**Comhairle Chontae Mhuineachain**

**Monaghan County Council**

**Guidance Notes**

|  |
| --- |
| **Grants payable under the Domestic Waste Water Treatment Systems (Financial**  **Assistance) Regulations 2013 (S.I. No. 222 of 2013)** |

* **Please read the following information notes before completing the application form.**
* **All questions on the form must be answered and, where specified, supporting documents must be provided. Incomplete forms or those which are not accompanied by the appropriate documents will not be processed.**
* **If you have any queries, please contact Water Services Section on 047-30556/30504**

**Information Regarding the Scheme**

**1. Purpose of Grant**

The scheme is available to assist owners of premises connected to domestic waste water treatment systems with the costs of repairs to, and upgrading or replacement of, such treatment systems, where the works arise directly from an inspection carried out under Part 4A of the Water Services Act 2007 (as inserted under the Water Services (Amendment) Act 2012, and the subsequent issue of an **Advisory Notice by Monaghan County Council.**

**Important**: Costs associated with the routine maintenance or servicing of domestic waste water treatment systems, or of de-sludging such systems, do not qualify for grant aid.

**2. Level of Grant**

The level of grant aid available is determined on the basis of gross household income and is either

50% or 80% of the approved cost of the works. The table below sets out the level of grant available based on the income of the previous tax year.

|  |  |  |
| --- | --- | --- |
| **Household**  **Income** | **% of approved costs**  **available** | **Maximum Grant**  **available** |
| Up to €50,000 | 80% | €4,000 |
| €50,001 - €75,000 | 50% | €2,500 |
| In excess of €75,000 | No grant is payable | No grant is payable |

**3. Household Income**

Household Income is calculated as the property owner’s gross taxable income in the previous tax year, together with that of his or her spouse or partner.

**4. Evidence of Household Income**

The following evidence of the income of the applicant and his or her spouse or partner in the previous tax year must be included with all applications :

* In the case of applicants subject to **PAYE** : A PAYE Balancing Statement issued by the Revenue Commissioners
* In the case of **self-employed persons** : A Notice of Income Tax Assessment issued by the Revenue Commissioners.(Please include computation sheet from accountants and P60 for spouse if applicable.)
* In the case of corporate ownership: A Notice of Corporation Tax Assessment.

(Balancing Statements and Notices of Assessment are issued by the Revenue Commissioners)

* In the case of **social welfare recipients** who have no other income and are not within the PAYE or Income Tax Assessment systems: A statement of the owner’s income from the Department of Social Protection

**5. Receipts**

Each application for grant aid must be accompanied by an original paid receipt from each contractor engaged for the purpose of remediation works. Receipts must include a breakdown of the details of the works carried out and the associated costs.

**6. Approved Cost**

For the purposes of this scheme, approved cost means the actual cost of remediation, repair, upgrading or replacement of a domestic waste water treatment system, **or** the costs estimated by Monaghan County Council to be the reasonable costs of carrying out such works, whichever is the lesser.

**7. Tax Clearance Requirements**

In the case of each contractor engaged to carry out repairs, upgrading or replacement, a copy of a current tax clearance certificate issued to the contactor by the Revenue Commissioners must be submitted.

**8. Processing of Applications**

Applications should be submitted to Monaghan County Council in whose functional area the domestic waste water treatment system, the subject of the application, is located. Applications will be processed as quickly as possible. If assistance with completing the form is required, please contact Monaghan County Council on 047-30556/30504.

Monaghan County Council reserves the right to make any enquiries it considers necessary to verify information or supporting documents provided as part of an application for grant aid and may exclude from consideration for grant aid any applicant who supplies false or misleading information or documents.

**9**. **Please note:** **A Grant shall not be paid until all works have been completed and a Certificate of Compliance has been issued by Monaghan Co. Council.**

**10. Bank Details**

If application for grant is successful, applicant must forward bank details to Monaghan County Council where grant payments will be made electronically to your bank rather than by cheque. Details of payment (remittance) can be sent electronically via email address or it can be posted.

**Comhairle Chontae Mhuineachain**

**Monaghan County Council**

**Application Form**

**DWWTS 1 - Application Form - Remediation of Domestic Waste Water**

**Treatment Systems**

**Name of Applicant : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Correspondence Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Daytime Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address at which the domestic waste water treatment system is located (if different to above) :**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Domestic Waste Water Treatment System Registration Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Available from your Registration Certificate)*

**Date inspection carried out** :  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Advisory Notice Reference Numbe**r : **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Local Authority Notice of Compliance** : **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**General Description and cost of works carried out :**

*(Itemised receipt(s) must be provided)*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and Address of Contractor(s):**

*(Copy of Tax Clearance Certificate for each contractor must be provided)*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Income of applicant and spouse/partner in previous Tax Year**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Evidence of income must be provided)

**Bank Details:**

**Account Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bank Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bank Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IBAN No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BIC No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DECLARATION**

**I declare that the information provided by me on this application form are correct and I understand that the provision of any false or misleading information or invalid supporting documents may result in this application being cancelled.**

**Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHECKLIST**

**Please ensure that the following documentation is included with your application for grant aid:**

* Evidence of household income for yourself, and if applicable, your spouse or partner, in the previous tax year, as per attached Guidance Notes
* Itemised original paid receipts for the work(s) carried out.
* A copy of a current Tax Clearance Certificate for each contractor engaged**.**
* Bank Details of applicant in order to facilitate payment of grant if application is successful**.**

**PLEASE SUBMIT THE FULLY COMPLETED FORM DWWTS 1 AND SUPPORTING DOCUMENTATION TO:**

**WATER SERVICES SECTION**

**MONAGHAN COUNTY COUNCIL**

**MTEK 2 BUILDING**

**KNOCKACONNY**

**ARMAGH ROAD**

**MONAGHAN**