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STATUTORY INSTRUMENTS

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**1997 No. 2847**

**HOUSING, ENGLAND AND WALES**

**The Relocation Grants (Form of Application) Regulations 1997**

*Made - - - - 1st December 1997*

*Coming into force - - 16th December 1997*

The Secretary of State, in exercise of the powers conferred on him by sections 132(4) and 133(3) of the Housing Grants, Construction and Regeneration Act 1996<sup>(1)</sup> and of all other powers enabling him in that behalf, hereby makes the following Regulations:

**Citation and commencement**

1. These Regulations may be cited as the Relocation Grants (Form of Application) Regulations 1997 and shall come into force on 16th December 1997. Prescribed form
2. An application for a relocation grant shall be made by completion of the form set out in the Schedule to these Regulations.

Signed by authority of the Secretary of State

*Hilary Armstrong*  
Minister of State,  
Department of the Environment, Transport and  
the Regions

1st December 1997

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<sup>(1)</sup> 1996 c. 53; see section 140 for the meaning of “prescribed”.

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## SCHEDULE

Regulation 2

### APPLICATION FOR RELOCATION GRANT

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*(Name and address of Council)*

THIS IS THE FORM TO USE IF YOU WANT TO APPLY FOR A RELOCATION GRANT. WHEN YOU HAVE COMPLETED THIS FORM, PLEASE SEND IT TO THE COUNCIL.

IF YOU ARE UNCERTAIN HOW TO ANSWER ANY OF THESE QUESTIONS, PLEASE CONTACT:

*(Name, address and telephone number of contact in the Council)*

### IMPORTANT

PLEASE READ THE FOLLOWING NOTES BEFORE COMPLETING THIS APPLICATION FORM

To qualify for a relocation grant (see **Note 1** at the back of this form)

- you must have lived in an area which has been declared by the council to be a 'clearance area' and **Note 2**  
**either** owned your home in that area (whether freehold or leasehold),  
**or** been a tenant of a property in that area, on a lease which runs for more than a year or more than from year to year;
- the council must have bought your home or agreed to do so;
- you must have lived in the property, as your only or main residence, both—  
on the date the council declared the clearance area, and **Note 3**  
throughout the twelve month period ending on the day the council agreed to buy your home. Your council can tell you these dates.
- you, or a member of your family, must intend to buy a new home— **Notes 4 and 5**  
**either** in the clearance area (for example, if homes are being built on the cleared site)  
**or** in an area designated by the council (please ask your council for details); and
- you, or a member of your family, must intend to live in the property as your only or main residence for at least 5 years.

If you are applying with another person or others jointly, and you are all moving into your new home together, you need only fill in one form on behalf of all the joint applicants. If the other applicants for grant are moving elsewhere, they will need to apply separately.

The home in the clearance area which has been (or is to be) bought by the council is referred to throughout this form as your *original* home.

The council will need to be satisfied that the new home you are proposing to buy will be reasonably suitable for your needs.

This form is in five parts:—

- Part 1—asks for some preliminary and general information.
- Part 2—asks for information about your original home in the clearance area.
- Part 3—asks for information about the new home you are proposing to purchase.
- Part 4 asks for information about your household and financial resources.
- Part 5 requires you to complete a certification about your new home and to sign a declaration about the information you give in the application.

Your application will not be valid unless you complete all the relevant parts of the form.

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PART 1

PRELIMINARY AND GENERAL INFORMATION

Please read the notes (set out at the end of the form) before answering the questions to which they relate.

Addresses and other preliminaries

1.1 Are you applying on behalf of yourself alone or on behalf of yourself and others jointly?

Alone

Jointly

1.2 Please give the following details for each grant applicant (use a separate sheet of paper if necessary):

Full name: .....

Title: Mr/Mrs/Miss/Ms/Other (please specify) .....

Address: .....

.....

.....

Address for correspondence (if different from above): .....

.....

.....

Telephone numbers: (home) .....

(work) .....

1.3 Please give the age and date of birth of each of the applicants:

Date of birth: .....

Age: ..... years

1.4 If someone else (eg a friend or advisor) is handling this application on your behalf, please give the name, address and telephone number of the person to be contacted about this application.

Name: .....

Title: Mr/Mrs/Miss/Ms/Other (please specify) .....

Address: .....

.....

.....

Telephone numbers: (home) .....

(work) .....

1.5 Please give the name, address and telephone number of the person who may be contacted to gain access to your proposed new home (eg to carry out an inspection).

Name: .....

Title: Mr/Mrs/Miss/Ms/Other (please specify) .....

Address: .....

.....

.....

Telephone numbers: (home) .....

(work) .....

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**PART 2**

**INFORMATION ABOUT YOUR ORIGINAL HOME**

**2.1** Please give the address of your original home:

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

**2.2** Did you (either alone or jointly with others) own:

The freehold of the property?

**Notes 1 and 2**

A long leasehold of the property?

A lease which is renewable annually?

Or a tenancy with more than a year still to run?

*(Please tick appropriate box)*

**2.3** If you owned the interest jointly with other people, please give the names and addresses of your co-owners (if different from above):

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

**2.4** Were you (and, in the case of a joint application, all the joint applicants) living in your original home as your only or main residence on the date the clearance area was declared?

**Note 3**

Yes

No

**2.4a** Were you (and, in the case of a joint application, all the joint applicants) living in your original home as your only or main residence throughout the twelve month period ending with the day on which the council bought, or agreed to buy, it?

**Note 3**

Yes

No

**2.5** Please give the name of everyone who is entitled to apply for relocation grant, other than yourself and other joint applicants, and who are or were living in your original home with you and their address (if different from above):

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

**2.6** If you (and any other joint applicants) are or were tenants of your original home, please give the name, address and telephone number of your landlord or your landlord's agent:

Name: .....

Address: .....

.....

Tel: .....

Please indicate which:

*Landlord/landlord's agent*

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PART 3

INFORMATION ABOUT YOUR PROPOSED NEW HOME

To be eligible for grant, you must be proposing to buy the property and you or a member of your family must intend to live in it as your only or main residence for at least five years.

