



# Preliminary Test of Resources for Disabled Facilities Grant

Private Sector Housing Team, Revenues and Housing  
Elizabeth House, Church Street, Stratford-upon-Avon CV37 6HX

Telephone: 01789 260863 Fax: 01789 260895 Minicom: 01789 260747 website: www.stratford.gov.uk

If you find the text in this form difficult to read we can supply it  
in a format better suited to your needs.

**This form should be completed by the disabled person and their partner.**

FULL NAME:

ADDRESS:

  

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Postcode:

DATE OF BIRTH:

  

TELEPHONE No:

**Please give the following details of your partner who lives with you.**

FULL NAME:

DATE OF BIRTH:

  

**1. Is the property:**

Owner Occupied

Privately Rented

Housing Association

**2. Are you or your partner receiving any of the following:**

Income support Yes  No

Guarantee pension credit Yes  No

Income related jobseekers allowance Yes  No

Council Tax Benefit Yes  No

**If you have answered "yes" to any of the above YOU DO NOT NEED TO COMPLETE THE  
REMAINDER OF THIS FORM. (Please go to the declaration at the end.)**

**1 Do you or your partner receive any of the following allowances or benefits in respect of illness or disability:-**

	YOU		YOUR PARTNER	
Attendance allowance	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
Disability living allowance	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
Carer's allowance	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
Invalidity pension	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
Long-term incapacity benefit	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
Mobility supplement	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
Severe disablement allowance	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>

**2 If you or your partner receive the care component of Disability Living Allowance (DLA), is the care component awarded at the highest, middle or lowest rate?:-**

	YOU		YOUR PARTNER	
Highest rate	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
Middle rate	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
Lowest rate	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>

**3 Does anyone receive a carer's allowance for caring for you or your partner?**

Yes  No

**4 Do you have any dependent children, under the age of 19 living with you?**

Yes  No  If "yes" please give the details requested below:

Full name	Date of birth	Do they receive DLA?
<input type="text"/>	dd mm year	Yes <input type="radio"/> No <input type="radio"/>
<input type="text"/>	dd mm year	Yes <input type="radio"/> No <input type="radio"/>
<input type="text"/>	dd mm year	Yes <input type="radio"/> No <input type="radio"/>
<input type="text"/>	dd mm year	Yes <input type="radio"/> No <input type="radio"/>
<input type="text"/>	dd mm year	Yes <input type="radio"/> No <input type="radio"/>

**5 Does any child have any other income whatsoever?**

Yes  No  If "yes" please give the details below:


**6 Apart from your partner or any dependent children, does anyone aged 18 or over live with you?**

Yes  No  If "yes" please give the details below:

<b>Full name</b>	<b>Relationship to you/ your partner</b>

**7 If you or your partner are currently in paid employment please give the following details for each job held.**

	<b>YOU</b>	<b>YOUR PARTNER</b>
Gross pay		
How often paid		
Income tax paid		
NI contributions		
Occupational or personal pension scheme contributions		
Average hours worked		

**8 If you or your partner receives a pension or retirement annuity of any kind, please give details**

	Type of pension	Amount £	How often paid
* You / Your Partner			
* You / Your Partner			
* You / Your Partner			
* You / Your Partner			
* You / Your Partner			
* You / Your Partner			

**9 Please give details of all state benefits received by you or your partner**

	Type of benefit	Amount £	How often paid
* You / Your Partner			
* You / Your Partner			
* You / Your Partner			
* You / Your Partner			
* You / Your Partner			
* You / Your Partner			

**10 Please give details of any other income received by you or your partner**

	Type of income	Amount £	How often paid
* You / Your Partner			
* You / Your Partner			
* You / Your Partner			
* You / Your Partner			
* You / Your Partner			
* You / Your Partner			

\* delete as appropriate

11 Do you or your partner (or you and your partner jointly) have any cash, savings or other investments?

Yes  No

12 Please give details of savings or other investments (both individually and jointly owned), including any of the following:

	YOU	YOUR PARTNER
Bank current account:	£	£
Bank deposit account:	£	£
Bank other account(s):	£	£
Building Society account(s):	£	£
Cash savings:	£	£
	£	£
	£	£
National Savings Certificates:	Issue No: _____ Date: _____ Number held: _____	Issue No: _____ 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: £

**13 Do you or your partner make a contribution in respect of a student grant or student loan for a son, daughter or partner? Please give details:**

	Type of income	Amount £	How often paid
* You / Your Partner			
* You / Your Partner			
* You / Your Partner			
* You / Your Partner			
* You / Your Partner			
* You / Your Partner			

\* delete as appropriate

**14 Do you or your partner pay for the care of any child who lives with you. Please give details. (Care must be provided by a child minder or organisation registered under the Children Act 1989 unless on Crown property)**


**DECLARATION**

I / We declare that to the best of my / our knowledge the information given above is correct.

Your signature:  Date: 

dd	mm	year
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Your partner's signature:  Date: 

dd	mm	year
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In the event of a Disabled Facilities Grant application a further financial assessment will have to be undertaken supported by full documentary evidence.

Stratford-on-Avon District Council is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

For further information, see <http://www.stratford.gov.uk/datamatching>

The Council would like to use the information that you provide to ensure that we are using your correct details for all the services the Council provide. Please tick the box below if you do not agree to this.