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Application for Housing Assistance

Royal Borough of Windsor & Maidenhead
Environmental Health, Residential Services
Tinkers Lane, Dedworth, SL4 4LR

1. Applicant's Name
Title: Mr/Mrs/Miss/Ms/Other (please specify)
Telephone number(s) (Home): (Mobile):.....
Date of Birth:
Are you disabled? Yes No
Address: Post Code.....
2. Is the property a dwelling, a house-boat or a mobile home
house Go to Q5 house boat Go to Q 3
flat Go to Q5 mobile home Go to Q 4
Building containing one or more flats Go to Q5
3. Does this house-boat qualify as a dwelling for the purposes of payment of Council Tax? Yes No
(a) Have you occupied the boat as your only or main residence for a period of at least three years immediately preceding the date of this application? Yes No
(b) Has the boat for that period had its only or main mooring in the same locality on an inland waterway or in marine waters within the boundary of the Council? Yes No
(c) Do you have a right to moor the boat there? Yes No
4. Does the mobile home qualify as a dwelling for the purposes of payment of Council Tax? Yes No
(a) 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
(b) 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
(c) Have you for that period had a right to occupy and station the mobile home on land forming part of the same protected site within the meaning of Part I of the Caravan Sites Act 1968? Yes No

(d) Do you have an owner's interest in or are you a tenant of the land on which the mobile home is stationed? Yes No

(e) Have you occupied the mobile home under an agreement to which the Mobile Homes Act 1983 applies or under a gratuitous licence? Yes No

5.

(a) Do you live in the property as your only or main residence? Yes No

(b) Are you a tenant? Yes No

Which type of tenancy do you have of the house/flat:: (Please tick one box)

- Introductory tenancy
- Secure tenancy
- Statutory tenancy under the Rent (Agriculture) Act 1976 or the Rent Act 1977
- Protected occupancy under the Rent (Agriculture) Act 1976
- Assured agricultural occupancy under Part I of the Housing Act 1988
- Service occupancy
- Tenancy other than above

6.

If you are a tenant, please specify your landlord's or your agent's name and address and contact number:

Name:

Address:

..... Post Code:

Telephone Number/s:

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

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

8. Are the proposed works to adapt a dwelling to enable an elderly or disabled person to be cared for?

Yes No

9. Have you previously made an application for any type of grant or assistance for these premises?

Yes No

Please give details including, date, any reference and details of works:

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

Are you or your partner (that is, you husband or wife or civil partner or a person of the opposite sex who lives with your husband/wife/partner) in receipt of:

		You		Your Partner	
	Guaranteed Pension Credit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10.	Income support	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Income-based jobseeker's allowance (which has the same meaning as in section 1(4) of the Jobseeker's Act 1995)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Working Tax Credit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Housing Benefit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Council Tax Reduction (sometimes called Council Tax Support) EXCLUDING single person discount	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Disability element of Working Tax Credit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**AUTHORISATION (to be completed by the person in receipt of benefit)
AND**

DECLARATION (to be signed by the applicant)

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 authorise the Department of Works and Pension of the Housing Benefit Section to confirm, on request by the Council, that I now receive the benefit I have indicated in Part 10 above.

Date: (Signed):

Details of applicant's agent (if applicable):

Name:

Address:

.....

..... Post Code:

Telephone number(s); (Home) (Work)

(Mobile): email: