

MEATH COUNTY COUNCIL HOUSING ADAPTATION GRANT FOR PEOPLE WITH A DISABILITY

APPLICATION FORM

1. APPLICATION TYPE

Housing Adaptation Grant For People With A Disability – (This application form cannot be used for applications or qualifying works under the Housing Aid For Older People Grant Scheme or Mobility Aids Housing Grant Scheme). **Please include Eircode with applicant address.**

2. APPLICANT/S DETAILS (Person/s for whom grant aid is sought)

Applicant 1.....	Applicant 2.....
Address:.....	Address:.....
.....
D.O.B.....	D.O.B.....
P.P.S. No.....	P.P.S. No.....
Occupation:.....	Occupation:.....
Contact Number/s.....	Contact Number/s.....
E-Mail address:.....	E-Mail address:.....

3. DETAILS OF CONTACT PERSON (if different or additional to parties named in Section 2)

(Please note that under Data Protection rules we can only discuss this application with parties named in Sections 2 & 3)

Name.....

Relationship to applicant.....

Address.....

Contact No..... Contact Type: All written correspondence Phone Queries Only

4. PROPERTY TO WHICH WORKS ARE PROPOSED TO BE CARRIED OUT

Address of property.....

Age of property (Please tick box) Erected for more than 12months Erected for less than 12months

No. of years resident in property Year of Construction of property.....

Nature of Tenure (Please tick box)

Owner Occupied **Tenant Purchase Scheme** **Voluntary Housing**

Private Rented Accommodation **Other** **Specify details**

Name & Address of property owner.....

If the applicant is not the property owner,
please state relationship to the property owner:

Description of Property (Number and description of rooms)

	Bedrooms	Living	Dining	Kitchen	Bathroom	Other
Upstairs						
Downstairs						

4. PROPERTY TO WHICH WORKS ARE PROPOSED TO BE CARRIED OUT (Contd.)

Is the applicant permanently residing at this address? (Please tick box) Yes No

If "No" provide details:

Does the applicant have an interest in alternative accommodation other than the property the subject of this application? (Please tick box) Yes No

If "Yes" provide details.....
.....

Has any grant been paid previously in respect of the above property or applicant/s by a Local Authority, HSE or other? (Please tick box) Yes No

If "Yes" provide details.....
.....
.....

Are smoke alarms installed at this address? (Please tick box) Yes No

If "Yes" please state type and quantity:

5. HOUSEHOLD DETAILS

(Details of all persons living in the property, including the applicant*, to which works are proposed to be carried out)

Name	Relationship to Applicant	Date of Birth	Age	Occupation	Gross Income for previous Tax Year (including any private pensions)
*					

Evidence of household income should be submitted, as detailed below. Household income is calculated as the annual gross income of all household members over 18 (or 23 if in full time education – supporting documentation will be required from the educational provider which confirms that the individual is in full time education) in the previous tax year.

- 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 P21 Balancing Statement for the previous tax year.
- In the case of State Pensioners a copy of the payment card and a payment slip from An Post or P21 Balancing Statement for the previous tax year.
- In the case of earnings from savings and investments, a certificate of interest or a dividend certificate.

6. PROPOSED WORKS (Please tick box / boxes as appropriate to application type you wish to apply for)

- Access ramp(s) Downstairs toilet facilities
- Level Access Shower Adaptation to facilitate wheelchair access
- Stair-lift
- Other Works (please briefly specify)

Please note the following in relation to the Housing Adaptation Grant For People With a Disability Grant Scheme:

No extension works will be approved unless all less costly and “fit for purpose” alternatives have been considered and eliminated e.g. use of technology, reassignment of existing rooms etc.

Where Meath County Council refers a Housing Grant application to a Consultant Occupational Therapist for assessment and prioritisation on the basis of medical need (as per Department of the Environment, Heritage and Local Government Guidelines), approved grant amounts will be subject to a deduction of €200.00 in respect of such Occupational Therapist Fees.

7. PLANNING PERMISSION (please tick box)

- Is planning permission required for the proposed works? Yes No
- If planning permission is required, has a planning application been submitted? Yes No
- If “Yes” provide Planning Application Ref. No.

8. ESTIMATED COST OF WORKS

- Estimated cost of works 1: Contractor..... €.....
- Estimated cost of works 2: Contractor..... €.....
- 2 written Itemised quotations are required.

9. AMOUNT OF GRANT BEING APPLIED FOR

- Amount of grant you are applying for: €
- Balance of costs: €
- How do you propose to fund the balance of costs?

10. LOCAL PROPERTY TAX

All applicants are required to include with their grant application, proof that they are compliant with the Local Property Tax for the current year.

- Have you included proof that the owner of the property, the subject of this application, is compliant with the Local Property Tax for the current year. Yes No

Failure to provide proof that the owner of the property is compliant with the Local Property Tax will result in the application being returned to the applicant as it will be considered an invalid application.

