knowledge, the information given in this form is correct.
- I agree that the doctor named in this preliminary enquiry form may be contacted to provide further medical information if necessary
- I understand that this form is not a formal application and its acceptance by the council does not imply that a grant will be available.
- I do not object to confirmation being sought from the housing/council tax benefits section or to check information with other sources within the council.

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

**DO NOT START ANY WORK** that you want considered under a grant. If you do, you may prejudice your eligibility for a grant.

**PLEASE RETURN THIS FORM TO:**

Private Sector Housing, Regeneration Investment & Housing, Newport City Council, Civic Centre, Newport NP20 4UR

If you need to talk to someone about your enquiry, please telephone (01633) 656656 or email [housing.improvements@newport.gov.uk](mailto:housing.improvements@newport.gov.uk)

For further information please visit [www.newport.gov.uk](http://www.newport.gov.uk)

The following table provides Attendance Allowance (AA), Disability Living Allowance (DLA), and Personal Independence Payment (PIP) rates, which may be helpful for answering questions relating to these allowances.

Current (2018/19) care/daily living rates for AA/DLA/PIP are as follows (all figures weekly):

**DLA Care Low Rate** £22.65 (usually paid as £90.60 4-weekly)

**DLA Care Medium Rate/Low Rate AA/  
PIP Daily Living Standard Rate** £57.30 (usually paid as £229.20 4-weekly)

**DLA Care High Rate/High Rate AA/  
PIP Daily Living Enhanced Rate** £85.60 (usually paid as £342.40 4-weekly)

*DLA and PIP awards may also include a mobility element:*

**DLA Mobility Low Rate/PIP Mobility Standard Rate** £22.65 (usually paid as £90.60 4 weekly)

**DLA Mobility High Rate/PIP Mobility Enhanced Rate** £59.75 (usually paid as £239.00 4 weekly)

Updated April 2018

Also available in Welsh