Notes 4 and 5

3.1 Please give the address of the property which you propose to buy:
.....
.....
.....
.....

3.2 Are you proposing to buy the property freehold, leasehold or under shared ownership where you part own part and part rent? (Please delete as appropriate)

Note 4

Freehold/leasehold/shared ownership

3.3 If leasehold, how many years are there remaining on the lease?
Please state number: ..... years

Note 6

3.4 Do you propose to purchase alone or jointly with others?
Alone [ ]
Jointly [ ]

3.5 If you are buying the property freehold or leasehold how much will it cost?
£ .....

3.6 If you are buying the property on a shared ownership basis, what percentage of the equity will you be buying initially and how much will that share cost?
.....% £ .....

3.7 If you are buying the property through an estate agent please give the agent's name and address:
.....
.....
.....
.....

3.8 If you propose to buy a brand new property please give the name and address of the developer:
.....
.....
.....
.....

3.9 Please give the following details of the home you propose to buy. (If you have an estate agent's particulars of the property, please enclose them with your application).

What type of property is it?
(eg terraced, semi-detached, detached, a flat)
Please state type: .....

How many bedrooms does it have?
..... bedrooms

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**3.10** What is the general condition of the property? (If you have a surveyor's report please enclose it with your application).

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

**3.11** Would you expect to apply for a renovation grant, a disabled facilities grant or home repair assistance for the property within three years of purchase?

**Note 7**

Yes   
No

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PART 4

FINANCIAL INFORMATION ABOUT YOU AND YOUR FAMILY

Please note: a separate Part 4 should be completed for each of the following persons:

—the applicant, or each of the joint applicants, and

any other person who is not an applicant but is entitled to make the application and intends to live in your proposed new home.

4.1 Are you, your partner and everyone else (and their partners) whom you have mentioned in Part 3 above as proposing to buy and/or live in your new home all entitled to and receiving income support or an income-based jobseeker's allowance?

Notes 8 & 9

Yes

No

4.1a If you are not the applicant or an applicant (ie you did not complete question 4.2), please give the following details about yourself:

Full name: .....

Title: Mr/Mrs/Miss/Ms/Other .....

Date of birth: .....

Age: ..... years

4.2 Do you have a partner who lives with you?

Note 9

Yes

Please give the following details of your partner:

Note 10

Full name: .....

Title: Mr/Mrs/Miss/Ms/Other .....

Date of birth: .....

Age: ..... years

No

4.3 Are you, or is your partner, registered as blind?

	<i>You</i>	<i>Your partner</i>
Yes	<input type="checkbox"/>	Yes <input type="checkbox"/>
No	<input type="checkbox"/>	No <input type="checkbox"/>

4.4 Have either you or your partner formerly been registered as blind, but are no longer registered because you have regained your eyesight?

	<i>You</i>	<i>Your partner</i>
Yes	<input type="checkbox"/>	Yes <input type="checkbox"/>

Please give the date on which the registration ceased:

You: ..... Your partner: .....

No  No



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**4.5** Are you or your partner unable to work because of sickness and been so for at least the last 28 weeks? **Note 11**

	<i>You</i>	<i>Your partner</i>
Yes	<input type="checkbox"/>	Yes <input type="checkbox"/>

Please give details including dates: .....

.....

.....

	No <input type="checkbox"/>	No <input type="checkbox"/>
--	-----------------------------	-----------------------------

**4.6** Have you been incapable of work, or treated as incapable of work, for at least the last 364 days continuously? **Note 12**

Yes

Please give details including dates: .....

.....

No

**4.7** If you are terminally ill, have you been incapable of work, or treated as incapable of work, for at least the last 196 days continuously? **Note 13**

Yes

Please give details including dates: .....

.....

No

**4.8** Are you or your partner provided with an invalid carriage or other vehicle, or receiving an allowance in respect of such a vehicle (including via the mobility scheme)?

	<i>You</i>	<i>Your partner</i>
Yes	<input type="checkbox"/>	Yes <input type="checkbox"/>

Please give details: .....

.....

.....

	No <input type="checkbox"/>	No <input type="checkbox"/>
--	-----------------------------	-----------------------------

**4.9** Do you or your partner receive any of the following allowances or benefits in respect of illness or disability? (please delete as appropriate)

	<i>You</i>	<i>Your partner</i>	
Attendance allowance	Yes/No	Yes/No	<b>Note 14</b>
Disability living allowance	Yes/No	Yes/No	<b>Note 14</b>
Disability working allowance	Yes/No	Yes/No	
Invalid care allowance	Yes/No	Yes/No	<b>Note 15</b>
Incapacity pension	Yes/No	Yes/No	<b>Note 16</b>
Long-term incapacity benefit	Yes/No	Yes/No	<b>Note 17</b>
Mobility supplement	Yes/No	Yes/No	
Severe disablement allowance	Yes/No	Yes/No	
Short-term incapacity benefit:			<b>Note 18</b>
—equal to the long-term rate	Yes/No	Yes/No	
—above the long-term rate	Yes/No	Yes/No	

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**4.10** If you or your partner receives the care component of disability living allowance (whether or not the allowance also consists of the mobility component), is the care component awarded at the highest, middle or lowest rate?

	<i>You</i>	<i>Your partner</i>
Highest rate	Yes/No	Yes/No
Middle rate	Yes/No	Yes/No
Lowest rate	Yes/No	Yes/No

**4.11** If either you or your partner does not receive attendance allowance or the care component of disability living allowance at the highest or middle rate, is this because you are or your partner is undergoing treatment?

	<i>You</i>	<i>Your partner</i>
Yes	<input type="checkbox"/>	Yes <input type="checkbox"/>
No	<input type="checkbox"/>	No <input type="checkbox"/>

**4.12** If you answered "No" to the part of question 4.9 which asks about invalid care allowance, have you or your partner received that allowance at any time in the last 8 weeks?

