



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:

Cost of works is £7,500 or less	
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 in need of the work.

1.1 Name:

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

Partner's name (if applicable)

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

Address:

.....

Correspondence address (if different):

.....

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

Mobile. no. E-mail

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

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

1.3 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. 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

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 know that I must tell you about any changes in my circumstances which may affect my entitlement.

Any multiple applications within 12 months received will be considered on accumulative amount and therefore, will be required to be means tested and will not be considered for minor adaptation application.

Please tick if you consent to this statement. If you do not tick this box we may be unable to provide you with all the assistance available.

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

Customer signature Date

Customer signature Date

*If you receive assistance to complete this form from a third party, please sign

Signature:Date:

Company:

Documents to be submitted with your application.

Please ensure the following are enclosed with your application:

Items required	Check
Application form must be signed and dated	
Landlord's authorisation letter signed by owner of the property (if not an owner/occupier)	
Any relevant information regarding your health or proposed work for i.e. GP / Hospital / Memory Clinic letter	
If you have been given recommendations from your hospital Occupational Therapist or a home assessment, please include as this can quicken up the process.	
Fully itemised and priced estimate(s) from contractor(s) (including the VAT)	

Please do not submit your application until you have all the documents listed above. If your application is incomplete when we receive it, we will return it to you.

Please return your completed application to:

Property Services
Babergh and Mid Suffolk District Councils
Endeavour House
8 Russell Road
Ipswich
IP1 2BX