

## PART E –DECLARATIONS

The following declaration should be signed by you, your partner (if any), every joint owner/joint tenant/joint life renter and their partners.

You (the applicant) should sign the declaration at the bottom of the page.

**I declare that the information given in this form as it relates to me is correct to the best of my knowledge.**

Signed ..... Date .....

Print name .....

Signed ..... Date .....

Print name .....

Signed ..... Date .....

Print name .....

**This is my application for a Scheme of Assistance Grant towards the cost of works described in this form.**

**I declare that all the information given in this form is correct to the best of my knowledge, and I confirm that I have advised each person providing information what the information will be used for when supplied to West Lothian Council.**

Signed ..... Date .....

Print name .....

**Anyone who knowingly or recklessly gives false information in an application for grant is committing an offence which could lead to prosecution.**

هذه المعلومات متوفرة بلغة بريل وعلى شريط وبخط كبير وبلغات الجالية.  
الرجاء الإتصال بخدمة الترجمة على الهاتف 01506 280000

এই তথ্য আপনি ব্রেইল, টেপ, বড় অক্ষরে এবং কমিউনিটির বিভিন্ন ভাষাগুলিতেও পাবেন। অনুগ্রহ করে ই-মাইগ্রেশন অ্যান্ড ট্রান্সলেশন সার্ভিসের সঙ্গে যোগাযোগ করুন। টেলিঃ 01506 280000

這份資料是可以凸字、錄音帶、大字印刷及社區語言的式本提供。請聯絡傳譯及翻譯服務部，電話：01506 280000

ਇਹ ਜਾਣਕਾਰੀ (ਬ੍ਰੇਲ) ਨੇੜਲੀ ਤੇ ਪੜ੍ਹਣ ਵਾਲੀ ਸ਼ਿਖੀ, ਟੇਪ, ਵੱਡੇ ਟਿੱਪਣ ਅਤੇ ਸਮਾਜ ਦੀਆਂ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ। ਸ਼ਿਖਾ ਕਰਕੇ ਸਿੱਟਰਪ੍ਰੋਸੈਸ ਅਤੇ ਟਰਾਂਸਲੇਸ਼ਨ ਸਰਵਿਸ ਨੂੰ ਇਸ ਨੰਬਰ ਤੇ ਸੰਪਰਕ ਕਰੋ : 01506 280000

یہ معلومات بریل (انحصار کے رسم الخط)، ٹیپ، بڑے حروف کی طباعت اور کمیونٹی میں ہونے والی زبانوں میں دستیاب ہے۔ براہ مہربانی انگریزی ٹیک آئیڈز ٹرانسلیٹنگ سروس سے ٹیلیفون نمبر 01506 280000 پر رابطہ قائم کریں۔

Informacje te mogą być przelozone na jezyk Braille'a, dostepne na tasmie magnetofonowej lub wydane duzym drukiem oraz przetlumaczone na jezyki mniejszosci narodowych. Prosimy o kontakt z Uslugami Tlumaczeniowymi pod numerem 01506 280000

Information is available in braille, tape, large print and community languages. Contact the interpretation and translation service on 01506 280000.

Text phones offer the opportunity for people with a hearing impairment to access the council. The text phone number is 01506 591652. A loop system is also available in all offices.

Published by West Lothian Council

INPRINT Re-order No.CMY204 (10/14)

## APPLICATION FOR A SCHEME OF ASSISTANCE GRANT RELATING TO WORKS FOR AN OCCUPANT WITH DISABILITIES

**Please read these notes carefully before completing this form. These notes are not a complete or authoritative statement of the law.**

This is an application form for a Scheme of Assistance grant where the works are required to make the house suitable for an occupant with disabilities.

In this form and these notes “house” includes flats.

This form must be completed and returned to West Lothian Council with copies of all relevant documentation.

