

**HOUSING AID FOR OLDER PEOPLE  
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**

**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:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Telephone No:** \_\_\_\_\_ **Mobile No:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **P.P.S. No:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

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

\_\_\_\_\_

**Relationship to applicant:** \_\_\_\_\_

**Name of the owner of the property to which the proposed repairs/improvement works are to be carried out:**

\_\_\_\_\_

**Gross Annual Household Income: €** \_\_\_\_\_  
*(Please refer to explanatory note 3)*

**Is the person for whom the grant is sought residing at the address above:** \_\_\_\_\_

**How long has s/he been living at this address:** \_\_\_\_\_

**Do any of the occupants of the household suffer from any specific illness? If so, please give brief description and complete the attached doctor's certificate:**

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**Details of all persons living in property for which grant aid is sought (including applicant):**

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

**Number and description of rooms in the dwelling:**

	<b>Bedrooms</b>	<b>Bathroom</b>	<b>Living</b>	<b>Dining</b>	<b>Kitchen</b>	<b>Other</b>
<b>Upstairs</b>						
<b>Downstairs</b>						

**General description of proposed works:**

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**Estimated cost of works:** € \_\_\_\_\_  
*(Please submit 2 written quotations in respect of the estimated cost of works)*

**Amount of grant you are applying for:** € \_\_\_\_\_

**Balance of costs:** € \_\_\_\_\_

**How do you propose to fund the balance of costs:** \_\_\_\_\_

**Has an Essential Repairs Grant, Special Housing Aid for the Elderly Grant or Housing Aid for Older People Grant been paid previously in respect of the same premises or person? If yes, please give details:**

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**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 AID FOR OLDER PEOPLE SCHEME**

**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:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LEVEL OF MEDICAL NEED: HIGH**  **MED**  **LOW**

**NAME OF DOCTOR:** \_\_\_\_\_

**DOCTOR'S STAMP**

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## Tax requirements in respect of Housing Aid for Older People Scheme

### 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](http://www.revenue.ie).

\_\_\_\_\_

**TO BE COMPLETED BY CONTRACTOR**

Name of Contractor: \_\_\_\_\_

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**

Name of Contractor: \_\_\_\_\_

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 Scheme of Housing Aid for Older People is available to assist older people (i.e. those aged 60 years and above) living in poor housing conditions to have necessary repairs or improvements carried out. The types of works grant aided under the scheme include structural repairs or improvements, re-wiring, repairs to/replacement of windows and doors, the provision of heating, water and sanitary services, cleaning, painting and drylining.

Grants under the Housing Aid for Older People Scheme may be paid, where appropriate, in respect of works carried out to:

- Owner occupied housing; and
- Houses being purchased from a local authority under the tenant purchase scheme.

### **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% - 100% of the approved cost of the works. The table below sets out the level of grant available based on an assessment of household income.

<b>Gross maximum household income p.a.</b>	<b>% of costs available</b>	<b>Maximum Grant available</b>
Up to €30,000	100%	€10,500
€30,001 - €34,000	90%	€9,450
€34,001 - €38,000	80%	€8,400
€38,001 - €42,000	70%	€7,350
€42,001 - €46,000	60%	€6,300
€46,001 - €50,000	50%	€5,250
€50,001 - €54,000	40%	€4,200
€54,001 - €65,000	30%	€3,150
In excess of €65,000	No grant is payable	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 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 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 Aid for Older People Scheme 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 (HOP1)
- Completed G.P. medical report (HOP2)
- Completed Tax Form (HOP 3)
- Evidence of household income from all sources
- 2 written itemised quotations detailing the cost of the proposed works
- Evidence of ownership of the property must be submitted, i.e: copy of title deeds, letter from solicitor confirming ownership etc.

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

<p><b>Siobhain Collins</b> <b>Housing Section</b> <b>North Tipperary County Council</b></p> <p><b>067-44869</b></p>
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