

**WICKLOW COUNTY COUNCIL
HOUSING ADAPTATION GRANT
FOR PEOPLE WITH A DISABILITY**

The Housing Adaption Grant will only be a contribution toward the total cost of the works. Any shortfall between the amount of grant offered, and the works invoiced is to be met by the applicant

**2017 APPLICATION FORM
CLOSING DATE 22nd MARCH 2017**



Please read the attached conditions prior to completing this form

All questions MUST be answered

Please write your answers clearly in BLOCK CAPITAL LETTERS

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

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

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 Local Property Tax Payment or Registration
- Evidence of Household Income for all sources – this includes all residents in the home (SEE PAGE 12)
- Three Written itemised quotations detailing the cost of the proposed works – **this must include an itemised price index of works required**
(Please note that quotations are not required until after an Occupational Therapist has made their recommendations)
- In the case where a grant is sought for private rented accommodation, written permission for the proposed works must be given from the landlord. Please submit proof of Tenancy Agreement

PAYMENT WILL BE MADE BY ELECTRONIC FUND TRANSFER TO THE APPLICANT ONLY. A BANK ACCOUNT IS REQUIRED IN ORDER FOR THE FUNDING TO BE PAID DIRECTLY INTO YOUR BANK ACCOUNT

Please note that the final amount payable to you will be based on the invoice received

PLEASE NOTE:
INCOMPLETE APPLICATIONS WILL
NOT BE ACCEPTED AND WILL BE
RETURNED TO THE APPLICANT.

Applicant: _____

Address: _____

Email Address: _____

_____ EIRCODE: _____

PPS No: Applicant One: _____ Applicant Two: _____
(if joint applicants are applying)

Telephone No: _____ Mobile No: _____

Date of Birth: _____ Date of Birth: _____
(Applicant One) (Applicant Two)

Occupation: _____

Name of person for whom grant aid is sought (if different from Applicant):

Relationship to Applicant: _____

Other Contact Name: _____
(e.g. Son, Daughter, Neighbour)

Email Address: _____

Relationship to Applicant: _____ Telephone No: _____

Name of the owner of the property to which the proposed adaptation works are to be carried out:

Please state whether the property is:

- a) Privately owned
- b) Privately rented
- c) Local Authority owned

Gross Annual Household Income: _____
(Please refer to explanatory note 3)

I declare the above amount is my only source of income:

Signed: _____

Is the person with the disability residing at the address above: _____

How long has he/she been living at this address: _____

Name and address of General Practitioner: _____

(Please note that the attached doctor's certificate must be completed by your G.P. and returned with this application form) (HGD2 ATTACHED)

Details of all persons living in property for which grant aid is sought (including applicant and/or person with disability)

Name	Relationship to Applicant	Date of Birth	Gross Income (previous tax year)	Occupation (if applicable)

If you are in receipt of a private pension from Ireland or any other country please submit proof of this

Number and description of rooms in the dwelling:

	Bedrooms	Living	Dining	Kitchen	Bathroom	Toilet
Upstairs						
Downstairs						

General description of proposed works:

How do you propose to fund the balance of costs

If planning permission is required, please quote reference number and date of issue:

Has Disabled Persons Grant or a Housing Adaptation Grant been paid previously in respect of the same premises or person? If yes, please give details and date of works carried out:

Signature of Applicant:

Date:

Wicklow County Council in approving a Housing Adaption Grant for People with a Disability will accept no responsibility whatsoever for the condition of the property or for the satisfactory completion of the works carried out. Inspections carried out by Wicklow County Council in relation to works in progress and on completion are intended solely for the information of the Council in determining the grant

Completed application forms should be returned to :

The Housing Section, Wicklow County Council, Station Road, Wicklow Town

DECLARATION

An applicant may be excluded from consideration for a Housing Adaptation Grant for People with a Disability if he/she supplies false information or withholds relevant information.

I/We undertake to inform Wicklow County Council of any changes in circumstances since the date of application.

I/We hereby declare that the foregoing information is correct and I/We apply to Wicklow County Council for a Housing Adaptation Grant for People with a Disability.

I/We hereby authorise Wicklow County Council to make any official enquiries necessary to process this application.

Signature of Applicant: _____ **Date:** _____

Signature of Spouse/Partner: _____ **Date:** _____

HGD2

CERTIFICATE OF DOCTOR

HOUSING ADAPTATION GRANT FOR PEOPLE WITH A DISABILITY

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

NAME: _____ Date of Birth: _____

ADDRESS: _____

WHO SUFFERS FROM: _____

NATURE AND DEGREE OF DISABILITY: _____

NAME OF DOCTOR: _____

DOCTORS STAMP

ADDRESS:



SIGNED: _____

DATE: _____

HGD3

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

TO BE COMPLETED BY APPLICANT

Name of Applicant: _____

Address: _____

PPS No: _____

Tax District dealing with your tax affairs: _____

I hereby confirm that to the best of my knowledge my tax affairs are in order and I have registered for Local Property Tax

Signed: _____ 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

In the case of a grant application totaling €10,000 or more, applicants are required to produce a valid Tax Clearance Certificate. 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. You can also get a tax clearance certificate application from the Grants Section of Wicklow County Council.

