

**MOBILITY AIDS HOUSING GRANT SCHEME
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 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 doctors 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:

Estimated cost of works: € _____
(Please submit **1** written quotation in respect of the estimated cost of works)
(Please submit **2** written quotations in respect of applications for **stairlifts**)

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, Housing Adaptation Grant or Mobility Aids Housing 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

MAG 2

MOBILITY AIDS HOUSING GRANT 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: _____

DESCRIPTION OF MOBILITY PROBLEM: _____

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

IS THE DISABLED PERSON WHEELCHAIR BOUND: YES / NO

IS THE APPLICANT IN HOSPITAL AND ARE WORKS REQUIRED TO BE COMPLETED IN ORDER TO FACILITATE THE CONTINUANCE OF THEIR CARE IN THEIR OWN HOME: _____

WILL THERE BE ANY LIKELY DETERIORATION OF MOBILITY IN THE NEXT 5 YEARS WHICH MAY EFFECT HOUSING NEEDS?

NAME OF DOCTOR: _____

DOCTOR'S STAMP

ADDRESS: _____

SIGNED: _____ **DATE:** _____

Tax requirements in respect of Mobility Aids Housing Grant 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.*

TO BE COMPLETED BY CONTRACTOR

Name of Contractor: _____

Address: _____

Tel: _____

Tax District dealing with your tax affairs: _____

The contractor should 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 Mobility Aids Housing Grant is available to cover a basic suite of works to address mobility problems, primarily, but not exclusively, associated with ageing. The works grant aided under the scheme include:

- Grab-rails;
- Access ramps;
- Level access showers;
- Stair-lifts; and
- Other minor works deemed necessary to facilitate the mobility needs of a member of a household.

The Mobility Aids Housing Grant Scheme 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 effective maximum grant is €6,000 or 100% the cost of the works, whichever is the lesser. The grant is available to households whose gross annual household income does not exceed €30,000.

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. In the case of State Pensioners a copy of the current pension book will suffice.

(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.

6. Appeals Procedure

In processing applications under the Mobility Aids Housing Grant 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 (MAG 1);
- Completed G.P. Medical report (MAG 2); **Contd..**
- Completed Tax Form (MAG 3);
- Evidence of Household Income from all sources;
- 1 written itemised quotation detailing the cost of the proposed works (**2 written quotations in respect of applications for stairlifts**).
- 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:
Norah Kennedy, Housing Section, North Tipperary County Council 067 – 44847**

**SCÉIM DEONTAIS TITHÍOCHTA D'ÁISEANNA
SOGHLUAISTEACHTA**

FOIRM IARRATAIS



Léigh na coinníollacha atá faoi iamh le do thoil sula gcomhlánaíonn tú an fhoirm seo

Ní mór gach ceist a fhreagairt

Scríobh do chuid freagraí go soiléir i mbloclitreacha le do thoil

Ní chuirfear tús le hoibreacha sula bhfaighidh an tÚdarás Áitiúil an t-iarratas ar dheontas agus cead i scríbhinn ón Údarás Áitiúil

Caithfidh an duine a bhfuil an deontas á lorg ar a shon/son a bheith i seilbh an tí mar a ghnáth/gnáth áit chónaithe

An tIarratasóir: _____

Seoladh: _____

Uimh. Theileafóin: _____ **Uimh. Shoghluaiste:** _____

Dáta Breithe: _____ **Uimh. P.S.P.:** _____

Slí Bheatha: _____

Ainm an duine a bhfuil deontas á lorg ar a shon/son (*murab ionann agus an tIarratasóir*):

Gaol leis an iarratasóir: _____

Ainm úinéara an áitribh a bhfuil na hoibreacha oiriúnaithe molta le déanamh air:

Ollioncam Bliantúil an Teaghlaigh: € _____
(Téigh chuig nóta míniúcháin 3 thíos)

An gcónaíonn an duine faoi mhíchumas ag an seoladh thuas: _____

Cén t-achar a bhfuil cónaí air/uirthi ag an seoladh seo: _____

Ainm agus seoladh an Dochtúra Teaghlaigh: _____

(Tabhair ar aird le do thoil nach mór do do Dhochtúir Teaghlaigh an teastas dochtúra atá faoi iamh a chomhlánú agus a sheoladh ar ais leis an bhfoirm iarratais seo)

Sonraí faoi na daoine ar fad atá ina gcónaí san áitreabh a bhfuil cúnamh deontais á lorg (*lena n-áirítear iarratasóir agus/nó duine atá faoi mhíchumas*)

Ainm	Gaol leis an iarratasóir	Dáta breithe	Ollioncam (an bhliain chánach roimhe sin)	Slí Bheatha (<i>más infheidhmíthe</i>)

