# **Bridgend County Borough Council Logo**

**Expression of Interest for**

**Empty Homes Grant Assistance**

# *Bridgend Private Sector Housing Renewal and Disabled Adaptations Policy* *2018*

**Bridgend County Borough Council are currently assisting in bringing back empty properties through grant assistance. Please note this form is only to register an interest. In order to progress to a formal offer of financial assistance the council will require a formal application to be completed.**

**Please return all completed forms to Housing Strategy, Bridgend County Borough Council, Civic Offices, Angel Street, Bridgend, CF31 4WB or by email to** **emptypropertiesassistance@bridgend.gov.uk**

|  |  |
| --- | --- |
| Address of property for which assistance is sought: |  |

**Applicant:**

|  |  |
| --- | --- |
| Title (Mr/Mrs/Miss/Ms etc.): |  |
| Name: |  |
| D.O.B. |  |
| Address: |  |
| Telephone: Home |  |
| Telephone: Mobile |  |
| Email Address: |  |

**Joint owner 1:**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |

**Joint owner 2:**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |

**Please attach additional sheets if there are any further joint owner details**

|  |  |  |  |
| --- | --- | --- | --- |
| **I confirm that as the grant applicant(s): -**  | **Yes** |  | **No** |
| I/We will be aged eighteen or over on the date of the grant application; |  |  |  |
| I/We have an owner’s interest in the property |  |  |  |
| I/We have the relevant funding in place to complete the required works over and above the allowable assistance |  |  |  |
| The property has been vacant for at least 6 months |  |  |  |
| The property will be free from Category 1 hazards on completion of works |  |  |  |
| Is not the subject of a demolition order under the Housing Acts |  |  |  |
| Has not received assistance for the same works in the last 10 years |  |  |  |

**About the Property**

Type of Property (Please tick **all** boxes that describes your property)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Bungalow |  | Mid Terrace |  | End Terrace |  |
| Detached |  | Semi-Detached |  | Three Storey Property |  |
| Basement Flat |  | Ground Floor Flat |  |
| First Floor Flat |  | Second Floor Flat |  |

Please select from below the existing number of bedrooms in the property: -

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 4 Bedroom |  | 3 Bedroom |  | 2 Bedroom |  | 1 Bedroom |  | Other |  |

Please select from below the proposed number of bedrooms in the property upon completion -

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 4 Bedroom |  | 3 Bedroom |  | 2 Bedroom |  | 1 Bedroom |  | Other |  |

|  |
| --- |
| Do you intend to create/provide more accommodation in this property (e.g., convert one house into two flats)? If yes, please detail below |
|  |
|  |
|  |

Briefly outline the works required to make the property habitable:

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

**Energy Improvements**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Loft Insulation |  | Internal Wall Insulation  |  | Underfloor Insulation |  |
| Windows |  | Electric Load Upgrade |  | Solar Panels  |  |
| LED Lighting |  | Water Efficiency Taps |  | Air Source Heat Pumps  |  |
| Gas Connection (for off gas properties) |  | Whole HouseVentilation System |  | New Boiler/Radiators/ Heating Controls  |  |
| Other (*Please Specify*): |  |  |  |  |  |

Would you consider implementing any of the following Energy Saving works as part of your improvements? *(Please tick all those that apply)*

**Intentions for the Property**

A condition of receiving an Empty Homes Grant is that you are expected to transfer nomination rights to the Local Authority. This is where the property will be rented to individuals listed on Local Housing Register for Local Housing Allowance. Please indicate below if you are willing to make the property available for nomination by the Local Authority. (*Tick the box that applies*)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **3 Years** |  | **5 Years** |  | **Both**  |  | **None** |  |

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No**  |
| I/We will certify intent to let the dwelling to a person who is not a member of my/our family throughout the grant/loan condition period |  |  |
|  |  |  |
| I am/We are, or I/We will become a Rent Smart Wales registered landlord requirements |  |  |
|  |  |  |
| I/We agree to use a letting agent is Rent Smart Wales registered |  |  |

**Please read this declaration carefully before you sign and date it.**

I declare that the information I have given on this form is correct and complete.

I declare that I have sought permission from any joint owners of the property to express an interest in applying for empty homes assistance and understand that their signatures will be required during the formal application process.

I understand that this expression of interest for assistance is not a formal application and its acceptance by the Council does not imply that any financial assistance will actually be paid to me.

|  |  |  |  |
| --- | --- | --- | --- |
| **Your Signature:** |  | **Date:** |  |

For more information on the financial packages offered please see the

[Private Sector Housing Renewal Policy 2018](https://www.bridgend.gov.uk/media/2918/private-sector-housing-renewal-policy-january-2018.pdf)