

HOUSING ADAPTATION GRANT FOR PEOPLE WITH A DISABILITY

APPLICATION FORM



MONAGHAN COUNTY COUNCIL

POSTAL ADDRESS:

Housing Grants Section
Monaghan County Council
The Glen
Monaghan
CO MONAGHAN

Tel: 047 30503

**WORKS MUST NOT COMMENCE PRIOR TO RECEIPT BY MONAGHAN COUNTY
COUNCIL OF THE GRANT APPLICATION AND WRITTEN APPROVAL FROM
MONAGHAN COUNTY COUNCIL**

IMPORTANT NOTICE TO APPLICANTS

- Applications **MUST BE COMPLETED IN FULL** – IE all questions answered with signature where necessary. *(This Form consists of 8 No. Pages for completion – HGD1, HGD2, HGD3, HGD4))*
- Incomplete Applications **WILL NOT BE ACCEPTED** – Forms will be returned to sender and will only be accepted when **ALL** information required is attached. Please refer to the **CONDITIONS OF THE SCHEME** included and please pay particular attention to the **CHECKLIST** to ensure you submit **ALL** documentation required.
- Doctor's Certificate **MUST BE COMPLETED IN ALL CASES** (HGD2)
- Evidence of a Valid Tax Clearance Certificate is required by **APPLICANT** and **CONTRACTOR** (HGD3)
- Payment of Grant is made on approved/completed works directly into Applicant's Bank Account – Details **MUST** be submitted (HGD4)
- Proof of Ownership of Property **MUST BE SUBMITTED** – ie Copy of Title Deeds or Letter from Solicitor.
- The person for whom the grant aid is sought **MUST** occupy the house as his/her main residence . If that person is not a Registered Owner, a Legal Right of Residency **MUST** be established in his/her favour.
- **EXTENSIONS** – NO Extension works will be approved unless all other less costly and “fit for purpose” options have been considered and eliminated ie. re-assignment of existing rooms, use of technology, etc.

HOUSING ADAPTATION GRANT FOR PEOPLE WITH A DISABILITY

APPLICATION FORM

APPLICANT: _____

ADDRESS: _____

EIRCODE: _____

DATE OF BIRTH: _____

P.P.S. No: _____

TELEPHONE: _____

MOBILE: _____

OCCUPATION: _____

NAME and ADDRESS OF PERSON FOR WHOM GRANT AID IS SOUGHT (*if different from Applicant*)

RELATIONSHIP TO APPLICANT: _____

NAME OF OWNER OF PROPERTY TO WHICH THE PROPOSED ADAPTATION WORKS ARE PLANNED:

- *See Important Notice to Applicants*

GROSS ANNUAL HOUSEHOLD INCOME: € _____

- *See Conditions of Scheme – Item No. 3*

IS THE PERSON WITH THE DISABILITY RESIDING AT THE ADDRESS ABOVE: _____

HOW LONG HAS SHE/HE BEEN LIVING AT THIS ADDRESS: _____

NAME AND ADDRESS OF GENERAL PRACTITIONER: _____

(Please note the Doctor's Certificate (HGD 2 – Page 4) MUST be completed)

PLEASE CONFIRM IF YOU ARE CURRENTLY, OR HAVE IN THE PAST, BEEN ASSESSED / VISITED BY THE H.S.E. OCCUPATIONAL THERAPY SERVICES? If YES, please give Name of OT and Date of Most Recent Visit:

DETAILS OF ALL PERSONS LIVING IN THE PROPERTY (including the Person for whom grant aid is sought):

NAME	RELATIONSHIP	DATE OF BIRTH	GROSS INCOME	OCCUPATION (If Applicable)

NUMBER AND DESCRIPTION OF ROOMS IN THE DWELLING:

	Bedroom	Bathroom	Living Room	Dining Room	Kitchen	Other
Upstairs						
Downstairs						

GENERAL DESCRIPTION OF PROPOSED WORKS: _____

ESTIMATED COST OF WORKS (2 Quotations to be attached): € _____

AMOUNT OF GRANT YOU ARE APPLYING FOR: € _____

BALANCE OF COSTS: € _____

HOW DO YOU PROPOSE TO FUND THE BALANCE OF COSTS: _____

IF PLANNING PERMISSION IS REQUIRED, PLEASE QUOTE REFERENCE NUMBER AND DATE OF ISSUE:

HAS A PREVIOUS HOUSING GRANT BEEN PAID IN RESPECT OF THE SAME DWELLING AND / OR PERSON (If YES, please give details):

SIGNATURE OF APPLICANT: _____ DATE: _____

COMPLETED APPLICATION FORMS AND ALL SUPPORTING DOCUMENTATION SHOULD BE SUBMITTED TO:

HOUSING GRANTS SECTION
MONAGHAN COUNTY COUNCIL
THE GLEN
MONAGHAN
CO MONAGHAN
TEL: 047 30503

HGD 2

CERTIFICATE OF DOCTOR

Housing Adaptation Grant for People with a Disability

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 (Please Tick as appropriate):

- Terminally Ill or Fully/Wholly dependent on family or care, or where alterations /adaptations would facilitate discharge from hospital or alleviate the need for hospitalisation in the future
- 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
- Independent but requires special facilities to improve the quality of life (eg. Separate bedroom/living space)
- If the application is for the provision of a STAIRLIFT ONLY, please confirm that this is suitable and Safe for use by the person for whom grant aid is sought

**IN YOUR OPINION WHAT IS THE REQUIRED TIMEFRAME FOR THE WORKS PROPOSED?
(Please Tick as appropriate)**

0-3 Months 3-6Months 6-9Months 9-12Months 12Months or more

SIGNATURE OF DOCTOR: _____ **DATE:** _____

ADDRESS OF DOCTOR: _____

HGD 3

TAX REQUIREMENTS FOR APPLICANT

APPLICANT MUST HAVE A VALID TAX CLEARANCE CERTIFICATE

To apply for a Tax Clearance Certificate, you may complete the attached TC1 (Pink Form) and send it to the Revenue Offices, Limerick (Address on Form) or,

Alternatively, you may apply using the Revenue Offices On-Line Service – www.revenue.ie

When you have received confirmation of your Tax Clearance status, please attach it to this form, complete the details requested below and submit to Monaghan County Council when you are sending your completed Housing Grant Application.

P.P.S. NO: _____

TAX CLEARANCE REFERENCE NO: _____

TAX CLEARANCE ACCESS CODE NO: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

HGD 3

TAX REQUIREMENTS FOR CONTRACTOR

CONTRACTOR MUST HAVE A VALID TAX CLEARANCE CERTIFICATE

CONTRACTOR NO. 1

Please attach the Revenue Office confirmation of your Tax Clearance status to this form, complete the details requested below for submission by the Applicant to Monaghan County Council along with a fully completed Housing Grant Application.

TAX CLEARANCE REFERENCE NO: _____

TAX CLEARANCE ACCESS CODE NO: _____

SIGNATURE OF CONTRACTOR: _____ DATE: _____

HGD 3

TAX REQUIREMENTS FOR CONTRACTOR

CONTRACTOR MUST HAVE A VALID TAX CLEARANCE CERTIFICATE

CONTRACTOR NO. 2

Please attach the Revenue Office confirmation of your Tax Clearance status to this form, complete the details requested below for submission by the Applicant to Monaghan County Council along with a fully completed Housing Grant Application.

TAX CLEARANCE REFERENCE NO: _____

TAX CLEARANCE ACCESS CODE NO: _____

SIGNATURE OF CONTRACTOR: _____ DATE: _____

HGD 4

APPLICANT BANK ACCOUNT DETAILS

Grant Payments are made directly into the Bank Account of the Applicant – No Payments can be issued to the Contractor and payment by Cheque is no longer available.

Please complete and sign **Section A ONLY** below:

SECTION A

APPLICANT NAME: _____

APPLICANT ADDRESS: _____

PHONE NO: _____ (Landline) _____ (Mobile)

P.P.S. NO: _____

IBAN NO: _____

BIC NO: _____

SECTION B

FOR OFFICIAL USE ONLY
Housing Grants Office

SET UP TYPE:

CATEGORY OF SUPPLIER:

TYPE OF TRADER:

HAVE YOU REQUESTED A TAX CLEARANCE CERTIFICATE AND PPS NO: YES

HAVE YOU COMPLETED THE SUBCONTRACTOR CONTRACT DETAILS SET UP FORM: NO

SUPPLIER NO:

Completed by: _____

Date: _____

CONDITIONS OF HOUSING ADAPTATION GRANT 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.

NOTE:

No extension works will be approved unless all other less costly and “fit for purpose” options have been considered and eliminated – ie. re-assignment of existing rooms, use of technology, etc.

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 **Excluding VAT**. The table below sets out the level of grant available based on an assessment of household income. **(VAT can be reclaimed by the applicant from the Revenue Offices on completion of the works. (VAT Form 61a))**

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 - €35,000	85%	25,500	12,325
€35,001 - €40,000	75%	22,500	10,875
€40,001 - €50,000	50%	15,000	7,250
€50,001 - €60,000	30%	9,000	4,350
Over €60,000	No grant is payable		

3. HOUSEHOLD INCOME

Household income is based on the Gross income of the property owner(s) and spouse(s) **AND** all other adult members of the household – ie. those over 18 (or over 23 if in full-time education) bringing the criteria in line with the assessment of need for social housing. In the case of earnings from savings and investments, a Certificate of Interest or a Dividend Certificate must be submitted with the application.

In determining gross household income local authorities shall apply the following income 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 SOLAS apprenticeship. **(Written confirmation from College/University or SOLAS required)**
- Child Benefit.
- Early Childcare Supplement.
- Family Income Supplement.
- Domiciliary Care Allowance.
- Respite Care Grant.
- Carers Benefit / Allowance

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, including Computation of Tax statement.
- In the case of social welfare recipients, a statement from Social Welfare stating weekly/annual payments. In the case of State Pensioners please provide 1) A copy of payment chit from Post Office. **OR** 2) Copy of Bank Statement showing weekly pension deposits.

5. TAX REQUIREMENTS

Evidence of Tax Clearance Status is required by **BOTH** Applicant AND Contractor.

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 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. HEALTH & SAFETY

Applicants must ensure their Contractor is compliant with the Health & Safety Regulations 2013.

8. CHECKLIST

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

Fully completed application form (HGD1)

Completed Certificate of Doctor (HGD2)

Evidence of Tax Clearance Status – Applicant AND Contractor (HGD3)

Applicant Bank Account Details (HGD4)

Proof of Ownership and Legal Right of Residency, if applicable

Evidence of Household Income from all relevant persons and sources.

Evidence, if applicable, of Income Disregards

Proof of Compliance with Local Property Tax for the current year

2 written **itemised** quotations detailing the cost of the proposed works **Including VAT**