



Reference (for official use only)

## DISABLED FACILITIES GRANT - PROVISIONAL TEST OF RESOURCES

### Contact information

If you have any queries about this form or are unsure how to answer any of the questions, or for any other information about grants, please contact

Name:	Kay Rawlinson, Housing Grants Officer
Address:	Property Services Group, Town Hall, Duke Street, Barrow-in-Furness LA14 2LD
Telephone:	01229 876543
Email:	privatehousing@barrowbc.gov.uk

Please return your completed form to the address above.

## DISABLED FACILITIES GRANT - PROVISIONAL TEST OF RESOURCES

This is a **provisional assessment only**, and is not an application for grant. The information from this form will be used to conduct a means-test to assess the likelihood of you receiving assistance under the grant scheme.

**Please tick boxes where appropriate.**

If there is insufficient space on the form to fill in all the required information, please continue on a separate sheet.

When you have completed this form, please send it to the address given on the front page, or as directed in any covering letter.

The following table provides Attendance Allowance (AA), Disability Living Allowance (DLA), and Personal Independence Payment (PIP) rates, which may be helpful for answering **Questions 9, 11 and 14**.

*Current (2020/21) care/daily living rates for AA/DLA/PIP are as follows (all figures weekly):*

<i>DLA Care Low Rate</i>	<i>£23.60 (usually paid as £94.40 4-weekly)</i>
<i>DLA Care Medium Rate / Low Rate AA / PIP Daily Living Standard Rate</i>	<i>£59.70 (usually paid as £238.80 4-weekly)</i>
<i>DLA Care High Rate / High Rate AA / PIP Daily Living Enhanced Rate</i>	<i>£89.15 (usually paid as £356.60 4-weekly)</i>

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

<i>DLA Mobility Low Rate / PIP Mobility Standard Rate</i>	<i>£23.60 (usually paid as £94.40 4-weekly)</i>
<i>DLA Mobility High rate / PIP Mobility Enhanced Rate</i>	<i>£62.25 (usually paid as £249.00 4-weekly)</i>

### Preliminary DFG Application

Addresses and other preliminary information

*The following questions relate to the **applicant**. The applicant must be aged over 18, and have an owner's or tenant's interest in the property where the works are to be carried out. The applicant may or may not be the disabled person for whom the works are being carried out.*

<b>1</b>	Applicant's
	Title: Mr/Mrs/Miss/Ms/Other (please specify)
	First name(s):
	Last name:
(continued on next page)	



<b>4</b>	Please give a brief description of works to be carried out:	
Please give an approximate cost (if known):		£

The following questions relate to the **disabled person** (and their partner, if applicable) for whom the adaptations are required.

<b>5</b>	Please give details for yourself (if not already provided in <b>Question 1</b> ) and for your partner (if applicable).														
You:															
Title: Mr/Mrs/Miss/Ms/Other (please specify)															
First name(s):															
Last name:															
Date of birth: DD    MM    YYYY															
National Insurance Number:															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%; background-color: #cccccc;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%; background-color: #cccccc;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%; background-color: #cccccc;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%; background-color: #cccccc;"></td> <td style="width: 5%;"></td> </tr> </table>															
Your partner:															
Title: Mr/Mrs/Miss/Ms/Other (please specify)															
First name(s):															
Last name:															
Date of birth: DD    MM    YYYY															
National Insurance Number:															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%; background-color: #cccccc;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%; background-color: #cccccc;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%; background-color: #cccccc;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%; background-color: #cccccc;"></td> <td style="width: 5%;"></td> </tr> </table>															

**6** 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. s/he does not work or claim benefits in his/her own right.*

YES                       NO

If you have ticked **YES**, you will qualify automatically for a mandatory grant without the requirement for a means test. Please proceed straight to the **Declaration** at the end of this form.

**7** Do you (or your partner, if any) receive any of the following:

- Universal Credit  
*not when your UC award is £0.00*
- Income Support
- Income-related Employment and Support Allowance  
*not contribution-based ESA alone*
- Income-based Jobseeker's Allowance  
*not contribution-based JSA alone*
- Guarantee Pension Credit  
*not Savings Pension Credit alone*
- 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

If you have ticked any of the boxes above, you will qualify automatically for a mandatory grant without the requirement for a means test. Please proceed straight to the **Declaration** at the end of this form.

**8** Do you/your partner (if any) receive Council Tax Support/Council Tax Reduction?

YES                       NO

Please note that receipt of this benefit does **not** currently qualify you automatically for a mandatory grant.

9	Are you or your partner in receipt of	You	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 <i>This also includes where you have met the qualifying conditions for Carer's Allowance and have made a claim, but been turned down because you and/or your partner receive an "overlapping benefit," e.g. Retirement Pension.</i>	<input type="checkbox"/>	<input type="checkbox"/>
	Are you/your partner a hospital in-patient?	<input type="checkbox"/>	<input type="checkbox"/>
	If so, have you/your partner ceased receiving Attendance Allowance / Disability Living Allowance / Personal Independence Payment as a result of the stay in hospital?	<input type="checkbox"/>	<input type="checkbox"/>
	Are you/your partner registered blind?	<input type="checkbox"/>	<input type="checkbox"/>
	Does someone receive Carer's Allowance for looking after you/your partner?	<input type="checkbox"/>	<input type="checkbox"/>

\* Please refer to the notes at the beginning of this form for a table of Attendance Allowance, Disability Living Allowance and Personal Independence Payment rates.