**YOU SHOULD NOT START THE ADAPTATION TO THE HOUSE BEFORE THE LOCAL AUTHORITY HAS APPROVED YOUR GRANT APPLICATION IN WRITING.**

**IF YOU START WORK BEFORE YOUR APPLICATION HAS BEEN APPROVED, THE LOCAL AUTHORITY MAY NOT BE ABLE TO GIVE YOU A GRANT.**

If you are not the owner of the house, the owner must agree to the application being made and sign the declaration. If grant is awarded, the following conditions apply to the house for a period of 10 years form the date of completion. The owner must agree to abide by these conditions:

- The house must be used as a private dwelling-house (although part may be used for business purposes):
- If the owner or a member of their family occupies the house, it must be their main home; and
- The house must be kept in good repair, as far as possible.

These conditions will be registered on the Title Deeds of the property. If there are any loans secured on the house the lender should be informed of this application.

**By signing this application form, the applicant agrees to abide by the following conditions:**

- Once the adaptation / equipment has been installed in your home it is your responsibility.
- The contractors 1 year warranty from the date of completion will apply. Thereafter, maintenance and servicing will be your responsibility.
- We strongly advise that you check your household insurance provides cover for replacing the adaptation if it is damaged and any related claims by third parties.
- The contract formally exists between you and your appointed contractor.

## PART A – GENERAL

### A1 Your Details (the applicant)

Name .....

Address (where the adaptation is being carried out)  
 .....  
 .....

Postcode .....

Telephone (day) ..... Telephone (evening) .....

Telephone (mobile) .....

Email address .....

### A2 Who owns the house where the adaptation is being carried out?

If there are joint owners, please continue on a separate sheet if necessary.

Owner's Name .....

Owner's address .....

Postcode .....

Telephone .....

### A3 If you want someone else to deal with the application for you, please give their details here.

Name .....

Address .....

Postcode .....

Telephone (day) ..... Telephone (evening) .....

Telephone (mobile) .....

Email address .....

## PART B – ABOUT THE HOUSE

### B1 What sort of property is it? Please tick one box

House:  detached  semi-detached  terraced

Flat:  tenement  high rise  4 in a block

Other (please describe)  
 .....  
 .....

### B2 Please give a brief description of the planned works

.....  
 .....  
 .....

### B3 If you are arranging the work yourself approximately how much will these works cost?

Cost of work £ .....

VAT on work (if applicable) £ .....

TOTAL £ .....

If you manage the project yourself you will need to provide 3 estimates for the work based on the detailed drawings and specifications for the project including obtaining a building warrant, planning permission and paying professional fees where appropriate.

### B4 As far as you know have any other grants been applied for to adapt this property in the past 10 years? Please tick one box.

NO  YES Please give details below:

Amount £ .....

Type of grant .....

Date approved .....

## PART C – YOU AND THE HOUSE

### C1 What is your connection with the house? Please tick one box.

NB: Agricultural and crofting tenants are treated as owners for the purposes of grant award. If this applies to you please answer as if you were the owner.

Owner  Tenant  Life renter

Other (please describe) .....

### C2 Are the works required to meet the needs of a person with disabilities who is under 16 years old? Please tick one box.

No  Yes

Please give the disabled person's name and date of birth

Name ..... Date of Birth .....

## PART D – GRANT AWARD

### D1 Do you have a partner or family member who lives with you?

Yes What is your partner/family member's name? .....

No Please include only your own income in completing this part

### D2 If you or anyone else who stays in the property being adapted is in receipt of any of the following benefits, you may be entitled to a 100% award.

Answer Yes or No in each box.	You	Your partner/family member
Income Support	<input type="checkbox"/>	<input type="checkbox"/>
Income based Jobseekers Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Guarantee element of Pension Credit	<input type="checkbox"/>	<input type="checkbox"/>
Employment and Support Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Universal Credit	<input type="checkbox"/>	<input type="checkbox"/>

Note: If you have answered "yes" in any of the above boxes, you must provide a copy of a current letter of award for the relevant benefit.

The minimum award for adaptations is 80% unless you are in receipt of any of the benefits detailed in D2. If you wish to accept the minimum award please tick here.