

**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 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:

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 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.

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:

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

067-44869