	<i>You</i>	<i>Your partner</i>
Yes	<input type="checkbox"/>	Yes <input type="checkbox"/>
No	<input type="checkbox"/>	No <input type="checkbox"/>

**4.13** Does anyone receive an invalid care allowance for caring for you or your partner?

	<i>You</i>	<i>Your partner</i>
Yes	<input type="checkbox"/>	Yes <input type="checkbox"/>

Please give details, including the name of the person who receives the allowance and whether it is paid for caring for you or your partner:

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

No	<input type="checkbox"/>	No	<input type="checkbox"/>
----	--------------------------	----	--------------------------

**4.14** Do you or your partner have any dependent children, under the age of 19, living with you?

**Note 19**

	<i>You</i>	<i>Your partner</i>
Yes	<input type="checkbox"/>	Yes <input type="checkbox"/>
No	<input type="checkbox"/>	No <input type="checkbox"/>

(if no for both, go to question 4.20)



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**4.18** Does any child named in question 4.15 have any savings or other investments? **Note 25**

Yes

Please give details, including current value(s) where known:

<i>Name of investment</i>	<i>Type of investment</i>	<i>Current value</i>
.....	.....	£.....
.....	.....	£.....
.....	.....	£.....
.....	.....	£.....

No

**4.19** Does any child named in question 4.15 own any land, property, business or have any other capital whatsoever? **Note 26**

Yes

Please give details, including current value(s) where known:

<i>Name of property</i>	<i>Type of property</i>	<i>Current value</i>
.....	.....	£.....
.....	.....	£.....
.....	.....	£.....
.....	.....	£.....

No

**4.20** Apart from your partner or any dependent children, does anyone aged 18 or over live with you? **Note 27**

Yes

Please give details:

<i>Name</i>	<i>Relationship to you/your partner</i>
.....	.....
.....	.....
.....	.....
.....	.....

No

**4.21** Does any person named in question 4.20 receive attendance allowance or the care component of disability living allowance at the highest or middle rate?

Yes

Please give details, including the name of any person receiving the allowance:

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

No

**Your and your partner's income** **Note 28**

**4.22** Are either you or your partner entitled to and receiving income support or an income-based jobseeker's allowance?

Yes

No

**Note 8**

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**4.23** If you or your partner are currently in paid employment, please give the following details for each job held (ie, including second, part-time or casual jobs) during the last 12 months:

	<i>You</i>	<i>Your partner</i>	
Name/address of employer:	.....	.....	<b>Note 29</b>
Occupation/job title:	.....	.....	
Gross pay:	£.....	£.....	<b>Note 30</b>
How often paid:	.....	.....	
Income tax paid:	£.....	£.....	
NI contributions:	£.....	£.....	
Occupational or personal pension scheme contributions:	£.....	£.....	<b>Notes 31 &amp; 32</b>
Retirement annuity contract contributions:	£.....	£.....	<b>Note 33</b>
Average hours worked per week (if less than 16 hours per week):	.....	.....	<b>Note 34</b>

**4.24** Have either you or your partner received an advance of earnings, or a loan, from an employer in the last 12 months?

	<i>You</i>	<i>Your partner</i>
Yes	<input type="checkbox"/>	Yes <input type="checkbox"/>
Please give details, including whether the advance or loan has been spent:		
.....		
.....		
.....		
No	<input type="checkbox"/>	No <input type="checkbox"/>

**4.25** Are you or your partner self-employed?

	<i>You</i>	<i>Your partner</i>	
Yes	<input type="checkbox"/>	Yes <input type="checkbox"/>	<b>Note 35</b>
Please give details: .....			
.....			
.....			
.....			
No	<input type="checkbox"/>	No <input type="checkbox"/>	

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**4.26** If you or your partner receives a pension or retirement annuity of any kind, please give details of all such pensions or annuity payments received during the last 12 months:

	<i>You</i>		<i>Your partner</i>		
	Amount	How often paid	Amount	How often paid	
Occupational pension:	£.....	.....	£.....	.....	<b>Note 36</b>
Pension for victims of National Socialist persecution:	£.....	.....	£.....	.....	<b>Note 31</b>
Personal pension:	£.....	.....	£.....	.....	<b>Note 37</b>
Retirement annuity:	£.....	.....	£.....	.....	<b>Note 32</b>
Retirement pension:	£.....	.....	£.....	.....	<b>Note 33</b>
Serviceman's widow's supplementary pension:	£.....	.....	£.....	.....	<b>Note 38</b>
War disablement pension (or compensation for the non-payment of such a pension):	£.....	.....	£.....	.....	<b>Note 39</b>
War widow's pension (or compensation for the non-payment of such a pension):	£.....	.....	£.....	.....	<b>Note 39</b>
Widow's armed forces pension (or compensation for the non-payment of such a pension):	£.....	.....	£.....	.....	<b>Note 40</b>
Widow's payment under the Dispensing Instruments:	£.....	.....	£.....	.....	<b>Note 41</b>
Widow's pension:	£.....	.....	£.....	.....	
Widow's pension at the supplementary rate under the Personal Injuries (Civilians) Scheme:	£.....	.....	£.....	.....	<b>Note 42</b>
Any other pension(s):	£.....	.....	£.....	.....	
	£.....	.....	£.....	.....	
	£.....	.....	£.....	.....	

**4.27** Are you or your partner aged 60 or over?

*You*      *Your partner*  
 Yes       Yes

(If yes for either, go to question 4.28)

No       No

(If no for both, go to question 4.29)

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**4.28** Do you or your partner belong to a personal pension scheme or retirement annuity contract scheme under which you or your partner receive no income or forego income? **Notes 32 & 33**

*You*                      *Your partner*  
 Yes                       Yes

For each such scheme, please give the following details:

Name and address of pension fund holder: .....

.....

.....

Reference or policy number identifying the personal pension scheme or retirement annuity contract: .....

.....

