



Preliminary Financial Assessment

The Borough Council will provide a **preliminary** assessment of the amount you will have to contribute yourself towards the cost of the works. It will be based on the information you supply below and **should only be used as a guide** until formal approval has been given. Proof of income etc is not required at this stage but will be necessary before financial assistance is approved.

PLEASE USE BLOCK CAPITALS THROUGHOUT THIS FORM.

1. Address of property to be improved or adapted:
 Post Code _____

2. Name of applicant or joint applicants (the applicant is the person who owns or rents the house.)

Applicant 1 Contact no _____

Applicant 2 Contact no _____

Are you 1) Owner/ occupier: yes/no 3) Tenant: yes/no

3. If the grant is for a disabled person, please give their name:

4. Nature of works.

Please detail the main works that you are seeking grant funding for:

5. Including yourself, please state who lives in the house and whether they are in receipt of a means tested benefit, e.g. ESA income based (ESAIB) Universal Credit(UC) Guaranteed Pension Credit (GPC) Housing Benefit (HB)

FULL NAME APPLICANT FIRST (then husband/wife, then other occupants)	RELATIONSHIP TO APPLICANT e.g. Mother, Son, Lodger etc	DATE OF BIRTH	FULL TIME STUDENT YES/NO	MEANS TESTED BENEFIT (If yes please state which benefit)



6. Earned income - but **not** pensions or benefits (for pensions see question 7)

What is your weekly income after Tax, National Insurance and **half** your pension contribution have been deducted (average over 12 months).

	EARNINGS - PER WEEK (excluding Tax, N.I. and half pension contribution)	HOURS WORKED PER WEEK
YOURSELF	£ PER WEEK	
SPOUSE/PARTNER	£ PER WEEK	
	£ PER WEEK	

7. Do you own a second property Y / N

8. **Benefits and Pensions:** Please identify if you are in receipt of any of the following benefits

Disability Living Allowance Care Y / N High / Middle / Low

Disability Living Allowance Mobility Y / N High / Middle / Low

Personal Independence Payment Y / N **Attendance allowance** Y / N

Other income (for example: benefits, pensions, rent from lodgers, maintenance payments: (Include State Pension and Child Benefit etc. Exclude NI and Tax. **Please remember to include, Employment Support Allowance /Personal Independence Payments.**

TYPE	AMOUNT PER WEEK YOURSELF	AMOUNT PER WEEK YOUR SPOUSE/PARTNER
1.		
2.		
3.		

9. What savings/investments do you have? e.g. Premium bonds, value of stocks/shares, ISA's etc

Current bank account/s	£
Savings account/s	£
	£
	£
	£

This information may need to be shared or verified with other agencies providing services for you. If you do **not** wish this information to be shared please tick the box.

Applicant's signature:Date.....