



**CAN'T AFFORD  
TO RENOVATE?  
YES YOU CAN.**



## Kick Start - Form B Eligibility and affordability.

**The Kick Start project enables home owners improve their homes. It is delivered by Revival Home Improvement Agency, and it is fully-backed by Stoke-on-Trent City Council, Staffordshire Moorlands District Council, and Newcastle Borough Council.**

If you would like help filling in this form, please call us on 01782 749202 and we will arrange to visit you at home.

If you prefer to fill this form in yourself, please send it back to us in the pre-paid envelope supplied.

For a secured loan: After we receive your form, and agree a cost of works with you, We will refer you to an Independent Financial Advisor. The I.F.A will need to complete a detailed financial assessment with you. They will contact you to make an appointment to do this.

**Questions? Please call us on 01782 749202**

## Section 1: General information about you and your home

1a	Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>											
1b	Forename:	Surname:										
1c	Address of the property you require assistance with:											
		Post Code:										
1d	Your date of birth:											
1e	Home telephone:	Mobile:										
1f	Your e-mail address:											
1g	Your National Insurance Number:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
1h	If your home address is different from the one you are applying for assistance for, please give your home address:											
		Post Code:										

## Section 2: Other owners of your home

2a	Are you the sole owner of your home? Yes <input type="checkbox"/> (Go straight to Section Three) No <input type="checkbox"/> (Carry on with the questions in this section)											
2b	Their name:											
	Their date of birth:											
2c	Their address:											
		Post Code:										
2d	Their relationship to you:											
2e	Their National Insurance Number:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
2f	Their home telephone:	Their mobile:										



## Section 7: Financial information

7a

Are there any existing mortgages outstanding on the property? Yes  No

Are there any other loans secured against the property? Yes  No

7b

How much is secured on your property in total? £

Are any of these loans in arrears? Yes  No

7c

What is your mortgage account number? £

7d

To help us understand your personal financial position, we require full details of your household income and the income of any person with an interest in the property who does not live at your address.

Please insert the total **monthly** amount for each section:

	Home owner	Partner
Net earnings	£	£
Housing Benefit	£	£
Disability Living Allowance	£	£
Attendance Allowance	£	£
Private pension/work pension	£	£
State pension	£	£
Pension Credit	£	£
Income Support	£	£
Contribution-based Job Seeker's Allowance	£	£
Income-based Job Seeker's Allowance	£	£
Working Tax Credit	£ Does this include a disability element? Yes <input type="checkbox"/> No <input type="checkbox"/>	£ Does this include a disability element? Yes <input type="checkbox"/> No <input type="checkbox"/>
Child Tax Credit	£	£
Industrial Injuries Disablement Benefit	£	£
War Disablement Pension	£	£
Income from investments	£	£
Bank interest received	£	£
Any rental income received	£	£
Other income (please describe)	£	£

Total monthly net income of home owner and partner: £

7e

Please list below the total **monthly** income (wages and any benefits) of other members of the household and any other owners who live elsewhere:

Name	Amount
	£
	£
	£
<b>Total monthly other income: £</b>	

7f

If you receive a private or occupational pension, would some or all of it be paid to someone else after your death?

Yes  Go to the next question

No  Go straight to Section 8

I do not receive private or occupational pension  Go straight to Section 8

7g

Please give the name(s) of people who your private or occupational pension could be paid to after your death:

## Section 8: Your monthly outgoings

8a

Please insert the total **monthly** outgoings of home owner and partner:

	Home owner	Partner
Mortgage repayments	£	£
Bank or building society loan repayments	£	£
Hire purchase repayments	£	£
Other loan repayments	£	£
Council Tax : Do you receive Council Tax Benefit Yes <input type="checkbox"/> No <input type="checkbox"/>	£	£
Credit cards	£	£
Life assurance and health cover	£	£

Home insurance: buildings	£	£
Home insurance: contents	£	£
Gas	£	£
Electricity	£	£
Water rates	£	£
Telephones (including mobiles)	£	£
Council tax and ground rent	£	£
Food, clothes, cleaning	£	£
TV, video rental, TV Licence	£	£
Vehicle costs (tax, insurance, fuel, repairs)	£	£
Care costs (such as Meals on Wheels)	£	£
Maintenance agreements	£	£
Repairs and decorations (outside and inside)	£	£
Other outgoings not included above	£	£
<b>Total monthly outgoings of home owner and partner: £</b>		

8b

Do you have any savings? Yes  No  If yes, how much do you have? £

### Section 9: Other information

9a

If you have any special circumstances you would like us to consider, please describe them. This could include, for example, things like councillor referral or language translation requirements.