No                       No

**4.29** Please give details of all state benefits received by you or your partner during the last 12 months, including any of the following: **Notes 29 & 43**

	<i>You</i>		<i>Your partner</i>		
	Amount	How often paid	Amount	How often paid	
Child benefit:	£.....	.....	£.....	.....	
Child benefit (LP):	£.....	.....	£.....	.....	
Contribution-based jobseeker's allowance:	£.....	.....	£.....	.....	<b>Note 8</b>
Disability working allowance:	£.....	.....	£.....	.....	
Earnings top-up:	£.....	.....	£.....	.....	<b>Note 44</b>
Family credit:	£.....	.....	£.....	.....	
Incapacity benefit:	£.....	.....	£.....	.....	
Income-based jobseeker's allowance:	£.....	.....	£.....	.....	<b>Note 8</b>
Income support:	£.....	.....	£.....	.....	<b>Note 8</b>
Invalid care allowance:	£.....	.....	£.....	.....	
One-parent benefit:	£.....	.....	£.....	.....	
Severe disablement allowance:	£.....	.....	£.....	.....	
Statutory maternity pay:	£.....	.....	£.....	.....	
Statutory sick pay:	£.....	.....	£.....	.....	
Unemployment benefit:	£.....	.....	£.....	.....	<b>Note 8</b>
Any other benefit(s):	£.....	.....	£.....	.....	
	£.....	.....	£.....	.....	
	£.....	.....	£.....	.....	

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**4.30** If you or your partner receive invalid care allowance, has that allowance been, or will it be, paid to you or your partner in respect of a period before the date of the award?

	<i>You</i>	<i>Your partner</i>
Yes	<input type="checkbox"/>	Yes <input type="checkbox"/>

Please give details: .....

.....

.....

.....

No <input type="checkbox"/>	No <input type="checkbox"/>
-----------------------------	-----------------------------

**4.31** Please give details of any other income received by you or your partner (or you and your partner jointly) over the last 12 months, including any of the following:

**Notes 29 & 45**

	<i>You</i>		<i>Your partner</i>		
	Amount	How often paid	Amount	How often paid	
Adoption allowance:	£.....	.....	£.....	.....	
Annuities (other than a retirement annuity contract):	£.....	.....	£.....	.....	<b>Note 33</b>
Charitable income and voluntary payments:	£.....	.....	£.....	.....	
<i>(Please give details of what the payments are intended to cover, eg heating, meals)</i>					
Government training allowance:	£.....	.....	£.....	.....	
Income from tenants, sub-tenants, or persons to whom board and lodging is provided:	£.....	.....	£.....	.....	<b>Note 46</b>
<i>(Please give the terms of the letting and what the payments are intended to cover, eg heating, meals etc.)</i>					
Maintenance from former partner:	£.....	.....	£.....	.....	
Other scholarships and bursaries etc:	£.....	.....	£.....	.....	
Parent's or partner's contribution (whether or not paid) to student grant:	£.....	.....	£.....	.....	
Student grant:	£.....	.....	£.....	.....	
Student loan:	£.....	.....	£.....	.....	
Youth training allowance:	£.....	.....	£.....	.....	<b>Note 47</b>
Any other income:	£.....	.....	£.....	.....	
	£.....	.....	£.....	.....	
	£.....	.....	£.....	.....	
	£.....	.....	£.....	.....	



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**Savings, investment and other capital**

**4.32** Do you or your partner (either alone or together jointly) have any cash, savings or other investments?

**Note 48**

Yes   
 No

(If no, go to question 4.34)

**4.33** Please give details of savings or other investments (both individually and jointly owned), including any of the following:

**Note 49**

	<i>You</i>	<i>Your partner</i>
Bank current account:	£.....	£.....
Bank deposit account:	£.....	£.....
Bank other account(s):	£.....	£.....
Building society account(s):	£.....	£.....
	£.....	£.....
Cash savings:	£.....	£.....
	£.....	£.....
National Savings Certificates:	Issue No .....	Issue No .....
	Date .....	Date .....
	Number held .....	Number held .....
Post Office investment account:	£.....	£.....
Post Office ordinary account:	£.....	£.....
Premium Bonds:	£.....	£.....
Stocks, shares, unit trusts etc:	Details .....	Details .....
	Current value (if known) £ .....	Current value (if known) £ .....
Any other investments:	Details .....	Details .....
	Current value (if known) £ .....	Current value (if known) £ .....

**4.34** Please give details (including the date, where known) of any one-off payments received by you or your partner (or you and your partner jointly) over the past 12 months:

**Note 50**

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

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**4.35** Do you or your partner (either alone or together jointly) own any land, property, business, or have any other capital whatsoever?

**Note 51**

	<i>You</i>	<i>Your partner</i>
Yes	<input type="checkbox"/>	Yes <input type="checkbox"/>

Please give details: .....

.....

.....

.....

No	<input type="checkbox"/>	No <input type="checkbox"/>
----	--------------------------	-----------------------------

**Outgoings—contributions to student grants**

**4.36** Do you or your partner make, or are treated as making, a contribution in respect of a student grant for a son, daughter or partner?

**Note 52**

	<i>You</i>	<i>Your partner</i>
Yes	<input type="checkbox"/>	Yes <input type="checkbox"/>

Please give details: .....

.....

.....

.....

No	<input type="checkbox"/>	No <input type="checkbox"/>
----	--------------------------	-----------------------------

**Outgoings—relevant child care charges**

**4.37** Do you pay, or have you during the last twelve months paid, for the care of any child named in question 4.15 who is either under the age of 11 years or has (or had) not reached the first Monday in September following his eleventh birthday?

**Note 53**

Yes	<input type="checkbox"/>	(Go to question 4.38)
No	<input type="checkbox"/>	(Go to Part 5)

**4.38** Do one or more of the following apply?

	<b>Yes</b>	<b>No</b>	
The child, or one or more of the children, is cared for by a child minder registered under the Children Act 1989;	<input type="checkbox"/>	<input type="checkbox"/>	
The care is provided by a school on school premises or by a local authority, for children who are at least 8 years old but have not reached the first Monday in September following their eleventh birthday;	<input type="checkbox"/>	<input type="checkbox"/>	
The care is provided by a child care scheme operating on Crown property where registration under the Children Act 1989 is not required;	<input type="checkbox"/>	<input type="checkbox"/>	
The care is provided in a school or establishment exempted from registration under the Children Act 1989;	<input type="checkbox"/>	<input type="checkbox"/>	<b>Note 54</b>

(If "Yes" for one or more, go to question 4.39)

(If "No" for all, go to Part 5)

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**4.39** Please answer the following:

- |  | Yes                      | No                       |                |
|--|--------------------------|--------------------------|----------------|
| (a) Are you a lone parent and engaged in remunerative work?  | <input type="checkbox"/> | <input type="checkbox"/> |                |
| (b) Are both you and your partner engaged in remunerative work?  | <input type="checkbox"/> | <input type="checkbox"/> |                |
| (c) Are you a member of a couple of whom one is engaged in remunerative work and the other is incapacitated? | <input type="checkbox"/> | <input type="checkbox"/> | <b>Note 55</b> |

If "Yes", which of you is in remunerative work and which incapacitated, and into which of the categories listed in **Note 55** does the incapacity fall?

