

Housing Services

St Albans City and District Council, Civic Centre, St Peter's Street, St Albans, Herts, AL1 3JE
Tel: 01727 866100 Fax: 01727 819377

Application for Home Repair Assistance

- Please read the accompanying booklet before filling in this form as it explains the sort of work for which assistance may be sought and also who can apply.
- Assistance will normally be a grant for work to be done, although in exceptional circumstances materials might be provided for you to do the work.
- If you are a tenant you are advised to discuss the work proposed with your landlord, if this is practicable, before applying for assistance.
- If you need help with this form, or are unsure on any point, then please contact:
Improvement Grants Assistant at the Council Offices as above or
telephone 01727 819446

Important

Assistance cannot be paid if you, or anyone acting on your behalf, start work on the dwelling etc. before you receive written approval of this application from the Council.

The Home Repair Assistance Grant is available to:

1. Owner-occupiers aged 70 years or over, who have owned and occupied the property (as their only permanent residence) for at least 3 years.
2. Private tenants (including Housing Associations), aged 70 years or over, under a protected tenancy with contracted obligations to pay for repairs.
3. Registered disabled or registerable disabled residents of 18 years or over.
4. Owner-occupiers of a residential mobile home. (1) or (2) above must apply.

Please note: Council housing tenants are not eligible.

To be eligible the applicant must satisfy at least one of the above criteria **AND** be in receipt of at least one of the following income related benefits:

- Income Support
- Guarantee Pension Credit
- Job Seekers Allowance (Income Based)
- Council Tax Benefit
- Housing Benefit

You will not get assistance if:

1. You or your partner (whether married or not) do not receive at least one of the following: Income Support, Guarantee Pension Credit, Income Based Jobseeker's Allowance, Housing Benefit or Council Tax Benefit.
2. You are a Council tenant, or tenant of some other local authority, corporation, Trust etc. If you think you may be affected by this regulation then please ask the Council for clarification.
3. You do not use the dwelling as your main home.
4. You are applying for assistance in respect of work for which another grant has already been approved or is pending.
5. You have not owned the property for 3 years prior to application.

THROUGHOUT THIS FORM PLEASE WRITE IN BLOCK CAPITALS OR TICK THE ANSWERS WHICH APPLY. PLEASE ENSURE YOU ALWAYS CAREFULLY READ THE WORDS TO THE RIGHT OF THE BOX OR SPACE BEFORE ANSWERING.

1. Address of the home for which you are seeking assistance

House no./name:

Street:

Town:

Postcode:

Applicant Details

2. **Name** Title: Mr/Mrs/Miss/Ms Other.....

Forenames:

Surname:

3. **Address** House no./name:

Street:

Town:

Postcode:

4. **Daytime telephone number**

5. **Date of birth** Day Month Year

6. **Is the applicant registered disabled or registerable disabled?**

Yes No

If the answer to this question is yes and you are not over 70 years of age please submit documentary evidence of your disability with this form.

7. **Is the property a**

Dwelling? Yes No

Mobile home? Yes No

8. **Does the applicant live in the property as his/her only or main residence?**

Yes No

9. **Are you**

(a) **an owner-occupier?** Yes (go to question 10)

(b) **a tenant?** Yes (go to question 11)

(c) **an occupier under a right of exclusive occupation granted for life or for a period of more than five years?** Yes (go to question 12)

10. **If you answered "Yes" to question 9(a) above then please confirm the number of years and months you have owned the property as your only or main residence.**

Years Months

11. **If you answered “Yes” to question 9(b) above then please state the name, address and telephone number of the owner of the property.**

Name:

Address:

.....

Tel. No.

12. **If you answered “Yes” to question 9(c) above then please confirm the number of years and months you have occupied the property as your only or main residence.**

Years Months

13. **Please tick one or more of the spaces to show which benefit(s) you or your partner (whether married or not) receive.** You must receive one or more of the benefits to qualify for assistance.

(a) Income Support

(b) Guarantee Pension Credit

(c) Income based Jobseeker’s allowance

(d) Housing Benefit

(e) Council Tax Benefit

Details of Work to be Carried Out

14. **Please give a brief description of the work proposed.**

.....
.....
.....

15. **Does the applicant have either a duty, or a power to carry out the proposed works?**

Yes No

16. **Please state the names and addresses of the proposed persons/companies who will carry out the works. You are required to submit estimates from two contractors for the proposed works.**

Contractor 1

Name:

Address:

.....

.....

Contractor 2

Name:

Address:

.....

.....

17. **St Albans District Council will usually commission the lower-priced contractor. Please state either:**
- (a) The total cost of work as estimated by your chosen contractor and enclose the estimate with this application; or
£
- (b) If the work is to be carried out on a D.I.Y. basis then state the total estimated cost of the materials expected to be used.
£
18. **Is the work contained within this application the subject of a Renovation Grant or Disabled Facilities Grant that has either been approved, or where the decision is still pending?**
- Yes No
19. **Is the work contained within this application specified in a Group Repair Scheme, or a proposed Group Repair Scheme?**
- Yes No
20. **Please state the amount or value of Home Repair Assistance (or Minor Works Assistance) given in respect of the property during the period of three years immediately preceding the date of this application.**
- £

IF THE APPLICATION IS NOT FOR A MOBILE HOME THEN PLEASE GO IMMEDIATELY TO THE DECLARATION AT THE END OF THE FORM
(otherwise complete the section below)

Mobile Homes

21. (a) **Is the property a mobile home?**
- Yes No
- (b) **Does the mobile home qualify as a dwelling for the purpose of payment of Council Tax?**
- Yes No
- (c) **Is the applicant in lawful occupation of the mobile home?**
- Yes No
- (d) (i) **How many years has the applicant occupied the mobile home as his/her only or main residence immediately preceding the date of this application?**
- Number of years
- (ii) **Has the mobile home, for the period stated at (d)(i) been on land forming part of the same protected site within the meaning of the Mobile Homes Act 1983(a); and**
- Yes No
- (iii) **Has the applicant occupied the mobile home under an agreement to which that Act applies or under a gratuitous licence?**
- Yes No

Declaration

Anyone knowingly making a false statement 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 application are correct. I confirm that the works proposed are not, so far as I am aware, included in any other application for a house renovation grant or any other type of grant, and I am not receiving monies in respect of the said works from any other source (e.g. as a result of an insurance claim).

Signature **Date**

Authorisation

To be completed and signed by the person in receipt of benefit.

I authorise the Department of Work and Pensions (DWP) or the Housing Benefits Section of the District Council to confirm, on request by the Council's Improvement Grants Section, that I receive the benefit I have indicated in question 13 above.

Your full name

National Insurance Number

Housing Benefit Reference Number

Council Tax Benefit Reference Number

Signed **Date**

Please return the completed form and estimate to the address given at the top of page 1.