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Cavan County Council
Comhairle Chontae an Chabháin

Mobility Aids Housing Grant Application Form



Cavan County Council Mobility Aids Housing Grant Application Form

- Please read the attached Conditions of Scheme prior to completing this form.
- All questions must be answered – Incomplete Application Forms will be returned.
- Please write your answers clearly in block capital letters.
- Works carried out prior to written approval by the Council will render the application **void**.
- The applicant must permanently occupy the house as his/her normal place of residence.

Applicant's Name: _____

Address: _____

Telephone No: _____

Mobile No: _____

Date of Birth:

D	D	M	M	Y	Y	Y	Y
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P.P.S. No.:

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(If you do not know your Personal Public Service Number you can contact your local social welfare office who will issue you with same)

- **Name of disabled person residing in house for whom grant aid is sought:**
(if different from Applicant). _____
Relationship to Applicant: _____
- **Name/Address of General Practitioner**
(Please note that the attached Certificate of Doctor must be completed by your G.P.) _____

- **Name of Occupational Therapist:**
(If an Occupational Therapist is engaged by you please indicate name of Occupational Therapist) _____

DESCRIPTION OF HOUSE FOR WHICH YOU ARE SEEKING A GRANT:

Indicate House Type: Single Storey Bungalow Two-Storey Dwelling Other

Age of house	Number of Bedrooms upstairs	Number of Bedrooms downstairs	Is there a Toilet facility upstairs	Is there a Toilet facility downstairs	Is there a shower facility upstairs	Is there a shower facility downstairs	Number of other available rooms (Specify)

Does your accommodation have:-

Cold Water Supply Yes No Sanitary Services/Sewage Disposal Facilities Yes No
Hot Water Supply Yes No Ramped Access to dwelling Yes No

House Type: **Privately Owned** **Rented Dwelling** **Council Dwelling**
Is the disabled person for whom the grant is sought **permanently** residing at the address above, to which grant works are requested to be carried out? **Yes** **No**

How long has s/he been living at this address? **Years** [] **Months** []

Name & address of owner of property to _____
which the proposed works are to be carried out: _____
Indicate owner's relationship to Disabled Person: _____

DESCRIPTION OF PROPOSED WORKS FOR WHICH YOU ARE SEEKING A GRANT

HAS WORK COMMENCED or BEEN COMPLETED? Yes [] No []

(Note: As works must not commence prior to receipt by you of written approval from Cavan County Council, works already carried out previously cannot form part of this application) **(Also see section re: Smoke/heat Alarms)**

Estimated cost of works: € _____

(Please submit 1 written and itemised quotations in respect of the estimated cost of works)

Amount of grant you are applying for: € _____

(Refer to Maximum Grant limits in Appendix 1)

Balance of costs: € _____

How do you propose to fund the balance of costs?: _____

DETAILS OF ALL OCCUPANTS LIVING IN THE PROPERTY for which grant aid is sought

(This includes applicant, spouse/partner, dependent children, all other occupants).

Name(s)	Relationship to applicant	Date of Birth	Occupation	Income Type/Amt

DETAILS OF HOUSEHOLD INCOME

Indicate income applicable to your household:	Payment Type	Gross Amount €
<input type="checkbox"/> Pension – Applicant (Social / Private)	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Pension – Spouse/Partner (Social / Private)	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Payment from Social Welfare	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Payment from Health Service Executive	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Self Employment i.e. farming/business/rental	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Employment / Directorships	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Income from Land Leasing/Letting	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Income from savings, deposit a/c/investments	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> From other sources i.e. investments/dividends etc.	<input type="text"/>	<input type="text"/>

GROSS HOUSEHOLD INCOME €

**Documentary evidence of income must be submitted with application (see notes attached).*

SMOKE ALARMS / HEAT DETECTORS

Does your house have smoke alarms/heat detectors connected to electrical mains?

Yes No Specify: _____

If mains connected smoke alarms/heat detectors are not already installed and operating in your home, the installation of same must be included as part of any grant aided work.

- At least two, mains operated self-contained 10 year **smoke alarms** must be installed.
- At least one, main operated self-contained 10 year **heat detector alarm** must be installed.

Please submit a written and itemised quotation in respect of installation of smoke/heat alarms and, electrical upgrade if necessary, to be included as part of the suite of works.

OTHER INFORMATION

Has a Disabled Persons Grant, Housing Adaptation Grant for People with a Disability, Mobility Aids Housing Grant, or any other grant, been paid previously by a local authority, H.S.E., or other, in respect of:

- | | | | |
|---------------------|------------------------------|-----------------------------|----------------------|
| • the same premises | Yes <input type="checkbox"/> | No <input type="checkbox"/> | ✓Tick as appropriate |
| • the same person | Yes <input type="checkbox"/> | No <input type="checkbox"/> | ✓Tick as appropriate |

If yes, please give details: _____

I / We declare that to the best of my / our knowledge and belief, all the information given in this form is true, complete and accurate in every particular.