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

(If "Yes" for one or more of (a) to (c), go to question **4.40**)

(If "No" for all, go to **Part 5**)

**4.40** Please give the following details for each child whose care you pay for:

Child's full name: .....

Date of birth: ..... Age: ..... years

Name, address and telephone number of person or organisation providing care for the child:

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

On which days of the week, and during which hours, is child care provided?

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

Amount charged: £ .....

How often paid: .....

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**AUTHORISATION  
(For persons receiving certain income related benefits)**

(a) If you receive income support it may be possible for the Council to process your application more quickly if you give permission for your local Department of Social Security office to confirm this fact. If you wish to do this, please complete the authorisation below. If not, go to Part 5.

I authorise the Department of Social Security to confirm on request by the Council that I now receive income support.

Name: .....

DSS reference number (case paper or national insurance number), if known:

.....

Signature: .....

Date: .....

(b) If you receive housing benefit (HB), council tax benefit (CTB) or community charge benefit (CCB), but not income support, it may be possible for the Council to process your application more quickly if you give permission for them to refer to your HB, CTB or CCB records. They can only do this with your consent. If you are content for the Council to refer to your existing HB, CTB or CCB records, please sign the authorisation below.

For the purpose of this application, I give my consent to the Council to refer to information provided for me for the purposes of my application(s) for housing benefit, council tax benefit and/or community charge benefit.

Name: .....

HB, CTB or CCB reference (if known): .....

Signature: .....

Date: .....

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**PART 5  
DECLARATION**

**WARNING: IF YOU KNOWINGLY MAKE A FALSE STATEMENT YOU MAY BE  
LIABLE TO PROSECUTION**

I declare that to the best of my knowledge, information and belief the information in this application is correct.

I am: *the applicant/one of the applicants/the relevant person (but not the applicant or one of the applicants)/a relevant person (but not the applicant or one of the applicants)\**

**Note 56**

Signature: .....

Date: .....

*(\*please delete as appropriate)*

**CERTIFICATION (to be completed by each applicant separately)**

I certify that I:

(a) propose to acquire an owner's interest in the qualifying dwelling to which this application relates; and **Note 4**

**either** (b) that I intend to live in that dwelling as my only or main residence throughout the grant condition period

**or** (c) that a member of my family intends to live in that dwelling as their only or main residence throughout the grant condition period. **Note 5**

Signature: .....

Date: .....

**DOCUMENTS**

Please indicate which documents you are enclosing with your application:

	<i>Yes</i>	<i>No</i>
(a) Estate agent's particulars of the qualifying dwelling	<input type="checkbox"/>	<input type="checkbox"/>
(b) Surveyor's report	<input type="checkbox"/>	<input type="checkbox"/>
(c) Any other documents (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>

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

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## NOTES

*In these notes, "the Act" means the Housing Grants, Construction and Regeneration Act 1996 and, unless otherwise stated, all references to sections etc are to sections etc of the Act.*

1. Grant is only payable to a 'qualifying person'. Section 133(1) states that:  
"A person is a qualifying person for the purposes of section 132 (relocation grants: applications and payments) if—
  - (a) an interest of his in a dwelling in the clearance area ("the original dwelling") has been, or is to be, acquired by the local housing authority under section 290 of the Housing Act 1985 or section 154 of the Town and Country Planning Act 1990;
  - (b) that interest on the acquisition date was greater than a tenancy for a year or from year to year; and
  - (c) the original dwelling was his only or main residence both on the declaration date and throughout the period of twelve months ending with the acquisition date".
2. All appearances of "you" and "your" in this application form are references to the grant applicant, unless otherwise specified.
3. Under section 133, the Council may not entertain this application for a relocation grant unless they are satisfied that you have lived in the dwelling as your only or main residence both on the date the clearance area was declared and throughout the period of twelve months ending with the acquisition date.
4. You, or a member of your family (see **Note 5**), must intend to acquire an 'owner's interest' in your new home. Under section 140 an owner's interest means property bought freehold or leasehold where there is not less than five years remaining on the lease. This may include shared ownership.
5. Section 140(4) defines "member of a family" by reference to section 113 of the Housing Act 1985. The definition includes spouses; persons who live together as husband and wife; parents; grandparents; children; grandchildren; brothers; sisters; uncles; aunts; nephews; and nieces. The Council may only pay grant if the applicant or a member of his family intends to live in the new home.
6. If you are buying your new house leasehold, there must be at least five years remaining on the lease. (See **note 4** above).
7. Renovation grant, disabled facilities grant and home repair assistance may be available from your local Council. The Council can provide details.
8. The jobseeker's allowance (JSA) replaced unemployment benefit and income support for the unemployed with effect from 7th October 1996. Contribution-based JSA replaced Unemployment Benefit and income-based JSA replaced Income Support.  
If you have answered "Yes" to question **4.1** or **4.22** you do not need to answer the remaining questions in **Part 4** (the test of resources). It may help the Council to process your application more quickly if each person who is on income support completes the **authorisation** at the end of **Part 4**. However, there is no obligation to do this, and you may instead go straight to **Part 5** if you wish.
9. A partner is someone of the opposite sex who lives with you as husband or wife whether you are married or not. You should answer "No" to question **4.2** if such a person who normally lives with you is absent and is likely to remain so for more than 52 weeks; but you should answer "Yes" if that person's absence is owing to exceptional circumstances beyond his or her control and is unlikely to be substantially more than 52 weeks.