MEDICAL CERTIFICATE

To Be Completed By Doctor / Consultant
Completion of this form is mandatory.

Please use Block Capitals

Applicant Details (Person/s for whom grant aid is sought)

(If more than 1 applicant requires the completion of a Medical Certificate, please contact the Housing Section, Meath County Council, County Hall, Navan, Co. Meath C15 AW81 – Tel 046 9097255 for an additional Medical Certificate. It is not permissible to complete this Medical Certificate for more than 1 applicant)

Applicant:.....

Address:.....

.....

Diagnosis:

.....

.....

.....

.....

Prognosis:

.....

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.....

.....

Please tick appropriate box in respect of the applicant/s (Only one box may be ticked)

- Terminally ill Mainly dependant on family or a carer Where alterations / adaptations would facilitate the discharge from hospital or alleviate hospitalisation in the future.
- Mobile but needs assistance in accessing facilities, or where, without the adaptation the disabled persons' ability to function independently would be hindered
- The applicant is Independent, but requires special facilities to improve the quality of life, e.g. separate bedroom / living space

NAME OF DOCTOR / CONSULTANT:.....

ADDRESS:.....

.....

SIGNED:.....(Doctor / Consultant)

DATE:.....

OFFICIAL STAMP



12. **Tax requirements in respect of Housing Adaptation Grant For People With A Disability**

TO BE COMPLETED BY APPLICANT

Name of Applicant: _____

Address: _____

PPS Number: _____

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 application totalling €10,000 or more, applicants are required to produce a valid Tax Clearance Certificate. The application form for a Tax Clearance Certificate is available from the Revenue Commissioner's website, www.revenue.ie. Alternatively applicants can request an application form from their local Revenue District.

Applications for a grant application totalling €10,000.00 or more will not be accepted unless accompanied by the Applicants valid Tax Clearance Certificate.

Customer No: _____

Tax Clearance Certificate No: _____

13.

TO BE COMPLETED BY CONTRACTOR

Name of Contractor 1: _____

Address: _____

_____ Tel: _____

Income Tax Ref Number: _____

Tax Clearance Access Pin: _____

Tax District dealing with your tax affairs: _____

Signed: _____
(Contractors Signature)

Date: _____

In the case of payments totalling €10,000 or more a contractor is required to 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 and tax clearance certificate number, which appears on the Tax Clearance Certificate.

Applications for a grant application totalling €10,000.00 or more will not be accepted unless accompanied by the Contractors valid Tax Clearance Certificate or C2 Certificate (which will be returned by the Local Authority).

Customer No: _____

Tax Clearance Certificate No: _____

14.

TO BE COMPLETED BY CONTRACTOR

Name of Contractor 2: _____

Address: _____

_____ Tel: _____

Income Tax Ref Number: _____

Tax Clearance Access Pin: _____

Tax District dealing with your tax affairs: _____

Signed: _____
(Contractors Signature)

Date: _____

In the case of payments totalling €10,000 or more a contractor is required to 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 and tax clearance certificate number, which appears on the Tax Clearance Certificate.

Applications for a grant application totalling €10,000.00 or more will not be accepted unless accompanied by the Contractors valid Tax Clearance Certificate or C2 Certificate (which will be returned by the Local Authority).

Customer No: _____

Tax Clearance Certificate No: _____

CHECKLIST, DECLARATION & SIGNATURES

(Please ensure that the following documentation is included with your application & tick box regarding inclusions)

- Application completed in full with **ALL** applicable parts completed
- Evidence of Compliance with Local Property Tax for the current year
- Evidence of household income
- Letter from Educational Provider, if a member of the household is aged between 18 and 23 years of age and engaged in full time education, stating that this individual is in full time education.

- 2 written Itemised Quotations / Estimates re cost of proposed works
- Applicants Tax Requirements declaration in Respect of Housing Adaptation Grant For People With A Disability.

- Contractors Tax information submitted with application in Respect of Housing Adaptation Grant For People With A Disability

- Fully completed Medical Certificate signed and stamped by Doctor / Consultant

N.B. INCOMPLETE APPLICATION FORMS WILL BE RETURNED INVALID

Completed application forms should be forwarded to: Housing Grants Department, Meath County Council, Buvinda House, Dublin Road, Navan, County Meath C15 Y291

I hereby certify that all information given in this application form is correct

Signed:.....(*Applicant 1 / Representative*) Date:.....

Signed:.....(*Applicant 2 / Representative*) Date:.....

The personal information (data) collected on this form, including any attachments, (which may include the collection of sensitive personal data) is collected for the purpose of processing this application and any data collected is subject to Meath County Council's privacy statement which can be found at <http://www.meath.ie/Data Protection/>