

**HOUSING GRANTS, CONSTRUCTION AND REGENERATION ACT 1996**

**REGULATORY REFORM (HOUSING ASSISTANCE) (ENGLAND AND WALES) ORDER 2002**

**CYNGOR SIR CEREDIGION COUNTY COUNCIL**

**HOUSING SERVICES**

## Neuadd Cyngor Ceredigion

**Penmorfa, Aberaeron, SA46 OPA**

# APPLICATION FOR SAFE, WARM AND SECURE ASSISTANCE - Fast Track Minor Adaptations/

# Emergency Repair

*(Please tick boxes as appropriate throughout this form)*

**PART I**

1. Applicant’s Name ……………………………………………… Title: Mr/Mrs/Miss/Other……………

Address ……………………………………………………………………………………………………….

…………………………………………………………………………………………………………………

Telephone Nos. (Home) ……………………………………… (Work) …………………………………

1. Applicant’s Date of Birth …………………………….….. Age: …………………….years
2. Are you disabled or infirm? disabled infirm neither
3. Please give the following details of the property to which the application relates:

Address : ……………………………………………………………………………………………………

Is the property a:- house flat mobile home

1. Do you live in the property as your only or main residence? Yes No
2. (a) Do you have an owner’s interest in the property? Yes No
3. Are you a tenant? Yes No
4. Do you occupy the property under a right of exclusive occupation

granted for your life or for a period of more than five years? Yes No

If the answer to (c) above is “Yes” have you occupied the property as your only or our main residence for a period of at least three years immediately preceding the date of this application?

Yes No

7. Please give details of the amount or value of any Safe Warm and Secure Assistance given in respect of the property in the period immediately preceding the date of this application.

………………………………………………………………………………………………………………

8. Please describe the proposed works (*attach a separate sheet if necessary):*

…………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………

1. Please confirm that you have a duty or power to carry out the proposed works?

Yes No

1. Who will carry out the proposed works ?

Name ……………………………………………………………………………………………………

Address …………………………………………………………………………………………………

1. Are you or your partner entitled to and receiving income support, income-based jobseeker’s allowance, Income based employment and support allowance, guaranteed pension credit, housing and/or council tax benefit or working/child tax credit (income for tax credits below £15,860)?

Yes  No 

Please give details including dates:………………………….

(If Yes please go to the Declaration at the end of this Part).

**PART II**

***Please complete this Part only if your application relates to a Mobile Home***

18. Does the mobile home qualify as a dwelling for the purposes of payment of Council Tax?

Yes No

19. Are you the lawful occupant of the mobile home? Yes No

1. Have you occupied the mobile home as your only or main residence

for a period of at least three years immediately preceding

the date of this application? Yes No

1. Has the mobile home for that period been on land forming part

of the same protected site within the meaning of the Mobile

Homes Act 1983? Yes No

1. Have you occupied the mobile home under an agreement

to which that Act applies or under a gratuitous licence? Yes  No 

**PART III**

***To be completed in respect of all applications***

**DECLARATION**

**WARNING: if you knowingly make a false statement you may be liable to prosecution**.

I declare that to the best of my knowledge the details I have provided, and the reasons for the works listed in the enclosed cost estimate are correct.

I confirm that the works are not works for which a grant under The Regulatory Reform (Housing Assistance) England and Wales) Order 2002 (*renovation, disabled facilities, common parts or HMO grants)* has been approved or for which an application for a grant is pending.

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

For the purpose of this application, I give my consent to the Council to refer to information provided by me for the purposes of my application(s) for Housing Benefit/Council Tax Benefit\*

Name:……………………………………………………………………………..

HB/CTB\* reference, if known:……………………………………………………

Signature………………………………………...Date………………………….

\*Please delete as appropriate