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10. If you have more than one partner, and you are married polygamously under the law of a country which permits such marriages, you should give the details requested in respect of each partner living with you, and answer questions 4.3 to 4.40 in respect of each of them. You should also ensure that your answers to questions 4.14 to 4.19 cover all children and young persons for whom you or any of your partners are responsible and who normally live with you.

11. Even if you or your partner have been capable of work in recent weeks, you may still qualify for the “disability premium” if you or your partner have a long record of incapacity. If you think this applies to you, you should still answer “No” to this question, but give full details.

12. Where two or more periods of incapacity are separated by a break or breaks each of not more than 56 days, those periods are treated as one continuous period of incapacity.

13. A person is terminally ill if he suffers from a progressive disease and his death in consequence of that disease can reasonably be expected within 6 months. Where two or more periods of incapacity are separated by a break or breaks each of not more than 56 days, those periods are treated as one continuous period of incapacity.

14. You should answer “Yes” to this question even if payment of this benefit to you or your partner has been suspended, or if the amount of the benefit has been reduced because you or your partner are receiving free in-patient treatment within a hospital or similar institution (but not a prison or youth custody institution).

15. Answer “Yes” to this question even if you or your partner—
- (a) would be entitled to invalid care allowance but for an overlapping benefit (i.e. injury benefit, unemployability supplement, industrial death benefit, war pensions death benefit, and training allowance); or
  - (b) receive a concessionary payment by way of compensation for the non-payment of invalid care allowance; or
  - (c) would receive the allowance, but for the person for whom you were, or your partner was, caring being an in-patient in a hospital or similar institution for a period exceeding 28 days.

16. Also answer “Yes” to this question if you or your partner ceased to receive this pension because of payment of a retirement pension. (After 12th April 1995 invalidity pension was replaced by long-term incapacity benefit.)

17. Also answer “Yes” to this question if you or your partner ceased to receive long-term incapacity benefit because of payment of a retirement pension. (After 12th April 1995 long-term incapacity benefit replaced invalidity pension for week 53 onwards of a person’s incapacity.)

18. Also answer “Yes” to the appropriate part of this question if you or your partner ceased to receive short-term incapacity benefit at a rate equal to or greater than the long-term rate because of payment of a retirement pension. (After 12th April 1995 short-term incapacity benefit replaced sickness benefit and invalidity benefits for weeks 1 to 52 of a person’s incapacity.)

19. A dependent child or young person is someone:
- who is under the age of 19;
  - for whom you or your partner are responsible;
  - in respect of whom you or your partner receive child benefit, or who is treated as a child for child benefit purposes; and
  - who normally lives with you.

You should not include any young person who is on income support.

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You should answer “No” if a child or young person who normally lives with you is absent and is likely to remain so for more than 52 weeks; but you should answer “Yes” if that child or young person’s absence is owing to exceptional circumstances beyond his or her control and is unlikely to be substantially more than 52 weeks.

20. If you or your partner are receiving income support or an income based job-seeker’s allowance you need not answer questions **4.16** and **4.17**.

21. Do not include any who are under 16 or who are still in full time education.

22. In calculating the number of hours worked per week, you should look at the last cycle of the child’s working hours (if the child has a recognisable cycle) or (if not) at the last five weeks, immediately prior to this application. You should not include any day on which the child who would otherwise be working is on maternity leave or is absent from work because he or she is ill.

23. You should include benefits, charitable and voluntary payments, and maintenance payments.

24. You do not need to include attendance allowance, disability living allowance or mobility supplement.

25. You should include any of the following:

- cash savings;
- money in bank, building society or Post Office accounts;
- National Savings Certificates and Premium Bonds;
- stocks, shares and unit trusts.

26. You should include details of any capital payable in instalments, including in particular the total amount of any outstanding instalment or instalments.

27. For this purpose, a person lives with you if they share with you a room or rooms other than a bathroom, lavatory or communal area, eg hall; but not if you pay separately for your accommodation to a landlord.

28. The Council may ask you to provide evidence of earnings covering the last 52 weeks in respect of any paid employment, together with details of any private pension plan payments made in the same period.

The Council may also ask you to provide evidence of all other income received in the last 52 weeks.

29. If you have a partner and you are paid jointly, as a couple, enter the details in one or other column (it does not matter which) but not both.

30. Gross pay should include bonus or commission, overtime, holiday pay, sick pay or maternity pay.

31. “Occupational pension” means any pension or other periodical payment under an occupational pension scheme but does not include any discretionary payment out of a fund established for relieving hardship in particular cases.

32. “Personal pension scheme” has the same meaning as in section 191 of the Social Security Administration Act 1992 and, in the case of a self-employed earner, includes a scheme approved by the Board of Inland Revenue under Chapter IV of Part XIV of the Income and Corporation Taxes Act 1988.

“Personal pension” means a pension or other periodical payment under a personal pension scheme.



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33. “Retirement annuity contract” means a contract or trust scheme approved under Chapter III of Part XIV of the Income and Corporation Taxes Act 1988.

“Retirement annuity” means a periodical payment under a retirement annuity contract.

34. In calculating the number of hours worked per week, you should look at the last cycle of your working hours (if you have a recognisable cycle) or (if you have not) at the last five weeks, immediately prior to this application. You should not include any day on which the person who would otherwise be working is on maternity leave or is absent from work because he or she is ill. If you or your partner work at a school or college or in a job where there are school holidays or similar periods during which you do not or your partner does not work, you should disregard these periods—and any other periods during which you or your partner are not required to work—in calculating the average hours worked per week.

35. Please supply copies of the latest accounts which give details of your self-employment. Please include details of any pension plan or retirement annuity payments, and income tax, national insurance contributions and net VAT paid. “Net VAT” means the excess of any value added tax paid by you in respect of taxable supplies made to you, over any such tax received by you in respect of taxable supplies made by you, calculated with reference to the previous 12 months.

36. Give the net amount if your pension or retirement annuity is taxed.

37. This means a pension paid to victims of National Socialist persecution under any special provision made by the law of the Federal Republic of Germany, or any part of it, or of the Republic of Austria.

