



ENQUIRY IN RESPECT OF DISABLED FACILITIES GRANT

Please complete the following in respect of the person for whom the grant is sought.

NAME: _____
 ADDRESS: _____

 TELEPHONE NO: _____
 E-MAIL ADDRESS: _____
 DATE OF BIRTH: _____

ARE YOU DISABLED	YES/NO
IF YES, PLEASE INDICATE YOUR DISABILITY	
ARE YOU IN RECEIPT OF BENEFIT(S)	YES/NO*
IF YES, PLEASE INDICATE WHICH BENEFIT(S) YOU RECEIVE.	
ARE YOU THE OWNER OF THE ABOVE PROPERTY?	YES/NO
PLEASE INDICATE THE ADAPTATIONS YOU WISH TO UNDERTAKE	

* You may still qualify for a grant if you are not in receipt of benefit. A means assessment will be carried out to determine what, if any, contribution you would be expected to make towards the cost of the works.