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Cavan County Council
Comhairle Chontae an Chabháin

Housing Adaptation Grant for People with a Disability

Application Form



Cavan County Council - Housing Adaptation Grant for People with a Disability 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).

Estimated cost of works: € _____
 (Submit 2 written and itemised quotations)

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?: _____

PLANNING PERMISSION

Does the work you are applying for require planning permission? Yes [] No []

Planning Ref. No: _____ Date Granted: _____ (Attach copy plan of proposed work).

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="checkbox"/> Pension – Spouse/Partner (Social / Private)	_____	_____
<input type="checkbox"/> Payment from Social Welfare	_____	_____
<input type="checkbox"/> Payment from Health Service Executive	_____	_____
<input type="checkbox"/> Self Employment i.e. farming/business/rental	_____	_____
<input type="checkbox"/> Employment / Directorships	_____	_____
<input type="checkbox"/> Income from Land Leasing/Letting	_____	_____
<input type="checkbox"/> Income from savings, deposit a/c/investments	_____	_____
<input type="checkbox"/> From other sources i.e. investments/dividends etc.	_____	_____

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 and 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.

A detailed quotation in respect of installation of mains operated smoke/heat alarms and, electrical upgrade if necessary, should be included as part of any 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 No ✓Tick as appropriate
- the same person Yes No ✓Tick as appropriate

Please give details of previous grants received.

IMPORTANT CRITERIA TO NOTE BEFORE SUBMITTING AN APPLICATION

- Works must NOT commence prior to receipt, by Cavan County Council, of a Housing Adaptation Grant for People with a Disability 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.

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 by Applicant: _____ **Dated:** _____

(Signature of Applicant)

Signed by Witness: _____ **Dated:** _____

(Signature of Witness)

(PRINT WITNESSES NAME IN CAPITAL)

(INDICATE RELATIONSHIP TO APPLICANT)

Note: Witness must not be contractor or beneficiary of grant payment.



Cavan County Council Housing Adaptation Grant for People with a Disability

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 hospitalisation 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)



Housing Adaptation Grant for People with a Disability 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 a grant application totalling €10,000 or more, applicants are required to produce a valid Tax Clearance Certificate (which will be returned to you by the local authority).

- * In the case of persons paying income tax under PAYE, or those in receipt of social welfare payments, please quote your Personal Public Service Number (PPS No.);
In the case of self-employed persons please quote the number on your return of income.

The application form for a Tax Clearance Certificate is available from the Revenue Commissioner's website, www.revenue.ie. Alternatively applicants can request an application form from their local Revenue District. As an alternative to producing a valid tax clearance certificate an applicant may authorise Cavan County Council to confirm electronically that he/she holds a valid tax clearance certificate using the on-line verification facility on the Revenue Commissioner's website. The applicant gives permission to Cavan County Council

to confirm his/her tax clearance status by quoting the customer number and tax clearance certificate number, which appears on the Tax Clearance Certificate.

Customer No: _____ Tax Clearance Certificate No: _____



Housing Adaptation Grant for People with a Disability Tax Requirements in respect of Contractor

To be completed by Contractor (1)

Name of Contractor: _____

Address: _____

_____ Tel: _____

Income Tax serial number: _____

Tax District dealing with your tax affairs: _____

C2 No./Tax Clearance No: _____ **Expiry Date:** _____

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.

In the case of grant payments totalling €10,000 or more a contractor is required to produce either a valid Tax Clearance Certificate (which will be returned to you by registered post, by the local authority).

As an alternative to producing a valid Tax Clearance Certificate the contractor may authorise Cavan County Council to confirm electronically that he/she holds a valid Tax Clearance Certificate using the on-line verification facility on the Revenue Commissioner's website.

The contractor gives permission to Cavan County Council to confirm his/her tax clearance status by quoting the customer number and tax clearance certificate number, which appears on the Tax Clearance Certificate.

Customer No: _____ Tax Clearance Certificate No: _____



Housing Adaptation Grant for People with a Disability Tax Requirements in respect of Contractor

To be completed by Contractor (2)

Name of Contractor: _____

Address: _____

_____ Tel: _____

Income Tax serial number: _____

Tax District dealing with your tax affairs: _____

C2 No:/Tax Clearance No: _____ Expiry Date: _____

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.

In the case of grant payments totalling €10,000 or more a contractor is required to produce either a valid Tax Clearance Certificate (which will be returned to you by registered post, by the local authority).

As an alternative to producing a valid Tax Clearance Certificate the contractor may authorise Cavan County Council to confirm electronically that he/she holds a valid Tax Clearance Certificate using the on-line verification facility on the Revenue Commissioner's website.

The contractor gives permission to Cavan County Council to confirm his/her tax clearance status by quoting the customer number and tax clearance certificate number, which appears on the Tax Clearance Certificate.

Customer No: _____ Tax Clearance Certificate No: _____



Cavan County Council's Housing Adaptation Grant for People with a Disability – Conditions of 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.

2. Level of Grant

The level of grant aid available shall be as set as per Council approved grant limits (see Appendix 1) and as determined on the basis of gross household income and shall be between 30% - 95% of the approved cost of the works.

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	Maximum Grant available for houses erected for less than 12 months
€	%	€	€
Up to €30,000	95%	19,600	14,500
€30,001 - €34,000	90%	17,640	13,050
€34,001 - €38,000	80%	15,680	11,600
€38,001 - €42,000	70%	13,720	10,150

€42,001 - €46,000	60%	11,760	8,700
€46,001 - €50,000	50%	9,800	7,250
€50,001 - €54,000	40%	7,840	5,800
€54,001 - €65,000	30%	5,880	4,350
In excess of €65,000	No grant is payable		

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 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 FAS apprenticeship;
- €5,000 where the person with a disability 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;
- Foster Care Allowance;
- Fuel Allowance;
- Domiciliary Care Allowance; Respite Care Grant;
- Carer's Benefit / Allowance (where the Carer's payment is made in respect of the persons for whom the application for grant aid is sought).

4. Evidence of household income

Documentary evidence of income, applicable in your case, 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 and Income Tax Computation, together with a copy of Certified 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: A statement from 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.

In the case of grant applications totalling €10,000 or more:

- the **contractor** must confirm that he/she holds a valid tax clearance certificate, and,
- the **applicant** must confirm that he/she holds a valid tax clearance certificate.

Valid & original Tax Clearance Certificates, for both, must be submitted for inspection.

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 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** (HGD 1);
- § **Completed G.P. Medical Report** (HGD 2);
- § **Completed Tax Form** (HGD 3);
- § **Evidence of Household Income** from all sources.
- § **2 written detailed & itemised quotations** of the cost of the proposed works.
- § **Quotation for heat & smoke alarms.**
- § **Plan** of proposed work.

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.

Appendix 1



Cavan County Council

Housing Adaptation Grant for People with a Disability

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

EXTENSION

Bedroom/Shower Room - (23 Sq. metres)

Building (23sq.m x €700)	€16,100 (max)
Shower Unit, etc.	€2,500 (max)
Tiling	€500 (max)
Floor covering, Decoration, etc.	€500 (max)
	€19,600 (max)

STAIRLIFT (Straight) <i>(Please refer to Mobility Aid Grant Application Form)</i>	€3,000 (max)
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CONVERSION OF EXISTING ROOM <i>(Please refer to Mobility Aid Grant Application Form)</i>	€6,000 (max)
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RAMPS (including steps)
(Please refer to Mobility Aid Grant Application Form)

€1,000 (max)