

**HOUSING ADAPTATION GRANT
FOR PEOPLE WITH A DISABILITY**

APPLICATION FORM



Please read the attached conditions prior to completing this form

All questions must be answered

Please write your answers clearly in block capital letters

**Works must not commence prior to receipt by the Local Authority
of the grant application and written approval from the Local
Authority**

**Planning permission, where applicable, must be sought and proof of same
submitted**

**The person for whom the grant is sought must occupy the house as his/her
normal place of residence**

THIS FORM IS ALSO AVAILABLE IN IRISH ON REQUEST

Applicant: _____

Address: _____

Please tick as appropriate: Adaptation Grant New House Grant

Telephone No: _____ **Mobile No:** _____

Date of Birth: _____ **P.P.S. No:** _____

Occupation: _____

Name of person for whom grant aid is sought (*if different from Applicant*):

Relationship to applicant: _____

Name & address of the owner of the property to which the proposed adaptation works are to be carried out:

Gross Annual Household Income: € _____
(Please refer to explanatory note 3 below)

Is the person with the disability residing at the address above: _____

How long has s/he been living at this address: _____

Name and address of General Practitioner: _____

(Please note that the attached doctor's certificate must be completed by your G.P. and returned with this application form)

Details of all persons living in property for which grant aid is sought (including applicant and/or person with a disability)

Name	Relationship to applicant	Date of birth	Gross Income (previous tax year)	Occupation (if applicable)

Number and description of rooms in the dwelling:

	Bedrooms	Bathrooms	Living	Dining	Kitchen	Other
Upstairs						
Downstairs						

General description of proposed works:

If planning permission is required, PLEASE QUOTE REFERENCE NUMBER & DATE OF ISSUE:

Estimated cost of works: € _____

(Please submit 2 written quotations in respect of the estimated cost of works & scale drawings of the proposed works, if applicable.)

€ _____

Amount of grant you are applying for: € _____

Balance of costs: € _____

How do you propose to fund the balance of costs: _____

Has a Disabled Persons Grant or a Housing Adaptation Grant been paid previously in respect of the same premises or person? If yes, please give details:

The particulars set out in this application are correct to the best of my knowledge and belief. I certify that I have read the Conditions of Scheme carefully and have noted the advice given.

Signature of Applicant: _____ **Date:** _____

Completed applications forms should be returned to:

**North Tipperary County Council
Housing Section
Civic Offices
Limerick Road
Nenagh
Co. Tipperary**

CERTIFICATE OF DOCTOR

HOUSING ADAPTATION GRANT FOR PEOPLE WITH A DISABILITY

Note to Doctor: In the form below please specify clearly in block capital letters the precise nature and effects of the applicants disability. This information is essential as applications may be prioritised on the basis of the medical needs of the applicant and on the urgency and necessity of the identified works.

I hereby certify that the proposed works on the attached application form are necessary for the proper accommodation of:

NAME: _____

ADDRESS: _____

WHO SUFFERS FROM: _____

NATURE AND DEGREE OF DISABILITY: _____

LEVEL OF PRIORITY (Please See Over): 1 2 3

NAME OF DOCTOR: _____

DOCTOR'S STAMP

ADDRESS: _____



SIGNED: _____

DATE: _____

Prioritisation on the Basis of Medical Need

Please see below 3 general levels of medical priority identified:

Priority 1

Terminally ill or fully/mainly dependant on family or carer; or where alterations/adaptations would facilitate discharge from hospital or alleviate the need for hospitalisation in the future

Priority 2

Mobile but needs assistance in accessing washing, toilet facilities, bedroom etc; or where without the alterations/adaptations the disabled person's ability to function independently would be hindered

Priority 3

Independent but requires special facilities to improve the quality of life, e.g. separate bedroom/living space

Tax requirements in respect of Housing Adaptation Grant for People with a Disability

TO BE COMPLETED BY APPLICANT

Name of Applicant: _____

Address: _____

Income Tax Reference No / PPS No*: _____

Tax District dealing with your tax affairs: _____

I hereby confirm that to the best of my knowledge my tax affairs are in order.

Signed: _____ Date: _____

* *In the case of persons paying income tax under PAYE, or those in receipt of social welfare payments, please quote your PPS Number;
In the case of self-employed persons please quote the number on your return of income.*

In the case of a Grant Approvals totalling €10,000 or more, applicants will be required to produce a valid Tax Clearance Certificate from the Revenue Commissioners. Please note, the Council will provide applicant's with the relevant Tax Clearance Certificate application form upon issuing Grant Approval. Alternatively, the application form for a Tax Clearance Certificate is available from the Revenue Commissioner's website, www.revenue.ie.

TO BE COMPLETED BY CONTRACTOR 1

Name of Contractor 1: _____

Address: _____

_____ Tel: _____

Tax District dealing with your tax affairs: _____

In the case of payments less than €10,000 a contractor **must** produce either a valid Tax Clearance Certificate or C2 Certificate (which will be returned by the local authority)

As an alternative to producing a valid Tax Clearance Certificate the contractor may authorise the local authority to confirm electronically that he/she holds a valid Tax Clearance Certificate using the on-line verification facility on the Revenue Commissioner’s website. The contractor gives permission to the local authority to confirm his/her tax clearance status by quoting the customer number, tax clearance certificate number and expiry date, which appears on the Tax Clearance Certificate.

