

# North Norfolk Housing Adaptations Service

## Disabled Facilities Grant Financial Means Test Form

**Please complete ALL sections of the form. Please cross out any sections that are not applicable to you.**

Full name (include title): ..... Date of Birth: .....

Partners full name: ..... Date of Birth: .....

Address: .....

Do you own the property: Yes  No  Are you a tenant: Yes  No

Other (please detail): .....

### Your income

**Please give details of all state and disability benefits received by you or your partner. You only need to complete the sections that apply to you and your partner.**

Benefit	You	Your Partner
<b>Attendance allowance</b>	High <input type="checkbox"/>	High <input type="checkbox"/>
	Low <input type="checkbox"/>	Low <input type="checkbox"/>
<b>Carers allowance</b>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
<b>Disability living allowance (DLA)</b>		
Care component	Low <input type="checkbox"/> Middle <input type="checkbox"/> High <input type="checkbox"/>	Low <input type="checkbox"/> Middle <input type="checkbox"/> High <input type="checkbox"/>
Mobility component	Low <input type="checkbox"/> High <input type="checkbox"/>	Low <input type="checkbox"/> High <input type="checkbox"/>
<b>Personal independence payment</b>		
Daily Living component	Standard <input type="checkbox"/> Enhanced <input type="checkbox"/>	Standard <input type="checkbox"/> Enhanced <input type="checkbox"/>
Mobility component	Standard <input type="checkbox"/> Enhanced <input type="checkbox"/>	Standard <input type="checkbox"/> Enhanced <input type="checkbox"/>

	<u>You</u>		<u>Your Partner</u>	
	Amount	How often paid	Amount	How often paid
Employment and Support Allowance - contribution based (work related activity)	£.....	.....	£.....	.....
Employment and Support Allowance – income based	£.....	.....	£.....	.....
Industrial Injuries Benefit	£.....	.....	£.....	.....
Job Seekers Allowance – contribution based	£.....	.....	£.....	.....
Permitted Earnings Credit	£.....	.....	£.....	.....
Severe Disablement Allowance	£.....	.....	£.....	.....
Statutory Maternity / Paternity / Adoption Pay	£.....	.....	£.....	.....
Widowed Mother’s Allowance	£.....	.....	£.....	.....
Widowed Parent’s Allowance	£.....	.....	£.....	.....
Working Tax Credit	£.....	.....	£.....	.....
Child Benefit	£.....	.....	£.....	.....
Child Tax Credit	£.....	.....	£.....	.....

Please detail any **other** benefits received:

.....

Does anyone receive a Carer’s Allowance for caring for you or your partner?      Yes  No

Please give details, including the name of the person who receives the allowance and whether it is paid for caring for you or your partner:

.....

### **Earned Income:**

Please give the average number of hours worked **per week**

You .....      Your partner .....

Net **weekly** Income (gross income minus Income Tax/National Insurance/Pension Contributions):

You £.....      Your partner .....

Are you or your partner on a training course?      Yes  No

Are you or your partner receiving a Student grant/loan      Yes  No

**Pensions:**

If you, or your partner, receive a pension or retirement annuity of any kind please provide the following:

	<u>You</u>		<u>Your partner</u>	
	Amount	How often paid	Amount	How often paid
Occupational Pension	£.....	.....	£.....	.....
Personal Pension	£.....	.....	£.....	.....
Retirement Annuity	£.....	.....	£.....	.....
Savings Credit	£.....	.....	£.....	.....
State Retirement Pension	£.....	.....	£.....	.....
War Disablement Pension	£.....	.....	£.....	.....
War Widow's / Widower's Pension	£.....	.....	£.....	.....
Any other pensions	£.....	.....	£.....	.....

Please provide details of any personal pension scheme or retirement annuity contract scheme under which you or your partner receive no income or forego income?

.....

**Tenants and lodgers (inc. family members, non-dependants)**

Do you or your partner provide board/lodgings have anyone living with you that is not a spouse?

Yes  No

Do you or your partner have a tenant/s?

Yes  No

**Other income**

Do you or your partner receive any other income or financial assistance from anyone? (including maintenance from a former partner): Yes  No

Do you or your partner own or have a financial interest in any land, property or business asset?

Yes  No

**Compensation and insurance**

Have you or your partner received any compensation or insurance pay-out relating to any disability? Yes  No

Are you or your partner awaiting the outcome of any compensation or insurance claim? Yes  No

**Outgoings**

Are you or your partner paying for child care?

Yes  No

## Savings, investments and other capital

Please give details of **all money (including day to day accounts)** that is held in both current bank accounts, savings accounts and other investments:

Bank account	Joint	You	Your partner
Current bank account 1	£	£	£
Current bank account 2	£	£	£
Post office account	£	£	£
Savings account	£	£	£
ISA	£	£	£
Cash savings	£	£	£
Premium bonds	£	£	£
Stocks/shares or investments	£	£	£
<b>Any other please give details</b>			

### Notes on Financial Assessment:

Please attach further sheets of paper if there is insufficient space on the form to include all the details you feel we should know.

The financial status of the disabled/relevant person and their partner is assessed. **Grants cannot be given for any work already carried out** so it is essential that you do not start any work for which you wish to claim grant. The results of this assessment will only be as accurate as the information you provide. The information submitted will be checked, If a grant application is made we will ask to see bank statements / pay slips etc. for at least the last four months.

The Council is under a duty to protect the public funds it administers and the information you have given may be used for the prevention of fraud both by this Council and other bodies administering public funds. **It is a criminal offence to knowingly withhold or conceal information relating to the financial assessment which could result in you obtaining money by deception.**

## Declaration

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

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

**NOTE: Incomplete or unsigned forms cannot be processed, please ensure you complete all sections.**

**Please return to:** IHAT, North Norfolk District Council, Holt Road, Cromer, NR27 9EN