



# HOUSING AND PROPERTY SERVICES

## PRIVATE SECTOR GRANTS – PRELIMINARY ASSESSMENT FORM

**THIS IS NOT AN APPLICATION FORM**

### 1. Type of Grant:

Disabled Facilities Grant  Safe and Warm Grant  CRI

### 2. Basic Information:

Name of Applicant (in full) \_\_\_\_\_ National Insurance no. (if known) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(i.e. owner or tenant): \_\_\_\_\_

Name of Applicant's spouse/partner: \_\_\_\_\_

Name of disabled person  
(if different/applicable): \_\_\_\_\_

Name of disabled person's spouse/partner (if different): \_\_\_\_\_

Address (in full): \_\_\_\_\_

Address of property at which work to be carried out, if different from above: \_\_\_\_\_  
\_\_\_\_\_

Contact telephone number: \_\_\_\_\_ E mail: \_\_\_\_\_

Are you an owner/occupier? YES / NO If yes, how many years have you lived at the property? \_\_\_\_\_

Are you a tenant? YES / NO If yes, who is your landlord? \_\_\_\_\_

Are you a leaseholder? YES / NO If yes, how many years does the lease have to run? \_\_\_\_\_

	Ages(s)
Number of children aged 16 or under	
Number of young people aged 17 or 18 who are in full time education	

Please give details of any other adults who live in your property:

Name	Age	Relationship	Rent (if any)

Please note that if applying for a Disabled Facilities Grant then the disabled person and spouse/partner (if applicable) should complete questions 3 to 13.

3. Do you or your partner receive **Guarantee Pension Credit, Income Support or income-based job seekers allowance?** (If YES please go to question 14, if NO please continue)

YOU: YES  NO  PARTNER: YES  NO

4. If you and/or your spouse/partner are in paid employment, please state total NET income from all employers. Please include any likely overtime and bonus payments. If you are self-employed details should also be recorded here.

	Employer	Amount	How often paid	Average Weekly Hours
You				
Partner				

5. If you pay contributions into any sort of pension scheme, please state below

	Organisation	Amount of contribution	How often paid
You			
Partner			

6. Are you or your partner required to pay a contribution in respect of a student grant or loan for a son, daughter or partner?

	Amount of contribution	How often paid
You		
Partner		

7. Please list any amounts that you pay for registered childcare (where the person or organisation is registered under the Children's Act, or they are cared for on school or local authority premises either before or after school)

	Amount	How often paid
You		
Partner		

8. Do you or your partner receive maintenance?

	Amount	How often received
You		
Partner		

**9. Please tick where any of the following apply to, or are received by, you or your spouse/partner**

	You	Partner		You	Partner
Attendance Allowance	<input type="checkbox"/>	<input type="checkbox"/>	Carer's Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Disability Living Allowance - higher care	<input type="checkbox"/>	<input type="checkbox"/>	Carer's Allowance paid to someone for looking after you	<input type="checkbox"/>	<input type="checkbox"/>
Disability Living Allowance - middle care	<input type="checkbox"/>	<input type="checkbox"/>	Underlying entitlement to Carer's Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Disability Living Allowance - lower care	<input type="checkbox"/>	<input type="checkbox"/>	Unable to work (and have 'failed' incapacity to work test)	<input type="checkbox"/>	<input type="checkbox"/>
Disability Living Allowance - high mobility	<input type="checkbox"/>	<input type="checkbox"/>	Registered blind	<input type="checkbox"/>	<input type="checkbox"/>
Disability Living Allowance - lower mobility	<input type="checkbox"/>	<input type="checkbox"/>	Previously registered blind	<input type="checkbox"/>	<input type="checkbox"/>

**10. Please give details of any income received by you and your spouse/partner where applicable**

W = Weekly      F = Fortnightly      4W = 4 weekly      M = Monthly      A = Annually

	You	Frequency	Partner	Frequency
State Retirement Pension	£ _____	_____	£ _____	_____
Occupational Pension (1)	£ _____	_____	£ _____	_____
Occupational Pension (2)	£ _____	_____	£ _____	_____
Other Pension/Annuity	£ _____	_____	£ _____	_____
Widows Pension	£ _____	_____	£ _____	_____
War Widows pension	£ _____	_____	£ _____	_____
War Disablement pension	£ _____	_____	£ _____	_____
Unemployment benefit	£ _____	_____	£ _____	_____
Incapacity benefit- short term	£ _____	_____	£ _____	_____
Incapacity benefit – long term	£ _____	_____	£ _____	_____
Industrial Injuries benefit	£ _____	_____	£ _____	_____
Statutory sick pay	£ _____	_____	£ _____	_____
Statutory maternity pay	£ _____	_____	£ _____	_____