9b

How did you hear about Kick Start?

- Newspaper article (Please state which newspaper ..... )
- Newspaper advert (Please state which newspaper ..... )
- Friends or family
- Billboard
- Leaflet through your door
- Event (Please state which event ..... )
- Other (Please state ..... )

## **Declaration of all those receiving an income from working and/or receiving any benefits**

**By signing this declaration neither you, your family, Staffordshire Housing Association, Stoke-on-Trent city Council, Staffordshire Moorlands District council, and Newcastle Borough Council are under any obligation. This questionnaire is for information only and we will use it to assess how we can help you with any assistance you require.**

### **Certificate of authorisation to proceed**

I, the undersigned, being the Freeholder/Leaseholder with a Lease having more than 5 years unexpired of the property referred to above, hereby authorise Staffordshire Housing Association to obtain relevant title information from land registry, mining report and a copy of the local land charges relating to the above property. I, the undersigned, also authorise Staffordshire Housing Association Community Services to carry out a survey and prepare a Schedule of Works (and drawings if required) for the eligible work at the above property.

I do hereby authorise them to submit (if required) my application for Planning Permission and Building Regulations Approval, obtain Tenders on my behalf (for my approval) and act as liaison between myself and Stoke-on-Trent City Council or Staffordshire Moorlands District Council, Newcastle Borough Council, and the loan provider nominated by the west midlands kickstart partnership, and supervise and control all works as specified in the Schedule of Work.

### **Data Protection**

#### **How we use your personal information**

The information Staffordshire Housing Association holds about you in connection with this referral will be used to provide you with assistance to help you to achieve the Decent Homes Standard for your home. Your personal information will be shared with other agencies where necessary to provide you with this service. This includes our partners Stoke-on-Trent City Council, Staffordshire Moorlands District Council, Newcastle Borough Council, and the loan provider nominated by the west midlands kickstart partnership. These agencies may contact you directly if they may be able to provide you with a service that may be of benefit to you.

As a public organisation we may be required to release information about you under the Freedom of Information Act or other legislation. We must protect the public funds we handle and may use information we hold about you to prevent and detect fraud. We may share this information, for the same purposes, with other relevant organisations. If you have any concerns about how we use your information please contact:

Christina Timmis  
Victoria Chambers  
27-29 Church Street  
Stoke on Trent  
ST4 1DQ

## 10 Enquiring home owner's declaration

As far as I am aware, all the information I have provided in this questionnaire is complete and correct.

Name (please print)	
Signature	
Date	

## 11 Partner's or joint home owner's declaration

As far as I am aware, all the information I have provided in this questionnaire is complete and correct.

Name (please print)	
Signature	
Date	

## 12 Other family member's declaration For other family member who is receiving wages and/or any benefits

As far as I am aware, all the information I have provided in this questionnaire is complete and correct.

Name (please print)	
Signature	
Date	

## 13 Other family member's declaration For other family member who is receiving wages and/or any benefits

As far as I am aware, all the information I have provided in this questionnaire is complete and correct.

Name (please print)	
Signature	
Date	

<b>Ethnicity</b>	
	<b>Tick box</b>
White	
Black Caribbean	
Black African	
Black Other	
Indian	
Bangladeshi	
Pakistani	
Chinese	
Eastern European	
Other (please describe)	

<b>Employment</b>	
	<b>Tick box</b>
Full time	
Part time	
Seeking employment	
Permanently sick or disabled	
Student	
Housewife	
Retired	
Other (please describe)	

<b>Health</b>	
	<b>Tick box</b>
Physical disability	
Registered disabled	
Learning difficulties	
Chronic ill health	
Mental health problems	
Other (please describe)	

**Comments:**