



Ref: /

## Colchester Borough Council

### Financial Assistance

#### ENQUIRY FORM

- Home Repair Loan
- Empty Property Loan
- Home Security Grant
- HMO Fire Safety Grant

This is **not** a formal application, but is intended to provide the Council with the information it needs to give you an indication of whether or not you are likely to qualify for financial assistance.

It will help us provide you with an idea of how much money (if any) you are likely to need to put towards the cost of the works.

#### Completing this form

Please answer all questions as fully as possible, using **BLOCK CAPITALS**, and tick (✓) all boxes that apply.

Your answers should relate to the dwelling for which you intend to apply for financial assistance.

**All the information you provide will  
be treated as private and confidential.**

#### Warning!

You **must not** start the work before you have received the Council's written permission. If you do the work before the formal application is submitted and approved, the Council will be unable to provide financial assistance.

#### What happens next?

When you have completed this form, please return it **as soon as possible** to:

Professional Support Unit  
Life Opportunities  
Colchester Borough Council  
Rowan House  
33 Sheepen Road  
Colchester  
CO3 3WG

When we have considered the information you have provided, we will write to you, telling you whether or not you are likely to qualify for financial assistance and, if appropriate when your home is to be surveyed.

## YOUR DETAILS

### 1. Please provide details of yourself and your partner (if you have one).

You		Your Partner	
Title: Mr/Mrs/Miss/Ms/Other		Title: Mr/Mrs/Miss/Ms/Other	
Surname:		Surname:	
First names:		First names:	
Address:		Address: (if different)	
Postcode:		Postcode:	
Date of birth:	Age:	Date of birth:	Age:
Telephone number:		Telephone number:	
National Insurance number:		National Insurance number:	
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### 2. Have you come to live in the United Kingdom in the last five years?

☐ No

☐ Yes



*If Yes, what is your nationality?*

*If Yes, we may need to contact you and/or the Home Office for further information.*

### 3. Do you want someone else to deal with the Council's enquiries on your behalf?

☐ No

☐ Yes



*Please give details of the person who will represent you*

Name:

Address:

Telephone Numbers:

(Home)

(Work)

Please ensure that any person or organisation you ask to act on your behalf has agreed to do so. Even if they do, this form does not mean that they are legally bound to act for you.

**If you are a Swan Care and Repair client we will share with them any information relating to this application.**

## DETAILS OF THE PROPERTY

4. What is the address of the property where the works are to be carried out?

5. Please describe the property

☐ House

☐ It has 2 storeys

☐ It has 3 or more storeys

☐ Bungalow

☐ Flat

☐ Houseboat/Mobile Home

☐ Other



*Please give details*

6. How many bedrooms does the property have?

7. Approximately when was the property built?

8. In which Council Ward (electoral area) is the property situated?

9. In what Council Tax Band is the property?

☐ Band A

☐ Band B

☐ Band C

☐ Band D

☐ Band E

☐ Band F

☐ Band G

☐ Band H

10. What is the approximate value of the property at the moment?

£

**11. Is there a mortgage, secured loan or other legal charge on the property?**

☐ No

☐ Yes



*Please give details of all mortgages, secured loans and charges, including the nature of the debt and the amounts still to be repaid.*

**12. Are you or your partner currently living in the property?**

☐ Yes



*How long have you been living in the property?*

☐ No

**13. What is the nature of your interest in the property?**

☐ Owner

☐ Joint Owner

☐ Licensee

☐ Tenant



*Please give your landlord's name and address*

☐ Other



*Please give details*

**14. If you own (or jointly own) the property, when did you buy it?**

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**15. Have you received any financial assistance (housing grants or loans) for this property from Colchester Borough Council in the last 10 years?**

☐ No

☐ Yes



*Please provide full details of the assistance you have received*

## DETAILS OF THE WORKS

### 16. Please indicate the repairs and improvements that are needed.

(a) Repair, replacement or provision of internal lavatory	YES/NO
(b) Repair, replacement or provision of bath	YES/NO
(c) Repair, replacement or provision of wash-hand basin	YES/NO
(d) Repair, replacement or provision of kitchen sink	YES/NO
(e) Repair, replacement or provision of hot water system	YES/NO
(f) Roof repairs/re-roofing (If 'Yes', please state type of roof covering)	YES/NO
(g) Replacement of gutters or downpipes	YES/NO
(h) Chimney repairs (If 'Yes', how many?)	YES/NO
(i) Repair or renewal of rendering	YES/NO
(j) Repair or replacement of doors (If 'Yes', how many?)	YES/NO
(k) Repair or replacement of windows (If 'Yes', how many?)	YES/NO
(l) Fire precautions (including means of escape from fire)	YES/NO
(m) Re-siting of a cooker which is located next to a door	YES/NO
(n) Dry rot/wet rot treatment	YES/NO
(o) Repair or renewal of floors (If 'Yes', how many?)	YES/NO
(p) Electrical repairs or re-wiring	YES/NO

