

RECORD OF OFFICER DECISION

This form must be completed by or on behalf of the relevant Officer immediately after any decision has been made. Please send to the Proper Officer for publication in accordance with the Council's Constitution.

NAME OF OFFICER MAKING DECISION (INCLUDING JOB TITLE) AND THE DECISION BEING MADE	Charlotte Hudson Head of Housing and Community Services To consider representation to waive repayment of part of the disabled facilities grant following the sale a property
TITLE OF REPORT	Request for Waiver of Repayment of Disabled Facilities Grants- 35137
DATE THE DECISION WAS TAKEN	13/11/2024
SUMMARY OF REASONS FOR DECISION	<p>Decision made – Request to waive repayment - GRANTED</p> <p>A request has been received for the Council to consider waiving the repayment of a Disabled Facilities Grant (DFG) in the amount of £6,294.79 for 4 Watsons Hill, Sittingbourne. The owners, Mr. and Mrs. Newing, sold the property due to significant health deterioration and a need to move to a more suitable bungalow to support their care needs.</p> <p>The Council carefully reviewed the applicants' financial and health circumstances. The recipients demonstrated severe financial hardship and ongoing health challenges. The sale of their property and purchase of a new, more accessible bungalow were necessary to address these health and care needs. The decision to waive repayment supports the applicants' ability to transition to a safer and more accessible home while preserving limited financial resources for essential care costs.</p>
BACKGROUND	<p>DELEGATED DECISION from Cabinet 27 August 2008.</p> <p>Where representations are received from grant recipients requesting the Council should waive repayment of their disabled facilities grant, the individual cases are to be considered by the Head of Housing and Community Services) to determine the amount, if any, to repay.</p>

DETAILS OF ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	To require full or partial repayment of the grant. These options were rejected due to the financial hardship it would cause and the compelling reasons related to the recipient's health and care needs.
DETAILS OF ANY CONSULTATION UNDERTAKEN	Consultation with the Cabinet Member for Housing. Considered representations received on behalf of the applicant.
DETAILS OF ANY CONFLICTS OF INTERESTS	None
CONTACT FOR ENQUIRIES/FURTHER INFORMATION	San Nyunt Interim Private Sector Housing Manager
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Please complete this form electronically and forward to the PA to the Corporate Services Director (on behalf of the Proper Officer).