

# HOUSING AID FOR OLDER PEOPLE

## 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 7 No. Pages for completion – HOP1, HOP2, HOP3, HOP4)*
- 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 (HOP2)**
- Evidence of a Valid Tax Clearance Certificate is required by **APPLICANT** and **CONTRACTOR (HOP3)**
- Payment of Grant is made on approved/completed works directly into Applicant's Bank Account – Details **MUST** be submitted (HOP4)
- 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.

# **HOUSING AID FOR OLDER PEOPLE**

## **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 (Quotation 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

**HOP 2**

**CERTIFICATE OF DOCTOR**

# Housing Aid for Older People

***I HEREBY CERTIFY THAT THE PROPOSED WORKS ON THE ATTACHED APPLICATION FORM ARE NECESSARY FOR THE PROPER ACCOMMODATION OF:***

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

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

**WHO SUFFERS FROM:** \_\_\_\_\_

**IN YOUR OPINION HOW URGENT IS 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:** \_\_\_\_\_

**HOP 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](http://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: \_\_\_\_\_

**HOP 3**

**TAX REQUIREMENTS FOR CONTRACTOR**

**CONTRACTOR MUST HAVE A VALID TAX CLEARANCE CERTIFICATE**

**CONTRACTOR**

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: \_\_\_\_\_

**HOP 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 AID FOR OLDER PEOPLE GRANT SCHEME

### 1. PURPOSE OF GRANT

The Housing Aid for Older People is available to assist older people, 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 and/or replacement of windows and doors, the provision of heating (where NO heating system exists), water and sanitary services.

#### **NOTE:**

- **Applicants applying to have re-wiring works carried out MUST enclose written report from a Qualified Electrician on the existing condition of the wiring system in the property**
- **Applicants applying to have works carried out to repair / replace roof MUST enclose written confirmation from their household insurance policy provider, that these works are not covered under their Policy**

### 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 **including VAT**. The table below sets out the level of grant available based on an assessment of household income.

Gross Maximum Household Income p.a.	% of Costs available	Maximum Grant Available For houses erected for more than 12 months
€	%	€
Up to €30,000	95%	8,000
€30,001 - €35,000	85%	6,800
€35,001 - €40,000	75%	6,000
€40,001 - €50,000	50%	4,000
€50,001 - €60,000	30%	2,400
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 (HOP1)

Completed Certificate of Doctor (HOP2)

Evidence of Tax Clearance Status – Applicant AND Contractor (HOP3)

Applicant Bank Account Details (HOP4)

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

**1** written **itemised** quotation detailing the cost of the proposed works **Including VAT**  
***(Written Report from Electrician and Written Evidence from Insurance Company MUST be included, IF applicable)***