Líon na seomraí sa teach agus cur síos orthu:

	Seomraí codalta	Seomra suí	Seomra bia	Cistin	Eile
Thuas staighre					
Thíos staighre					

Cur síos ginearálta ar na hoibreacha atá molta:

Costas measta na n-oibreacha: € _____
(Cuir isteach I luachan i scríbhinn maidir le costas measta na n-oibreacha)

Méid an deontais a bhfuil tú ag déanamh iarratais air: € _____

Iarmhéid na gcostas: € _____

Cén chaoi a bhfuil sé i gceist agat iarmhéid na gcostas a mhaoiniú: € _____

Ar íocadh Deontas do Dhaoine Faoi Mhíchumas, Deontas Oiriúnaithe Tithíochta nó Deontas Tithíochta d'Áiseanna Soghluaisteachta cheana féin maidir leis an áitreabh nó leis an duine céanna? Má íocadh, tabhair na sonraí le do thoil:

Síniú an Iarratasóra: _____ **Dáta:** _____

Ba chóir iarratais chomhlánaithe a sheoladh ar ais chuig:

**An Rannóg Tithíochta,
Comhairle Contae Thiobraid Árann Thuaidh,
Bóthar Luimnigh,
An t-Aonach,
Co. Thiobraid Árann.
Fón: 067-44847**

TEASTAS DOCHTÚRA**SCÉIM DEONTAIS TITHÍOCHTA D'ÁISEANNA SOGHLUAISTEACHTA**

Dearbhaím leis seo go bhfuil na hoibreacha atá molta ar an bhfoirm iarratais faoi iamh riachtanach chun cóiríocht cheart a chur ar fáil do:

AINM: _____

SEOLADH: _____

A FHULAINGÍONN LE: _____

CUR SÍOS AR AN BHFADHB SOGHLUAISTEACHTA:

AINM AN DOCHTÚRA: _____

STAMPA AN DOCHTÚRA

SEOLADH: _____



SÍNITHE: _____

DÁTA: _____

Ceanglais cánach maidir leis an Scéim Deontais Tithíochta d'Áiseanna Soghluaisteachta

LE COMHLÁNÚ AG AN IARRATASÓIR

Ainm an Iarratasóra: _____

Seoladh: _____

Uimh. Thagartha Cáin Ioncaim*: _____

Ceantar Cánach a dhéileálann le do chúrsaí cánach: _____

Dearbhaím leis seo go bhfuil mo chuid cúrsaí cánach in ord chomh fada is eol dom.

Sínithe: _____ Dáta: _____

- * I gcás daoine atá ag íoc cáin ioncaim faoi ÍMAT, nó iad sin atá ag fáil íocaíochtaí leasa shóisialaigh, luaigh d'Uimhir PSP le do thoil;
I gcás daoine féinfhostaithe luaigh le do thoil an uimhir ar do thuairisceán ioncaim.

LE COMHLÁNÚ AG AN gCONRAITHEOIR

Ainm an Chonraitheora: _____

Seoladh: _____

Teil: _____

Sraithuimhir Cháin Ioncaim: _____

Ceantar Cánach a dhéileálann le do chúrsaí cánach: _____

Uimh. C2:/Uimh. Imréiteach Cánach: _____ Dáta Éagtha: _____

Coinníollacha na Scéime

1. Aidhm an Deontais

Tá an Deontas Tithíochta d'Áiseanna Soghluaisteachta ar fáil chun sraith bunúsacha oibreacha a chlúdach chun aghaidh a thabhairt ar fhadhbanna soghluaisteachta, go príomha, ach ní hamháin, a bhaineann le haosú. I measc na n-oibreacha a fhaigheann cúnamh deontais faoin scéim tá siad seo a leanas:

- Greimráillí;
- Rampaí rochtana;
- Cithfolcadán boinn leibhéalta;
- Ardáin-staighrí; agus
- Mionoibreacha eile a mheasfar mar chinn riachtanach chun riachtanais soghluaisteachta teaghlaigh a éascú.

2. Leibhéal an Deontais

Is é an uasdheontas éifeachtach ná €6,000 nó 100% de chostas na n-oibreacha, cibé acu is lú. Tá an deontas ar fáil do theaghlaigh nach mó a n-ollioncam bliantúil teaghlaigh agus €30,000.

3. Ioncam Teaghlaigh

Ríomhtar ioncam teaghlaigh mar ollioncam bliantúil úinéara an áitribh sa bhliain chánach roimhe sin, chomh maith le hioncam a c(h)éile/p(h)áirtí, más infheidhmithe.