Signed: _____

Dated:

(Signature of Applicant)

IMPORTANT NOTE

Works must not commence prior to receipt, by Cavan County Council, of a Mobility Aids Housing Grant Application Form, and,

Works must NOT commence prior to receipt, by the Applicant, of written Certificate of Approval from Cavan Local Authority, and,

The person for whom the grant is sought must permanently occupy the house as his/her normal place of residence.



**Cavan County Council
Mobility Aids Housing Grant Scheme – Form Mag2**

Certificate of Doctor

(To be completed by your G.P.)

In order to prioritise this application it is essential that Cavan County Council is provided with the necessary medical information.

I hereby certify that the proposed works on the attached application form are necessary for the proper accommodation of:

Name: _____

Address: _____

Diagnosis:
.....

Prognosis:
.....

Description _____

(Tick box as appropriate)

Priority 1 Terminally ill or fully/mainly dependant on family or carer; or where alterations/adaptations would facilitate discharge from hospital or alleviate the need for hospitlisation in the future;

Priority 2 Mobile but needs assistance in accessing washing, toilet facilities, bedroom etc; or where the alterations/adaptations the disabled person's ability to function independently would be hindered.

Priority 3 Independent but requires special facilities to improve the quality of life, e.g. separate bedroom/living space.

Name of Doctor:

Address:

.....

.....

Signed:(Doctor)

Date:

(Doctor's Stamp)



Mobility Aids Housing Grant Scheme Tax Requirements in respect of Applicant

Tax requirements in respect of Applicant

To be completed by Applicant

Name of Applicant: _____

Address: _____

Income Tax Reference No*(**P.P.S. No.**): _____

Tax District dealing with your tax affairs: _____

I hereby confirm that to the best of my knowledge my tax affairs are in order.

Signed: _____
(Signature of Applicant)

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.

Tax requirements in respect of Contractor:

To be completed by Contractor

Name of Contractor: _____

Address: _____

Telephone Number: _____

Income Tax serial number: _____

Tax District dealing with your tax affairs: _____

Tax Clearance No: _____ Expiry Date: _____



Cavan County Council - Mobility Aids Housing Grant Conditions of 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; stair-lifts; and

Other minor works deemed necessary to facilitate the mobility needs of a member of a household.

2. Level of Grant

The effective **maximum grant** is 100% the approved cost of the work up to a maximum of **€6,000** as set as per Council approved grant limits (see Appendix 1).

The grant is available to households whose gross annual household income does not exceed €30,000.

3. Household Income

Household income is calculated as the property owner's annual gross income in the previous tax year, together with that of his or her spouse/partner, if applicable.

In the case of private rented accommodation, household income is calculated as the tenant's annual gross income in the previous tax year, together with that of his/her spouse, if applicable.

In determining gross household income local authorities shall apply the following 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 FAS apprenticeship;
- €5,000 where the person for whom the application for grant aid is sought, is being cared for by a relative on a full-time basis;
- Child Benefit; Early Childcare Supplement; Family Income Supplement;
- Domiciliary Care Allowance;
- Foster Care Allowance;
- Fuel Allowance;
- Respite Care Grant;
- Carer's Benefit / Allowance (where the Carer's payment is made in respect of the person for whom the application for grant aid is sought).

4. Evidence of household income

The following evidence of income must be included with all applications:

- In the case of PAYE Workers: P60 / 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.
- In the case of State Pensioners: Statement for Pension Office stating weekly/annual payments or post office receipt will suffice.

Where income is received from more than one source, documentation to support all incomes should be submitted.

(Evidence of household income should be submitted in respect of the property owner and, if applicable, his/her spouse/partner)

5. Tax Requirements

In the case of contractors, the contractor's name, address, tax reference number and tax district, and the number and expiry date of a certificate of authorisation issued to the contractor by the Revenue Commissioners must be submitted.

6. Appeals Procedure

In processing applications under the Mobility Aids Housing Grant Scheme 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 procedure 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. Checklist

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

- § **Fully completed Application Form** (MAG 1);
- § **Documentary evidence of Household Income** from all sources.
- § **1 written detailed and itemised quotation** detailing the cost of the proposed works.
- § **1 written quotation** for the installation of smoke/heat alarms (see notes above.)
- § Completed **G.P. Medical Report** (MAG 2);
- § Completed **Tax Form** (MAG 3);

Completed Application Forms should be returned to:

**Cavan County Council,
Housing Section,
The Courthouse,
Farnham Street,
Cavan, Co. Cavan.**

Phone 049 437 8325

Works must NOT commence prior to receipt by the Local Authority of the grant application and written approval from the Local Authority.

Works carried out prior to the approval by the Council will render the application VOID.



Cavan County Council

Mobility Aids Housing Grant Scheme

Appendix 1

In determining the level of funding the following approved maximum grant amounts will apply:

Stairlift (Straight)	€3,000 (max)
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Conversion of existing room	€6,000 (max)
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Ramps (including steps)	€1,000 (max)
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