Please read the attached conditions prior to completing this form

All questions must be answered

Please write your answers clearly in **BLOCK CAPITAL LETTERS**

The Housing Aid for Older People is available to assist older people living in poor housing conditions to have necessary repairs or improvements carried out.

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 (HOP1);

☐ Completed G.P. medical report (HOP2), if required;

☐ Completed Tax Form (HOP 3);

☐ Letter from Insurance Company if applying for Re-Roofing – see page 9

☐ Drawings are required for applications concerning roof or structural repairs

☐ Where relevant, indicate structural repairs/improvements. Describe internal/external walls if removed or constructed

☐ Periodic Inspection Report from a Qualified Electrical Contractor for Re-wiring see page 9

☐ Certificate from Insurance company if applying for roof works – see page 9

☐ Evidence of Local Property Tax Payment or Registration

☐ Evidence of Household Income from all sources – this includes all residents in the home (SEE PAGE 10)

☐ If you are applying for a heating grant – the contractor you hire MUST be OFTEC REGISTERED

☐ Photographic evidence of your windows and doors are required for any windows and doors replacement requests

☐ Two written itemised quotations detailing the cost of the proposed works and a copy of the Contractors Valid Tax Clearance Certificate – this must include an itemised price index of the works required

Please note that the final amount payable to you will be based on the invoice received. PAYMENT WILL BE BY ELECTRONIC FUND TRANSFER TO THE APPLICANT ONLY. A BANK ACCOUNT WILL BE REQUIRED AS FUNDING WILL BE MADE DIRECTLY INTO YOUR BANK ACCOUNT

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

Address:  __________________________________________________________

Email Address:  ____________________________ EIRCODE:  ________________

PPS No:  Applicant One:  ________________  PPS No:  ____________________
(Applicant One)       (Applicant Two)

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 repairs/improvement works are

Name of the owner of the property to which the proposed repairs/improvement works are to be carried out:

_____________________________________________________________________

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

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

Signed:  _______________________________
Please state whether the property is:
  a) Privately owned
  b) Privately rented
  c) Local Authority owned

_____________________________________________________________________

Is the person for whom the grant is sought residing at the address above: ____________

How long has s/he been living at this address: ____________________________

Do any of the occupants of the household suffer from any specific illness? If so, please give brief description and complete the attached doctors certificate:

_____________________________________________________________________

_____________________________________________________________________

Details of all persons living in property for which grant aid is sought (including applicant):

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to applicant</th>
<th>Date of birth</th>
<th>Gross Income (previous tax year)</th>
<th>Occupation (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th></th>
<th>Bedrooms</th>
<th>Living</th>
<th>Dining</th>
<th>Kitchen</th>
<th>Bathroom</th>
<th>Toilet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upstairs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Downstairs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
General description of proposed works:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

How do you propose to fund the balance of costs: ________________________________

Has an Essential Repairs Grant, Special Housing Aid for the Elderly Grant or Housing Aid for Older People Grant been paid previously in respect of the same premises or person? If yes, please give details and dates of works carried out:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Signature of Applicant: ___________________________ Date: _________________________

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 Aid for Older People Grant 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 Aid for Older People Grant.

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: ________________________
CERTIFICATE OF DOCTOR
HOUSING AID FOR OLDER PEOPLE SCHEME

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: _______________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

NAME OF DOCTOR: __________________________________________________________

DOCTOR’S STAMP

ADDRESS: __________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

SIGNED: __________________________________________________________________

DATE: __________________________________________________________________
HOP 3
Tax requirements in respect of Housing Aid for Older People Scheme

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 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). 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 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 applicant 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 Certificate No: _________________

______________________________________________________________________________

TO BE COMPLETED BY CONTRACTOR

Name of Contractor: ___________________________________________________________

Address: _____________________________________________________________________
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 authorise the local authority to confirm electronically that he/she holds a valid Tax Clearance Certificate using the online 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 Certificate No: _______________

TO BE COMPLETED BY CONTRACTOR

Name of Contractor: _______________________________________________________

Address: ___________________________________________________________________

_____________________________________________________________________________

Tel: __________________________

Income Tax serial number: _____________________________________________________

Tax District dealing with your tax affairs: ________________________________________

C2 No:/Tax Clearance No: _______________________ Expiry Date: _____________________

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 authorise the local authority to confirm electronically that he/she holds a valid Tax Clearance Certificate using the online 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 Certificate No: _______________
Conditions of Scheme

Types of Housing

Grants under the Housing Aid for Older People Scheme may be paid, where appropriate, in respect of works carried out to:

Owner occupied Housing; and

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

Persons living in Voluntary Housing Bodies

1. Purpose of Grant

The Scheme of Housing Aid for Older People is available to assist older people living in poor housing conditions to have necessary repairs or improvements carried out. The types of works grant aided under the scheme include re-roofing, re-wiring and the provision of central heating (where none exists)

N.B. Central Heating:- There is no grant available under this scheme for upgrading an existing central heating system. These grants are available from the Sustainable Energy Authority of Ireland at 1850 927000

Applicants applying to carry out roof repairs/replacement will be required to submit with their application, written confirmation from their insurance company that such repairs are not covered by their existing insurance policy

Applicants applying to carry out rewiring must enclose with their application a Periodic Inspection Report from a qualified electrician stating the condition of the existing wiring

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

THIS IS NOT A GENERAL HOME IMPROVEMENT GRANT
Only essential repairs will receive grant aid. Applications for replacement of windows and doors will be considered on a case by case basis and in the context of available funding
2. **Level of Grant**

The effective maximum grant is €8,000 which may cover up to 95% of the works. The grant is available to households whose gross annual household income is up to €60,000.

Household incomes in excess of €60,000 will not qualify for grant aid.

<table>
<thead>
<tr>
<th>Gross maximum household income p.a.</th>
<th>% of costs available</th>
<th>Maximum Grant available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to €30,000</td>
<td>95%</td>
<td>€8,000</td>
</tr>
<tr>
<td>€30,001 - €35,000</td>
<td>85%</td>
<td>€6,800</td>
</tr>
<tr>
<td>€35,001 - €40,000</td>
<td>75%</td>
<td>€6,000</td>
</tr>
<tr>
<td>€40,001 - €50,000</td>
<td>50%</td>
<td>€4,000</td>
</tr>
<tr>
<td>€50,001 - €60,000</td>
<td>30%</td>
<td>€2,400</td>
</tr>
<tr>
<td>In excess of €60,000</td>
<td>No grant is payable</td>
<td>No grant is payable</td>
</tr>
</tbody>
</table>

3. The age limit for eligibility is 66 years – The Scheme of Housing Aid for Older People is available to assist older people 66+ living in poor housing conditions to have necessary repairs or improvements carried out. However, in certain circumstances and at the discretion of the Local Authority, a lower age limit may apply.

4. **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 disregards:

- Domiciliary Care Allowance;
- Respite Care Grant;
- Carer’s Benefit / Allowance (where the Carer’s payment is made in respect of 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

5. **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 Assessment 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 receipt from the Post Office will suffice. Proof of a private pension will also be required (if applicable)
- In the case of earnings from savings and investments, a certificate of interest or a dividend certificate

6. **Tax Requirements**

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

In the case of grant applications totalling €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 the local property tax

7. **Appeals Procedure**
In processing applications under the Housing Aid for Older People 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.