I gcás cóiríocht phríobháideach ar cíos, ríomhtar ioncam teaghlaigh mar ollioncam bliantúil an tionónta sa bhliain chánach roimhe sin, chomh maith le hioncam a c(h)éile/p(h)áirtí, más infheidhmithe.

Agus ollioncam teaghlaigh á shocrú bainfidh údaráis áitiúla feidhm as na neamhairde seo a leanas:

- €5,000 i gcás gach duine sa teaghlach suas go dtí 18 bliana;
- €5,000 i gcás gach duine sa teaghlach idir 18 agus 23 bliana agus atá ag freastal ar oideachas lánaimseartha nó ar printíseacht FAS;
- €5,000 sa chás go bhfuil an duine a bhfuil an cúnamh deontais á lorg ar a s(h)on, ag fáil cúraim ó ghaol ar bhonn lánaimseartha;
- Sochar Linbh;
- Forlíonadh Luathchúram Leanáí;
- Forlíonadh Ioncaim Teaghlaigh;
- Liúntas Cúraim Baile;
- Deontas Cúraim Faoisimh;
- Liúntas/Sochar Cúramóra (áit a ndéantar íocaíocht an Chúramóra maidir leis an té a bhfuil an cúnamh deontais á lorg dó/di).

4. Fianaise ar ioncam teaghlaigh

Caithfear an fhianaise seo a leanas d'ioncam a chur san áireamh le gach iarratas:

- I gcás oibríthe ÍMAT, P60 nó Clár Comhardaithe don bhliain chánach roimhe sin;
- I gcás duine féinfhostaithe nó feirmeoirí, foirm Measúnaithe Cáin Ioncaim, chomh maith le cóip de chuntais don bhliain chánach roimhe sin;

- I gcás faighteoirí leasa shóisialaigh, ráiteas ón oifig Leasa Shóisialaigh ag lua na híocaíochtaí seachtainiúla/bliantúla. I gcás Pinsinéirí Stáit, is leor cóip den leabhar pinsin reatha.

(Ba chóir fianaise ar ioncam teaghlaigh a chur isteach maidir le húinéir an áitribh agus, más infheidhmithe, a c(h)éile/p(h)áirtí)

5. Ceanglais Chánach

I gcás conraitheoirí, ní mór ainm, seoladh, uimhir thagartha cánach agus ceantar cánach an chonraitheora agus uimhir agus dáta éagtha an teastais údaraithe arna eisiúint ag na Coimisinéirí Ioncaim don chonraitheoir a chur isteach.

6. Nós Imeachta Achomharc

Agus iarratais á bpróiseáil faoin Scéim Deontais Tithíochta d'Áiseanna Soghluaisteachta tuigeann an t-údarás go bhféadfadh roinnt iarratasóirí a bheith míshásta le cinneadh an údaráis. Tabharfaidh an t-údarás meicníocht achomhairc do gach iarratasóir, a thabharfaidh deis dó nó di an cinneadh ina chás nó ina cás féin a chur os comhair oifigeach éigin eile.

Beidh feidhm leis an nós imeachta seo a leanas i gcás gach achomhairc:

Tugtar cuireadh d'iarratasóirí achomharc i scríbhinn a chur isteach maidir le haon chinneadh a chuireann an t-údarás áitiúil faoina mbráid maidir lena n-iarratas laistigh de 3 seachtaine ó dháta an chinnidh ag lua na gcúiseanna atá leis an achomharc. Breithneofar an t-achomharc agus tabharfar breith air laistigh de 4 seachtaine ó fhaightear é. Cuirfear gach iarratasóir ar an eolas faoi chinneadh an achomhairc laistigh de 2 seachtaine ó dhéantar an cinneadh.

7. Seicliosta

Cinntigh le do thoil go gcuirtear an doiciméadúchán seo a leanas isteach leis an iarratas ar chúnamh deontais:

- Foirm iarratais a bheidh comhlánaithe go hiomlán (MAG 1);
- Tuairisc leighis comhlánaithe ag an Dochtúir Teaghlaigh (MAG 2);
- Foirm Chánach comhlánaithe (MAG 3);
- Fianaise d'Ioncam Teaghlaigh as gach foinse;
- 1 luachan miondealaithe i scríbhinn ag tabhairt sonraí de chostas na n-oibreacha atá molta.

Má theastaíonn cúnadh uait leis an bhfoirm seo a chomhlánú téigh i dteagmháil le do thoil le:

**Martina Ryan,
An Rannóg Tithíochta,
Comhairle Contae Thiobraid Árann Thuaidh.
Fón: 067 - 44847**