Registration number: _____

Tax Clearance No: _____

Expiry Date: _____

TO BE COMPLETED BY CONTRACTOR 2

Name of Contractor 2: _____

Address: _____

_____ Tel: _____

Tax District dealing with your tax affairs: _____

In the case of payments less than €10,000 a contractor **must** produce either a valid Tax Clearance Certificate or C2 Certificate (which will be returned by the local authority)

As an alternative to producing a valid Tax Clearance Certificate the contractor may authorise the local authority to confirm electronically that he/she holds a valid Tax Clearance Certificate using the on-line verification facility on the Revenue Commissioner’s website. The contractor gives permission to the local authority to confirm his/her tax clearance status by quoting the customer number, tax clearance certificate number and expiry date, which appears on the Tax Clearance Certificate.

Registration number: _____

Tax Clearance No: _____

Expiry Date: _____

Conditions of Scheme

1. Purpose of Grant

The Housing Adaptation Grant for People with a Disability is available to assist in the carrying out of works which are reasonably necessary for the purposes of rendering a house more suitable for the accommodation of a person with a disability who has an enduring physical, sensory, mental health or intellectual impairment. The types of works allowable under the scheme include the provision of access ramps, downstairs toilet facilities, stair-lifts, accessible showers, adaptations to facilitate wheelchair access, extensions, and any other works which are reasonably necessary for the purposes of rendering a house more suitable for the accommodation of a person with a disability.

The Housing Adaptation Grant for People with a Disability may be paid, where appropriate, in respect of works carried out to:

- Owner occupied housing;
- Houses being purchased from a local authority under the tenant purchase scheme;
- Private rented accommodation;
- Accommodation provided under the voluntary housing Capital Assistance and Rental Subsidy schemes; and
- Accommodation occupied by persons living in communal residences.

2. Level of Grant

The level of grant aid available shall be determined on the basis of gross household income and shall be between 30% - 95% of the approved cost of the works. The table below sets out the level of grant available based on an assessment of household income.

Gross Maximum Household Income p.a.	% of Costs available	Maximum Grant Available For houses erected for more than 12 months	Maximum Grant available for houses erected for less than 12 months
€	%	€	€
Up to €30,000	95%	30,000	14,500
€30,001 - €34,000	90%	27,000	13,050
€34,001 - €38,000	80%	24,000	11,600
€38,001 - €42,000	70%	21,000	10,150
€42,001 - €46,000	60%	18,000	8,700
€46,001 - €50,000	50%	15,000	7,250
€50,001 - €54,000	40%	12,000	5,800
€54,001 - €65,000	30%	9,000	4,350
In excess of €65,000	No grant is payable		

3. Household Income

Household income is calculated as the property owner's annual gross income in the previous tax year, together with that of his or her spouse/partner, if applicable.

In the case of private rented accommodation, household income is calculated as the tenant's annual gross income in the previous tax year, together with that of his/her spouse, if applicable.

In determining gross household income, local authorities shall, for eligibility purposes, reduce the amount of household income by the following payments/disregards:

- €5,000 for each member of the household aged up to age 18 years;
- €5,000 for each member of the household aged between 18 and 23 years and in full time education or engaged in a FAS apprenticeship;
- €5,000 where the person with a disability for whom the application for grant aid is sought, is being cared for by a relative on a full-time basis;
- the amount of the following payments received in the previous tax year:
 - Child Benefit;
 - Early Childcare Supplement;
 - Family Income Supplement;
 - Foster Care Allowance;
 - Fuel Allowance;
 - Domiciliary Care Allowance;
 - Respite Care Grant;
 - Carer's Benefit / Allowance (where the Carer's payment is made in respect of the persons for whom the application for grant aid is sought).

4. Evidence of household income

The following evidence of income must be included with all applications:

- In the case of PAYE workers, P60 or Balancing Statement for the previous tax year;
- In the case of self-employed or farmers, Income Tax Assessment form, together with a copy of accounts for the previous tax year;
- In the case of social welfare recipients, a statement from Social Welfare stating weekly/annual payments or a post office receipt/slip for payment.

(Evidence of household income should be submitted in respect of the property owner and, if applicable, his/her spouse/partner)

5. Tax Requirements

In the case of contractors, the contractor's name, address, tax reference number and tax district, and the number and expiry date of a certificate of authorisation issued to the contractor by the Revenue Commissioners must be submitted.

In the case of grant applications totalling €10,000 or more, the applicant must confirm that he/she holds a valid tax clearance certificate.

6. Appeals Procedure

In processing applications under the Housing Adaptation Grant for People with a Disability, the authority recognises that some applicants may be dissatisfied with the authority's decision. The authority will give every applicant an appeal mechanism, which will allow him or her to have the decision in his or her case reconsidered by another official.

The following procedure shall apply to each appeal:

Applicants are invited to submit a written appeal on any decision notified to them by the local authority on their application within 3 weeks of the date of the decision stating the reasons for the appeal. The appeal will be considered and adjudicated upon within 4 weeks of receipt. A decision on an appeal will be notified to each applicant within 2 weeks of the decision being made.

7. Checklist

Please ensure that the following documentation is included in the application for grant aid:

- Fully completed application form (HGD1)
- Completed G.P. medical report (HGD2)
- Completed tax form (HGD3)
- Evidence of household income from all sources
- 2 written itemised quotations detailing the cost of the proposed works
- Scale drawings of the proposed works, if applicable
- In the case of extensions applicants must provide either a Planning Permission Reference Number or a letter of exemption from the Planning Authority.
- Evidence of ownership of the property must be submitted i.e.: copy of title deeds, letter from solicitor confirming ownership etc.
- In the case of private rented accommodation, voluntary housing and communal residences the following documentation must be submitted:
 - Written approval of landlord
 - Copy of Tenancy Agreement

If you require assistance in filling out this form please contact:

**Siobhain Collins
Housing Section
North Tipperary County Council**

067-44869