W = Weekly      F = Fortnightly      4W = 4 weekly      M = Monthly      A = Annually

	You	Frequency	Partner	Frequency
Child Benefit	£ _____	_____	£ _____	_____
Paternity / Adoption pay	£ _____	_____	£ _____	_____
Severe Disablement Allowance	£ _____	_____	£ _____	_____
Independent Living Foundation payment	£ _____	_____	£ _____	_____
Charitable or voluntary income	£ _____	_____	£ _____	_____
Family Tax Credit	£ _____	_____	£ _____	_____
Working Tax Credit	£ _____	_____	£ _____	_____
	- does it include the 30+ hour's element?	YES / NO		
	- does it include an adult disability element?	YES / NO		

**11. Please give details of any cash, bank accounts, savings (including ISA's and PEP's), other capital, THIS INCLUDES ALL CURRENT ACCOUNTS.**

	Where Held	Amount	Joint account (YES / NO)
YOU: 1.	_____	£ _____	_____
2.	_____	£ _____	_____
3.	_____	£ _____	_____
4.	_____	£ _____	_____
5.	_____	£ _____	_____
6.	_____	£ _____	_____

	Where Held	Amount	Joint account (YES / NO)
PARTNER: 1.	_____	£ _____	_____
2.	_____	£ _____	_____
3.	_____	£ _____	_____
4.	_____	£ _____	_____
5.	_____	£ _____	_____
6.	_____	£ _____	_____

**12. Do you or your spouse/partner receive income from any other sources e.g. investments, rent from another property or have bond(s) with a capital value?**

YES /NO                      If YES, please give details below

	Source of income	Amount of income and frequency
You		
Partner		

**13. Do you or your spouse/partner have any shares?**

YES /NO                      If YES, please give details below

	Company	Number of shares
You		
Partner		

**14. Please specify type of dwelling for which grant required.**

House                       Flat                       Maisonette                       Bungalow                       Mobile Home

If flat or maisonette, please state on which floor your home is: \_\_\_\_\_

**15. Year property was built, if known:** \_\_\_\_\_

**16. Describe briefly the works to be carried out:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please be aware that no grant assistance is available for works undertaken prior to formal written approval by Woking Borough Council.**

17. Please outline below any medical conditions or disabilities and how they affect you (if you have already been assessed by Woking Social Care team you do not need to provide this information).

---

---

---

---

---

Please note that any advice given as a result of your information is intended only as a guide and may change if your financial circumstances alter. If your circumstances change please contact this office for an updated assessment of your likely contribution to any grant.

**DECLARATION**

I declare that to the best of my knowledge, the information I have provided is accurate and correct.  
I agree for relevant financial and medical information to be shared with any Agent assisting my application.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**Please return this form to:**  
  
**Private Sector Grants Team  
Woking Borough Council  
Civic Offices  
Gloucester Square  
Woking  
Surrey  
GU21 6YL**  
  
**(Tel: 01483 743660)**

## ETHNIC MONITORING

Woking Borough Council is keeping records of the ethnic origin of everyone applying for assistance. This is to ensure thorough monitoring and that assistance is provided on an equal basis to all.

This information will be used in accordance with the Data Protection Act.

**How would you describe your ethnic origin?** *Please tick in one space for each person.*

(Your nationality is an irrelevant factor when considering ethnic origin).

		Applicant	Partner	Other		
(a)	White					
	British					
	Irish					
	Any other White Background					

		Applicant	Partner	Other		
(b)	Mixed					
	White and Black Caribbean					
	White and Black African					
	Any other mixed background					

		Applicant	Partner	Other		
(c)	Asian or Asian British					
	Indian					
	Pakistani					
	Bangladeshi					
	Any other Asian background					

		Applicant	Partner	Other		
(d)	Black of Black British					
	Caribbean					
	African					
	Any other background					

		Applicant	Partner	Other		
(e)	Chinese or other ethnic group					
	Chinese					
	Any other					

I do not wish to provide this information