TO BE COMPLETED BY CONTRACTOR

Name of Contractor 1: _____

Address: _____

_____ Tel: _____

Income Tax Serial Number: _____

Tax District dealing with your tax affairs: _____

C2 Tax Clearance No: _____ Expiry Date: _____

In the case of payments totaling €10,000 or more a contractor is required to produce either a valid Tax Clearance Certificate or C2 Certificate (which will be returned by the local authority). As an alternative to producing a Valid Tax Clearance Certificate the contractor may authorize the local authority 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 the local authority 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 No: _____

**ALL BUILDING WORKS MUST COMPLY WITH THE
CURRENT BUILDING REGULATIONS**

**NO INTERNAL ROOM WITHOUT PROPER MEANS OF FIRE
ESCAPE THROUGH AN EXTERNAL WINDOW OR DOOR
WILL BE GRANT AIDED**

TO BE COMPLETED BY CONTRACTOR

Name of Contractor 2: _____

Address: _____

_____ Tel: _____

Income Tax Serial Number: _____

Tax District dealing with your tax affairs: _____

C2 Tax Clearance No: _____ Expiry Date: _____

In the case of payments totaling €10,000 or more a contractor is required to produce either a valid Tax Clearance Certificate of C2 Certificate (which will be returned by the local authority). As an alternative to producing a Valid Tax Clearance Certificate the contractor may authorize the local authority 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 the local authority 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 No: _____

**ALL BUILDING WORKS MUST COMPLY WITH THE
CURRENT BUILDING REGULATIONS**

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TO BE COMPLETED BY CONTRACTOR

Name of Contractor 3: _____

Address: _____

_____ Tel: _____

Income Tax Serial Number: _____

Tax District dealing with your tax affairs: _____

C2 Tax Clearance No: _____ Expiry Date: _____

In the case of payments totaling €10,000 or more a contractor is required to produce either a valid Tax Clearance Certificate of C2 Certificate (which will be returned by the local authority). As an alternative to producing a Valid Tax Clearance Certificate the contractor may authorize the local authority 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 the local authority to confirm his/her tax clearance status by quoting the customer number and tax clearance certificate number, which appears on the Tax Clearance Certificate

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Conditions of Scheme

Types of Housing

The Housing Adaptation Grant for People with a Disability may be paid, where appropriate, in respect of works carried out to:

Owner occupied housing

Houses being purchased from a local authority under the tenant purchase scheme

Private rented accommodation

Accommodation provided under the voluntary housing Capital Assistance and Rental Subsidy schemes

Accommodation occupied by persons living in communal residences

1. Purpose of Grant

The Housing Adaptation Grant for people with a disability is available to assist in the carrying out of the works which are reasonable 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 downstairs toilet facilities, 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.

No extension works approved unless all less costly, and “fit for purpose” alternatives have been considered and eliminated e.g. use of technology, reassignment of existing rooms etc.

Such provisional approval is subject to (i) the availability of funds, (ii) completion of works to the Council’s satisfaction (iii) Compliance with Current Building Regulations (iv) Obtaining appropriate permission under the relevant planning legislation – if required

To accept a grant application an Occupational Therapist is required for all work except for the conversion of an existing bathroom into walk in shower facilities. In the case of bathroom conversions an Inspector may request a report after initial inspection.

An Occupational Therapist should confirm that the works recommended are fit for purpose and represent the most economic means of meeting the needs of the applicant

2. Level of Grant

The effective maximum grant is €30,000 which will cover 95% of the works. The grant is available to households whose gross annual household income is between €30,000 to €60,000

No grant is payable if the household income is in excess of €60,000

**Adaptation Grant for People with a Disability
(Houses over 12 Months Old)**

Gross Maximum Household Income p.a.	% of Costs available	Maximum Grant Available
€	%	€
Up to €30,000	95%	€30,000
€30,001 - €35,000	85%	€25,500
€35,001 - €40,000	75%	€22,500
€40,001 - €50,000	50%	€15,000
€50,001 - €60,000	30%	€9,000
Over €60,000	No Grant	

3. Household Income

Household income is calculated on all residents of the household's annual gross income in the previous tax year.

In determining gross household income local authorities shall apply the following income disregards:

- 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)
- €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

4. Evidence of Household Income

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

- In the case of PAYE workers, P60 and P21 or Balancing Statement for the previous tax year
- In the case of self-employed or farmers, Current Notice of Income Tax Assessments form, together with a copy of audited 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 pay slip from the Post Office or copy of bank statement where pension is paid into account
- Details of private pension (if applicable)
- In the case of earnings and savings and investments, a certificate of interest or a dividend certificate

5. Tax Requirements

In the case of any contractor engaging in work for the Housing Adaptation Grant Scheme for People with a Disability a current Tax Clearance Certificate or a C2 Card issued by the Revenue Commissioners must be submitted with the estimate for the required works

In the case of grant applications totaling €10,000 or more, the applicant must confirm that he/she holds a valid tax clearance certificate

All applicants are required to include with their grant application, proof that they are compliant with local property tax

6. Appeals Procedure

In processing applications under the Housing Adaptation Grant for People with a Disability, the authority recognizes 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 her 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.