<b>10</b>	Are you or your partner students?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	If <b>YES</b> , please state the amount of Grant and/or Student Loan received:		
Grant	£	Loan	£

**11** Please give details of all children and dependant young people

*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. s/he does not work or claim benefits in his/her own right.*

First name(s):
----------------

Last name:
------------

Date of birth:	DD				MM				YYYY			
----------------	----	--	--	--	----	--	--	--	------	--	--	--

In receipt of Disability Living Allowance (DLA)\* or Personal Independence Payment (PIP)\*

DLA High Care/PIP Daily Living Enhanced Rate                       Other DLA/PIP

Is this person registered blind?     YES                       NO

Is there an award of Child Benefit for this person?                       YES                       NO

First name(s):
----------------

Last name:
------------

Date of birth:	DD				MM				YYYY			
----------------	----	--	--	--	----	--	--	--	------	--	--	--

In receipt of Disability Living Allowance (DLA)\* or Personal Independence Payment (PIP)\*

DLA High Care/PIP Daily Living Enhanced Rate                       Other DLA/PIP

Is this person registered blind?     YES                       NO

Is there an award of Child Benefit for this person?                       YES                       NO

First name(s):
----------------

Last name:
------------

Date of birth:	DD				MM				YYYY			
----------------	----	--	--	--	----	--	--	--	------	--	--	--

In receipt of Disability Living Allowance (DLA)\* or Personal Independence Payment (PIP)\*

DLA High Care/PIP Daily Living Enhanced Rate                       Other DLA/PIP

(continued on next page)

Is this person registered blind?		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Is there an award of Child Benefit for this person?		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
First name(s):					
Last name:					
Date of birth:	DD			MM	
				YYYY	
In receipt of Disability Living Allowance (DLA)* or Personal Independence Payment (PIP)*					
<input type="checkbox"/> DLA High Care/PIP Daily Living Enhanced Rate		<input type="checkbox"/> Other DLA/PIP			
Is this person registered blind?		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Is there an award of Child Benefit for this person?		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

\* Please refer to the notes at the beginning of this form for a table of Disability Living Allowance and Personal Independence Payment rates.

**12** Please give details of anyone else who lives in the house. Please tick the box next to their status if they are registered blind, or if they are in receipt of Attendance Allowance at either rate, or Disability Living Allowance middle or high rate care component, or Personal Independence Payment daily living component at either rate, or an Armed Forces Independence Payment.

*By status, we mean their relationship to you/your property. Other people who live with you, apart from your partner and dependent children/young people, could be joint-owners, joint-tenants, paid live-in carers, sub-tenants, boarders, adult children or other adult relatives or family friends for whom you do not claim benefits.*

First name(s):	
Last name:	
Their status:	<input type="checkbox"/>
First name(s):	
Last name:	
Their status:	<input type="checkbox"/>

(continued on next page)

First name(s):	
Last name:	
Their status:	<input type="checkbox"/>
First name(s):	
Last name:	
Their status:	<input type="checkbox"/>
<p>Please give details of weekly rents of any sub-tenants and/or boarders named above.</p> <p><i>A boarder is someone who pays you for living in your property which includes a charge for some meals. A sub-tenant is someone who pays you just for living in part of your property. Do not enter here any payments you get from a relative who lives with you, as these are not counted as income at all.</i></p>	
<div style="border: 1px solid black; height: 40px;"></div>	

## Income

### Employment

**13** Are you or your partner in paid employment?

You                       Partner

Please give amount and period covered (week / month / year) for the following:

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

(continued on next page)

Are you or your partner self-employed?

You                       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 Childminding?

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

**14** 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), Disability Living Allowance (DLA) or Personal Independence Payment (PIP) which is paid as part of your state retirement pension, please **do not** include the AA/DLA/PIP amount in your pension figure.\*

Pension type/name	You		Partner	
	Amount	Period	Amount	Period
State Retirement Pension	£		£	
Occupational Pension	£		£	
Private Pension	£		£	
Other Pension	£		£	
Other Pension	£		£	

\* Please refer to the notes at the beginning of this form for a table of AA/DLA/PIP rates.

**Other income**

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

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

Capital

**16** Please give details of any of capital held by you or your partner

*By "capital" we mean any sort of assets or savings which belong to **you and to your partner** (if any). **Do not** include your home or personal possessions.*

**Savings** - please indicate type - e.g. cash, bank and building society accounts, Post Office accounts (including current accounts) - and value.

	£
	£
	£
	£
	£

**Investments** - please indicate type (e.g. investments, unit trusts, ISAs, premium bonds, savings certificates, bonds, stock and shares) and value. Please indicate the number of shares held where possible.

	£
	£
	£
	£
	£

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

	£
	£
	£
	£
	£

## DECLARATION

**The Council may wish to investigate or formally verify any information provided in this application. Please be aware that if you knowingly make a false statement you may be liable to prosecution.**

I/We declare that to the best of my/our knowledge and belief that the information provided above is correct.

Signature:

Print name:

Date:

Signature:

Print name:

Date: