

# MOBILITY AIDS GRANT SCHEME

## 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 – MAG1, MAG2, MAG3, MAG4)*
- 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 (MAG2)**
- Evidence of a Valid Tax Clearance Certificate is required by **APPLICANT** and **CONTRACTOR (MAG3)**
- Payment of Grant is made on approved/completed works directly into Applicant's Bank Account/ Credit Union – Details **MUST** be submitted (MAG4)
- 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.

# **MOBILITY AIDS GRANT SCHEME**

## **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 (MAG2 – 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 (1 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

**MAG 2**

# CERTIFICATE OF DOCTOR MOBILITY AIDS GRANT SCHEME

**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 DEGRESS 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:** \_\_\_\_\_

**DOCTOR'S OFFICIAL STAMP TO BE AFFIXED**

**MAG 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: \_\_\_\_\_

**MAG 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: \_\_\_\_\_

**MAG 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: \_\_\_\_\_

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## 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 MOBILITY AID GRANT 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
- Stairlifts
- Other minor works deemed necessary to facility the mobility of a member of a household

### 2. LEVEL OF GRANT

The grant is 100% of the approved cost of the works up to a maximum of €6,000 EX VAT, whichever is the lesser. The grant is available to households whose gross annual income does not exceed €30,000. ***(VAT can be reclaimed by the applicant from the Revenue Offices, on completion of the works – Form VAT61a)***

### 3. HOUSEHOLD INCOME

Household income is based on the Gross income of the property owner(s) and spouse(s) AND all adult members of the household – ie. those over 18 (or over 23 if in full-time education). 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 disregards:-

- €5,000 for each member of the household under the age of 18
- €5,000 for each member of the household aged between 18 – 23 ***IF*** in full time education or engaged in a SOLAS apprenticeship ***(Written confirmation from a 3<sup>rd</sup> Level College / University or SOLAS must be submitted)***
- Child Benefit
- Early Childcare Supplement
- Family Income Supplement
- Domiciliary Care Allowance
- Respite Care Grant
- Foster Care Grant
- Fuel Allowance 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 audited accounts for the previous Tax Year, including Computation of Tax Statement
- In the case of Social Welfare payments – a statement from Social Welfare stating weekly / annual payments  
In the case of State Pensioners please provide either (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 must be submitted for BOTH Applicant AND Contractor.

## 6. APPEALS PROCEDURE

In processing applications under the Mobility Aids Housing Grant Scheme, the Local 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/her to have the decision reconsidered by another official.

The following appeal procedure will apply in each case:-

- Applicants are invited to submit a WRITTEN appeal on any decision notified to them by the Local Authority **WITHIN 3 WEEKS OF THE DATE OF THE DECISION** – stating their reasons for the appeal
- The Appeal will be considered and adjudicated upon within 4 WEEKS OF RECEIPT
- A decision on the Appeal will be notified to the applicant WITHIN 2 WEEKS of the decision being made

## 7. HEALTH & SAFETY

Applicants MUST ensure that their chosen Contractor is compliant with current Health & Safety Regulations.

## 8. CHECKLIST

Please ensure that ALL the following information is included when submitting your Application:

***(Please Note: Incomplete applications will NOT BE ACCEPTED)***

- Fully completed application form (MAG1)
- Completed Certificate of Doctor (MAG2)
- Evidence of Tax Clearance Status – Applicant AND Contractor (MAG3)
- Applicant Bank Account Details (MAG4) or Credit Union
- 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 i.e. Carers Allowance
- Proof of Compliance with Local Property Tax for the current year
- 1 written **itemised** quotation detailing the cost of the proposed works **Including VAT**

If you have any queries, please contact:-  
**Monaghan County Council Housing Grants Section**  
**Tel: 047 30503**