38. Supplementary pensions are paid to servicemen’s widows, for example: (i) where the widow is aged 40 or over; (ii) where she cannot support herself; or (iii) in respect of certain children of her late husband.

39. Please mention any analogous pension received from a country outside Great Britain. You should also answer this question if you receive compensation for the non-payment of such a pension, whatever its source.

40. This means a pension payable to a widow under the Naval, Military and Air Forces Etc. (Disablement and Death) Service Pensions Order 1983 insofar as that Order is made under the Naval and Marine Pay and Pensions Act 1865 or the Pensions and Yeomanry Pay Act 1884, or is made only under section 12(1) of the Social Security (Miscellaneous Provisions) Act 1977 and any power of Her Majesty to make pension provision for or in respect of persons who have been disabled or have died in consequence of service as members of the armed forces of the Crown.

Please mention any analogous pension received from a country outside Great Britain. You should also answer this question if you receive compensation for the non-payment of such a pension, whatever its source.

41. These payments are made to widows of persons killed before 31st March 1973 on service analogous to service in the armed forces of the Crown.

42. Under this Scheme, pensions and allowances are paid to or in respect of civilians who were injured or killed in the 1939–45 War.

43. You do not need to include any of the following:

- attendance allowance;
- council tax benefit;
- disability living allowance;
- guardian’s allowance;
- housing benefit;
- any jobseeker’s allowance or income support (see questions 4.1 and 4.22);

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- payments from the Macfarlane Trusts, the Independent Living Fund, the Independent Living (Extension) Fund or the Independent Living (1993) Fund;
- payments from the Fund, i.e. money made available by the Secretary of State under a scheme set up on 24th April 1992 or, in Scotland, on 10th April 1992;
- payments under the “business on own account” scheme, the “personal reader service” or the “fares to work” scheme;
- social fund payments under Part VIII of the Social Security Contributions and Benefits Act 1992.

Certain other benefits and allowances may also be disregarded in calculating your income, but for the purposes of completing this form you should only exclude those payments mentioned above. If you are in any doubt about whether a payment falls into one of these categories you should include it and provide full details of the nature of the payment so that the Council can decide whether or not it can be disregarded.

44. Earnings top-up means the allowance paid by the Secretary of State under the Earnings Top-up Scheme. The Scheme, which applies only in certain areas of Great Britain, is an extra-statutory scheme introduced by the Secretary of State for Social Security having effect on 8th October 1996.

45. You do not need to include any of the following:
- anything listed in **note 43**;
  - boarding-out or fostering payments made by a local authority, health authority or voluntary organisation;
  - job start allowance;
  - “Part III” payments, ie payments made by a local authority under section 17 or 24 of the Children Act 1989 in respect of children and young people;
  - payments made to you as a holder of the Victoria Cross or George Cross.

Certain other payments may also be disregarded in calculating your income, but for the purposes of completing this form you should only exclude those payments mentioned above. If you are in any doubt about whether a payment falls into one of these categories you should include it and provide full details of the nature of the payment so that the Council can decide whether or not it should be disregarded.

46. Do not include payments made to you by a health authority, local authority or voluntary organisation for children cared for by you in your household.

47. This means an allowance paid to you in respect of your participation in a recognised scheme of youth training established under the Employment and Training Act 1973.

48. The Council may ask you to provide evidence of all savings, investments and other capital.

49. If you have a partner and hold any savings, investments or other capital jointly, enter the details in one or other column (it does not matter which) but not both.

If you hold any capital jointly with people other than your partner, please include the full amount of that capital (where known) and state how many others have a share in it.

50. You do not need to include any of the following:
- council tax benefit;
  - housing benefit, or housing benefit transitional payments;
  - “Part III” payments (see **note 45**);
  - payments from the Macfarlane Trusts, the Independent Living Fund, the Independent Living (Extension) Fund or the Independent Living (1993) Fund;
  - payments from the Fund (see **note 43**);
  - payments under the “business on own account” scheme, the “personal reader service” or the “fares to work” scheme;
  - “start-up” payments to homeworkers assisted under the Blind Homeworkers’ Scheme;

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- social fund payments under Part VIII of the Social Security Contributions and Benefits Act 1992;
- any payment made to you or your partner as holder of the Victoria Cross or George Cross; or
- any back to work bonus payable by way of a jobseeker's allowance or income support in accordance with section 26 of the Jobseekers Act 1995, or a corresponding payment under article 28 of the Jobseekers (Northern Ireland) Order 1995.

Certain other kinds of savings and capital payments may also be disregarded in calculating your capital, but for the purposes of completing this form you should only exclude those payments mentioned above. If you are in any doubt about whether a payment falls into one of these categories you should include it and provide full details of the nature of the payment so that the Council can decide whether or not it should be disregarded.

51. You should include second homes, holiday homes and any other property, including property abroad. Please mention separately any land for which you receive rent under an existing lease or sub-lease.

You do not need to include any of the following:

- your own home;
- the property which is the subject of this application;
- any property occupied by an elderly (i.e. aged 60 or over) or incapacitated relative of yours, or of a member of your family, as his or her only or main residence. "Relative" means any of the following: parents, parents-in-law, step-parents, sons, daughters, sons and daughters-in-law, stepsons and daughters, brothers and sisters, grandparents, grandchildren, uncles and aunts, nephews and nieces;
- if you are self-employed, the assets of your business;
- capital administered by the courts of England and Wales or Scotland for a person under 18, deriving from an award of damages for personal injury to that person or from compensation for the death of one or both parents.

Certain other capital payments may also be disregarded in calculating your capital, but for the purposes of completing this form you should only exclude those payments mentioned above. If you are in any doubt about whether a property or other capital falls into one of these categories you should include it and provide full details so that the Council can decide whether or not it can be disregarded.

52. A contribution is a payment which you are treated as making towards the student's grant, whether or not the payment is actually made to the student.

53. You should answer "No" to this question where the care is provided by you or your partner for a child named in question 4.15 and one partner charges the other for providing the care.

