HOP 1

HOUSING AID FOR OLDER PEOPLE

APPLICATION FORM

The Housing Aid for Older People 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



Please read the attached conditions prior to completing this form

All questions must be answered

Please write your answers clearly in BLOCK CAPITAL LETTERS

# Checklist

**The Housing Aid for Older People is available to assist older people living in poor housing conditions to have essential repairs or necessary 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**

**TH**

**of r**

**The**

**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. *Quotes should have a breakdown of the cost per window or door.* Lump sum quotations which do not give a breakdown will not be accepted.**
* **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 APLICANT 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

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:**

1. **Privately owned**
2. **Privately rented**
3. **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 doctor’s certificate:**

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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:**

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

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**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:

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

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

HOP2

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

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**WHO SUFFERS FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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**NAME OF DOCTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOCTOR’S STAMP**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

HOP 3

**Tax requirements in respect of Housing Aid for Older People Scheme**

**TO BE COMPLETED BY APPLICANT**

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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](http://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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 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 Certificate No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### TO BE COMPLETED BY CONTRACTOR

**Name of Contractor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Scheme of Housing Aid for Older People Means Test**

|  |  |  |
| --- | --- | --- |
| **Gross maximum household**  **income p.a.** | **% of costs available** | **Maximum Grant available** |
| Up to €30,000 | 95% | €8,000 |
| €30,001 - €35,000 | 85% | €6,800 |
| €35,001 - €40,000 | 75% | €6,000 |
| €40,001 - €50,000 | 50% | €4,000 |
| €50,001 - €60,000 | 30% | €2,400 |
| In excess of €60,000 | No grant is payable | No grant is payable |

**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.

**Guide to Grant Inspections 2017**

**Applicability:** Housing Adaptation Grants (HAG), Mobility Aid Grants (MAG), Housing Aid for Older People (HOP).

In general there will be a Pre-works Inspection and a Post- Works Inspection.

**Pre-works Inspection**:

**MAGs** – e.g. bathroom adaptations. Existing bathroom will be checked to see if it is feasible to fit the required minimum size of shower etc into the space available. The standard specification is attached to the Grant Application form. In some cases there may be an Occupational Therapist (OT) specification (generally the same as our standard spec). Applicants may be advised that they should enlarge the bathroom by taking space from an adjoining room – e.g. by moving a studded partition. This advice should be heeded. Bathrooms which are too small and cannot meet the standard or OT spec may not be approved. Based on experience, a bathroom less than 1700mm in width is unlikely to be approved as this will not allow for a toilet & cistern to be positioned alongside the minimum width shower tray (800mm). Issues like ventilation (background and mechanical) will also be noted.

**HAGs** – similar to MAGs. HAGs usually involve extensions to provide ground floor bedrooms and bathrooms. Applicants are advised to engage an Architect to prepare drawings and contract documents for the proposed works. Planning permission may be needed and the Architect can handle the planning application on the applicants behalf. Issues arising may include sewers and/or water mains on the site.

**HOPs** – an inspection will be carried out to verify the condition of the house. This is done with reference to any reports submitted with the application – e.g. a Periodic Inspection Report in the case of requests for re-wiring work.

**Post Works Inspection**:

All works must be complete before notifying WCC that they are ready to be inspected.

**MAGs & HAGs** – Works must meet the standard or OT specification. Minimum sizes must be adhered to. All items will be checked but in particular, the following non-compliances with the specification will not be passed:

* Step or lip of any kind from shower area to surrounding floor area (either step up or step down). The shower must be level access.
* **Use of shower enclosures (cubicle) or full height doors or fixed glass panels or screens of any kind. These reduce access to the shower and defeat the purpose of the grant.**
* Electric showers which are non-thermostatic. Only certain models of electric shower will meet the specifications in relation to thermostatic control of the water temperature and the prevention of scalding. Also electric showers must be protected by a separate RCBO of the correct rating in accordance with the National Wiring Rules.

These are items which are continually being done incorrectly by contractors etc.

Failure to comply with specifications will result in delays in payment of the grant until non-compliances have been rectified.

Works must also comply with current Building Regulations.

**HOPs** - works must be done to an acceptable standard. They must comply with the Building Regulations and also any other standards which may have been stated in the Grant Approval Letter from WCC. An example of this would be oil fired central heating systems – which must comply with OFTEC rules and be installed by an OFTEC registered contractor. The onus is on the applicant to verify that the proposed contractor is actually OFTEC registered before engaging him. Works, materials, fittings etc described in the quotations upon which grant approval was granted must have been supplied.