

PRIVATE WATER SUPPLIES IMPROVEMENT GRANT

ASSESSMENT OF FINANCIAL CIRCUMSTANCES

(updated 28 Sep 2021)

Name: **Grant Ref:**
[for office use]

Address:

Risk Assessment Reference Number:

INCOME

1. Do you have a partner who normally lives with you? *Please tick one box and follow the instructions alongside*

Yes What is your partner's name?

Please include your partner's income and circumstances in completing this part.

No Please include only your own income in completing this part.

2. Do you receive any of the following benefits? *Please answer yes or no in each box.*

	You	Your partner
Universal Credit		
Income support		
Income-based Jobseekers' Allowance		
Guarantee element of Pension Credit		
Council Tax Benefit		
Housing Benefit		
Income Related Employment & Support Allowance		

Note:

If you have answered "Yes" in any of these boxes, you do not need to answer any more questions in this Part. Please go to the end of the form and sign the declaration. Proof of receipt of the above requires to be provided – copies rather than originals should be submitted.

The following questions ask about your income and circumstances over the past year (the year ending with the date of this application). If the answer to any of the questions is “none”, please write “none” in the box.

3. How much did you receive in earnings from employment and/or self-employment over the past year? *Enter the gross amount, minus income tax and NI contributions.*

	You	Your partner
Employment	£	£
Self-employment	£	£

4. How much did you pay over the past year in contributions to occupational pensions (deducted from your pay) or personal pensions, including stakeholder pensions and retirement annuities?

	You	Your partner
Occupational	£	£
Personal	£	£

5. How much income did you receive from savings and investments, including annuities, unit trusts, shares etc, over the past year? *Include all interest paid to any accounts, net of tax, even if it was re-invested.*

	You	Your partner
Income from savings and investments	£	£

6. How much did you receive over the past year from occupational pensions, personal pensions, annuities or state second pensions (S2P, or SERPS)? *Do not include Pension Credit, or any war pensions or war widows' pensions.*

	You	Your partner
Income from pensions	£	£

7. If you let any property to someone else, including letting rooms in your own home, what was the **net** taxable income from the letting over the past year? *Enter the amount after subtracting expenses which are deductible for income tax purpose.*

	You	Your partner
Income from rents	£	£

8. If you receive maintenance from anyone for your own support or to support a child you are responsible for, what was the total amount received over the past year? *Do not include benefit payments or any payments from a local authority for looking after a child placed with you for fostering or adoption.*

	You	Your partner
Maintenance payments	£	£

9. If you receive Housing Benefit, what was the total amount received over the past year?

	You	Your partner
Housing Benefit	£	£

10. How much did you pay in rent or mortgage payments over the past year, for your own home? *Include payments for any endowment policy or other investment or insurance products you are required to pay to stay in your home. Do not include other amounts for services, bills, additional insurance or council tax.*

	You	Your partner
Mortgage / rent	£	£

11. How much did you pay in rent or mortgage payments, as above, for any other house where a member of your family lives? *Only include payments which you are contractually required to make.*

	You	Your partner
Mortgage / rent	£	£

- 12a. Were you or your partner responsible for any child under 16, or any young person between 16 and 21 and in full-time education, for any part of the past year? *Please tick one box and follow the instructions alongside.*

No Please go to question 13a
 Yes Please complete the details below

- 12b Please list the name and date of birth of each child or young person in the table below, and tick if they receive Disabled Living Allowance (DLA) or are registered blind. Continue on a separate sheet if necessary.

Child / young person's name	Date of Birth	DLA / blind

- 12c If the situation changed during the past year for any of the children listed in question 12b, please give details of the changes in the table below, showing the child or young person's name and the relevant dates

Name	U16 / 16-21 student	DLA / blind
<i>Eg: Mary Smith</i>	<i>2 Nov 02 – 27 Jun 03</i>	<i>2 Nov 02 – 27 Jun 03</i>

- 13a. Are you or your partner registered blind, or receive any of the benefits listed below? Please answer yes or no in each box.

	You	Your partner
Registered Blind		
Disability Living Allowance		
Disability element of Working Tax Credit		
Disabled Person's Tax Credit		
Severe Disablement Allowance		
Incapacity Benefit		
Mobility Supplement		
Attendance Allowance		
Other similar benefit: please specify		

- 13b. If you or your partner received any of these benefits for only part of the year, please say which benefits, and the dates when you started and/or stopped receiving them. You do not need to say if you stopped receiving a benefit because you passed the maximum age limit or went into hospital. In this case, you will be treated as if you still receive it.

Benefit	Date Started	Date Stopped

I declare that all the information given in this form is correct to the best of my knowledge.

Signed: _____ Date: _____

APPLICATION FOR PRIVATE WATER SUPPLIES IMPROVEMENT GRANT

Name:

Grant Ref:

[for office use]

Address:

Risk Assessment Reference Number:

Proof of Income / Expenditure Enclosure Checklist

The following checklist provides guidance on the additional information you need to provide along with your application form. This list can be used to ensure that all relevant paperwork has been forwarded and will ensure prompt processing of your application. No additional proof is required for any questions you have answered with 'None' on your application. The examples listed below are not exhaustive and not every criteria needs to be met. Do not enclose 'Original' documents. Please supply copies and attach to the application form.

Questions 3 to 13 require any paperwork to be submitted for a period of the past 52 weeks.

3: Earnings Income	<ul style="list-style-type: none"> • P60 • Payslips • Self-Employed Individuals must supply your most recent 'Audited Statement of Accounts' 				
4: Pension Contributions	<ul style="list-style-type: none"> • P60 • Payslips • Annual Statement for Personal Pension 				
5: Savings & Investments	<ul style="list-style-type: none"> • Annual Statement showing Gross Amount less Tax Paid • Declaration Bank / Building Society with a breakdown of Principal, Interest and Tax deducted 				
6: Pension Income	<ul style="list-style-type: none"> • Letter of Award for State Pension Reference BR2199(RP) Printed on bottom of letter) • Annual Statement for Personal Pension showing amount received • State Pension Book 				
7: Rental Income	<ul style="list-style-type: none"> • Signed Lease Agreement • Bank Statement showing Income • Signed declaration from Tenant 				
8: Maintenance for Child	<ul style="list-style-type: none"> • Child Support Agency or Child Benefit Letter of Award • Solicitor Letter detailing any formal arrangements • Bank Statement showing Income 				

9: Housing Benefit

- Benefit Book
- Letter of Award

10-11: Rent or Mortgage Payments

- Annual Mortgage Statement
- Declaration from appropriate Bank / Building Society
- Lease or Legal agreement with Rent Schedule
- Bank Statement

12a-c: For Each Child /Student

- Letter of Award for Child Benefit / Disability Living Allowance
- Benefit Book for Child Benefit / Disability Living Allowance
- Legal documentation proving Legal Guardianship
- Documentation which shows proof of their acceptance and attendance on a full time education course
- Individuals 'Student Card' which shows their status

13a-b: Benefits Blind Income

- Letter of Award
- Benefit Book
- Documentation which shows your registration as a 'blind person'
- Bank Statement showing income

*Please note that all of the above should be completed for any joint owners or tenants and their partners, additional copies of the application form are available for your use.

Please return this checklist with your application.

For office use only

Signed: _____

Dated: _____

Name: _____

Contact Number: _____