(q) Repair or renewal of wall plaster (If 'Yes', how many walls?)	YES/NO
(r) Renewal of ceilings (If 'Yes', how many?)	YES/NO
(s) Repair or renewal of staircase	YES/NO
(t) Heating to living rooms on ground floor (If 'Yes', 1 or 2 rooms?)	YES/NO
(u) Repairs to drainage	YES/NO
(v) Repairs to cracks on wall(s) (If 'Yes', how many walls?)	YES/NO
(w) Re-building walls	YES/NO
(x) Underpinning	YES/NO
(y) Damp-proof course	YES/NO
(z) Other Works (please give details)	

## DISABLED FACILITIES

17. Please describe the adaptations that are needed.

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18. Who will benefit from the adaptations?

Name:	Age:
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*Please note that disabled facilities must normally be recommended by an occupational therapist from Social Services. For new enquiries and an assessment, telephone 0845 6037630 and ask for Essex Social Services Direct.*

## RESPONSIBILITY FOR REPAIRS

19. Are you the person who is responsible for paying for and carrying out the repairs?

☐ Yes

☐ No



*Please give details of who is responsible for the repairs*

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## DETAILS OF YOUR HOUSEHOLD

20. Please put a tick (✓) in the appropriate box(es) to describe the age group and domestic circumstances of yourself and your partner.

	Aged under 18	Aged 18-24	Aged 25-59	Aged 60-74	Aged 75-79	Aged 80 or over
Single Person						
Lone Parent						
Couple (You)						
(Your Partner)						

**21. Please answer the following questions.**

(a) Are you or your partner registered blind?	YES/NO
(b) Do you have a Motability agreement?	YES/NO
(c) Have you had 'limited capability' for work for more than the last 52 weeks due to a specific disability?	YES/NO
(d) Has your partner had 'limited capability' for work for more than the last 52 weeks due to a specific disability?	YES/NO
(e) Are you considered as disabled?	YES/NO
(f) Is a member of your household considered disabled? (If 'Yes' what is their name, how are they related to you, and what is their age?)	YES/NO

**22. Do you or your partner receive Attendance Allowance?**

<b>You</b>	<b>Your Partner</b>
Yes/No	Yes/No

**23. Do you or your partner receive the care component of Disability Living Allowance?**

☐ No

☐ Yes



*Who receives the care component and at what rate?*

	<b>You</b>	<b>Your Partner</b>
Highest rate	Yes/No	Yes/No
Middle rate	Yes/No	Yes/No
Lowest rate	Yes/No	Yes/No

**24. Do you or your partner receive the mobility component of Disability Living Allowance?**

☐ No

☐ Yes



*Who receives the mobility component and at what rate?*

	<b>You</b>	<b>Your Partner</b>
Higher rate	Yes/No	Yes/No
Lower rate	Yes/No	Yes/No

**25. Do you, or your partner, receive (or have an underlying entitlement to) Carer's Allowance?**

☐ Yes

☐ No

**26. Does anyone else receive Carer's Allowance for looking after you, or your partner?**

☐ Yes

☐ No

**27. Are you, or is your partner, a student?**

☐ Yes

☐ No

**28. Please provide the following information about any dependant children (aged 19 and under) who are living with you.**

Full Name	Date of Birth

**29. Apart from your partner and any dependant children, does anyone else aged 18 or over live with you?**

☐ No

☐ Yes



*Please give details*

**30. If you have referred to a child aged 17, 18, 19 (in your answer to Question 28), are they in full-time education? (This means a course up to, and including 'A' levels)**

☐ No

☐ Yes



*Please give details*

**31. Are any of your dependants registered blind or receiving Disability Living Allowance?**

☐ No

☐ Yes



*Please give details*



**32. Do they receive the care component of Disability Living Allowance?**

☐ No

☐ Yes



*Who receives the care component and at what rate?*

	<b>You</b>	<b>Your Partner</b>
Highest rate	Yes/No	Yes/No
Middle rate	Yes/No	Yes/No
Lowest rate	Yes/No	Yes/No

**MEANS-TESTED BENEFITS**

**33. Which of the following benefits (if any) do you or your partner receive?**

☐ Income Support

☐ Income-based Jobseeker's Allowance

☐ Income-related Employment and Support Allowance

☐ Working Tax Credit and income not exceeding £15,050

☐ Child Tax Credit and income not exceeding £15,050

☐ Pension Credit Guarantee Credit

☐ Housing Benefit

☐ Council Tax Benefit (*this is **not** the same as the Disability Reduction Scheme*)

*Please give the full name of the person who is receiving these benefits.*

**34. Please complete and sign the following statement.**

**Authorisation – Benefits Check**

I authorise the Department for Work and Pensions, Her Majesty's Revenue and Customs and Colchester Borough Council's Revenue Services Team to provide the Professional Support Unit with confirmation that I am now receiving one, or more, of the benefits referred to in Question 33 above.

Signature ..... Date .....

Full Name .....

***Now please turn to page 13 and sign the Declaration.***

**EARNINGS**

**35. Please provide full details of earnings from employment and self-employment. If self-employed, please send in a copy of your profit and loss account.**

*For earnings from childminding, please record just one third of the gross income or net profit.*

	You		Your Partner	
Average Hours Worked Per Week	hours		hours	
	Amount paid £	How often paid	Amount paid £	How often paid
Gross earnings (before deductions)				
Income Tax				
National Insurance Contributions				
Pension Contributions				
Retirement Annuity Contract Contributions				

**36. Are any of your earnings the result of your duties as a part-time fireman, auxilliary coastguard (other than watch duties), part-time lifeboat crew, or a member of the territorial and reserve forces?**

☐ No

☐ Yes



*Please give details*

**OTHER INCOME**

**37. Please give details of all other income received by you or your partner.**

	You		Your Partner	
	Amount paid £	How often paid	Amount paid £	How often paid
Bereavement Allowance				
Carer's Allowance				
Child Benefit				
Child Tax Credit				
Contribution-based Jobseeker's Allowance				
Contributory Employment and Support Allowance				
Main				

Contd. overleaf

		You		Your Partner	
		Amount paid £	How often paid	Amount paid £	How often paid
Incapacity Benefit	Short term				
	Long Term				
Maintenance received from a former partner (this includes Child Support)					
Maternity Allowance					
Pension Credit Savings Credit					
Private Pension/Occupational Pension					
State Pension					
Severe Disablement Allowance					
Statutory Maternity Pay, Paternity Pay or Adoption Pay					
Statutory Sick Pay					
Student Grant/Loan					
War Widows/Widowers Pension or War Disablement Pension					
Working Tax Credit					
Any other income (Please specify)					

### CONTRIBUTION TO STUDENT'S GRANT OR STUDENT LOANS

38. Do you or your partner make (or are either of you treated as making) a contribution in respect of student grant or student loan, for a son, daughter or partner.

☐ No

☐ Yes →

*Please give the student's name and the annual contribution*

### SAVINGS, INVESTMENTS AND OTHER CAPITAL

39. Do you or your partner have any cash, savings or other investments?

☐ No

☐ Yes

→ *Please give full details of all savings and other investments, including any of the following:*

	<b>You Amount</b>	<b>Your Partner Amount</b>
Bank current account	£	£
Bank deposit account	£	£
Bank account(s) - other	£	£
Building Society account(s)	£ £ £	£ £ £
Cash savings	£	£
National Savings Certificates	Issue Number: Date: Number held:	Issue Number: Date: Number held:
Post Office Investment Account	£	£
Post Office Ordinary Account	£	£
Premium Bonds	£	£
Stocks, shares, unit trusts, etc	Details:  Current value: £ (if known)	Details  Current value: £ (if known)
Any other investments	Details:  Current value: £ (if known)	Details  Current value: £ (if known)

- 40. Please give details of any one-off payments you or your partner have received over the past 12 months, including the date(s) of such payment(s) where known and indicate if these are included in the amounts given in question 39.**

- 41. Do you or your partner own any land, property, business, or have any other capital whatsoever?**

☐ No

☐ Yes



*Please give full details*

42. If you have a property that you do not use as your main or sole residence, please give details of its value, together with the outstanding mortgage and, if it is let, the rental income.

#### OTHER PEOPLE IN THE HOUSEHOLD

43. Do you pay any childcare charges to a registered childminder for any children aged 15 and under (or aged 16 and under if disabled)?

☐ No

☐ Yes



*Please state how much you pay each week.*

44. Do any of your children have any earnings (other than pocket money)?

☐ No

☐ Yes



*Please give details*

45. Do any of your children have any savings, capital or investments?

☐ No

☐ Yes



*Please give details*

46. Do you receive any income from lodgers or boarders?

☐ No

☐ Yes



*Please give details*

#### 47. Lone Parents

Were you a lone parent on 5 April 1998 and have continued to be a lone parent from that date?

☐

No

☐

Yes

#### 48. Please complete and sign the following Declaration:

##### DECLARATION

I declare that the information I have given on this form is correct and complete.

I understand that I must let you know if my circumstances change.

I understand that my details will be verified with other council departments including local taxation and benefits.

I understand that if you give me financial assistance as a result of me giving false information, you may prosecute me for criminal offences.

Your signature: \_\_\_\_\_ Full Name: \_\_\_\_\_.

Your partner's  
signature \_\_\_\_\_ Full Name: \_\_\_\_\_.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

We will hold the information under the Data Protection Act 1984 and 1998. We must protect the public funds we handle and so we use the information you have provided on this form to prevent and detect fraud.

**Swan Care and Repair clients only** – By signing this you are agreeing that we may also share this information with Swan Care and Repair.

***Your Enquiry Form cannot be processed until you have answered all of the questions that apply.***