54. The schools and other establishments referred to, which are exempted from registration under section 71 of the Children Act 1989 by paragraphs 3 and 4 of Schedule 9 to that Act, are:

- (a) by paragraph 3 of Schedule 9—
  - a school maintained or assisted by a local education authority;
  - a school under the management of an education authority;
  - a school in respect of which payments are made by the Secretary of State under section 100 of the Education Act 1944;
  - an independent school;
  - a grant-aided school;
  - a grant maintained school;
  - a self-governing school;
  - a play centre maintained or assisted by a local education authority under section 53 of the Education Act 1944;

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where the child concerned is looked after under day care arrangements made by the person carrying on the establishment as part of its activities or by his employee at the establishment authorised to make those arrangements as part of the establishment's activities; and

- (b) by paragraph 4 of that Schedule—
- a registered children's home;
  - a voluntary home;
  - a community home;
  - a residential care home, nursing home or mental nursing home required to be registered under the Registered Homes Act 1984;
  - a health service hospital;
  - a home provided, equipped and maintained by the Secretary of State; where the child concerned is looked after under day care arrangements made by the department, authority or other person carrying on the establishment as part of its activities or by an employee at the establishment authorised to make those arrangements as part of the establishment's activities.

55. Answer "Yes" to this question if—

(1) you are, or your partner is, aged less than 60 and one or more of the following conditions is satisfied:

- (a) you receive, or your partner receives, attendance allowance, disability living allowances, disability working allowance, mobility supplement, long-term incapacity benefit or severe disablement allowance (but in the case of long-term incapacity benefit or severe disablement allowance only where it is paid in respect of the person receiving the benefit or allowance);
- (b) you have, or your partner has, ceased to receive long-term incapacity benefit (or, if paragraph (2) applies, you or your partner ceased to receive invalidity pension before 13th April 1995) because of payment of a retirement pension and, in the case of your partner, he/she is still a member of your family;
- (c) you were, or your partner was, in receipt of attendance allowance or disability living allowance but payment of benefit has been—
  - (i) suspended under section 113(2) of the Social Security Contributions and Benefits Act 1992, or
  - (ii) otherwise abated because you are, or your partner is, receiving free in-patient treatment within a hospital or similar institution (but not where you are, or he/she is, serving a sentence of imprisonment or of detention in a youth custody institution);
- (d) you are, or your partner is, provided with an invalid carriage or other vehicle or a grant for such a vehicle, under English and Welsh or Scottish legislation;
- (e) you are, or your partner is, a registered blind person or ceased to be so registered not more than 28 weeks ago;
- (f) (i) you are, or are treated as, incapable of work under Part XIIA of the Social Security Contributions and Benefits Act 1992; and you have been entitled to statutory sick pay or you have been, or been treated as, incapable of work for at least the last 364 days continuously or, if terminally ill, for at least the last 196 days continuously (include any period of incapacity falling before 13th April 1995 and satisfying condition (f)(ii) below; and disregard any break or breaks each of up to 56 days between periods of incapacity and, once you have completed the qualifying period, any period of employment training or of receipt of a training allowance); or
  - (ii) immediately before 13th April 1995 you or your partner, in respect of a continuous period of not less than 28 weeks,
    - provided evidence of incapacity in accordance with regulation 2 of the Social Security (Medical Evidence) Regulations 1976 (or comparable Northern Ireland legislation) as then in force in support of a claim for sickness benefit, invalidity pension or severe disablement allowance within the meaning of sections 31, 33 or 68 of the Social Security

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Contributions and Benefits Act 1992 (or comparable Northern Ireland legislation) as then in force, provided that an adjudication officer had not determined that you or, as the case may be, your partner was not incapable of work, or

— were in receipt of statutory sick pay under Part XI of the Social Security Contributions and Benefits Act 1992 as then in force;

and from 13th April 1995 you have or, as the case may be, your partner has continued to be incapable of work in accordance with Part XIIA of the Social Security Contributions and Benefits Act 1992 continuously (disregard any break or breaks each of up to 56 days between periods of incapability);

(2) you are, or your partner is, aged less than 80 but not less than 60 and one or more of conditions (a) to (f) in paragraph (1) is satisfied (but in the case of condition (f)(i), once you have completed the qualifying period, any period of employment training or of receipt of a training allowance may not be disregarded); or

(3) paragraph (1) or (2) would apply to your partner, but for your partner being treated as capable of work by a determination under section 171E of the Social Security Contributions and Benefits Act 1992; or

(4) you have been, or been treated as, incapable of work under Part XIIA of the Social Security Contributions and Benefits Act 1992 for a continuous period of at least 196 days (disregard any break or breaks each of up to 56 days between periods of incapacity); or

(5) one or more of the following (including Northern Ireland equivalents) is payable for you or your partner:

- (a) long-term incapacity benefit;
- (b) short-term incapacity benefit at the higher rate;
- (c) attendance allowance;
- (d) severe disablement allowance;
- (e) disability living allowance;
- (f) increase of disablement pension for constant attendance;
- (g) a pension increase under a war pension scheme or industrial injuries scheme for attendance, constant attendance, or which is analogous to disability living allowance; or

(6) one of (5)(b), (e), (f) or (g) was payable on account of your or your partner's incapacity but ceased to be payable as a result of you or he/she receiving free medical or other treatment as an in-patient in an NHS hospital or similar institution or under arrangements made by an NHS body or the Secretary of State (please note: a person serving a sentence of imprisonment or of detention in a youth custody institution does not count as an "in-patient"); or

(7) you or your partner are provided with an invalid carriage or other vehicle or receive an allowance for such a vehicle (including where the carriage, vehicle or allowance is provided under Northern Ireland legislation).

56. Relevant person is defined by regulation 5(1) of the Housing Renewal Grants Regulations 1996 as amended by regulation 5 of the Relocation Grants Regulations 1997 as a person who is an applicant or a person who is not an applicant but is entitled to make the application (ie has an interest in the dwelling as a joint owner or tenant) and lives or intends to live in the dwelling.

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## **EXPLANATORY NOTE**

*(This note is not part of the Regulations)*

These Regulations prescribe the form of an application for a relocation grant payable under section 134 of the Housing Grants, Construction and Regeneration Act 1996.