

APPLICATION FORM

Housing Adaptation Grant Scheme for People with a Disability

Important Notice

Works **must not** commence prior to receipt by Westmeath County Council of the grant application and written approval from Westmeath County Council

If **you require assistance** completing this form or **have a query** please contact your local Area Office:

Athlone Area Office, Civic Office, Church Street, Athlone: 090 6442100

Castlepollard Area Office, Mullingar Road, Castlepollard: 044 9338901

Kilbeggan Area Office, The Square, Kilbeggan: 057 9333135

Mullingar Area Office, County Buildings, Mullingar: 044 9332021

May 16th 2011

APPLICATION FORM

Applicant Name: _____
Address: _____

Length of time residing at this address: _____

Previous address if less than 5 years residing at above address: _____

Telephone No: _____ **Mobile No:** _____

Date of Birth: _____ **P.P.S. No:** _____

Details of person for whom grant aid is sought (*complete only if different from Applicant*):

Name: _____

Address: _____

Length of time residing at this address: _____

Previous address if less than 5 years residing at above address: _____

Telephone No: _____ **Mobile No:** _____

Date of Birth: _____ **P.P.S. No:** _____

Relationship to applicant: _____

Details of owner/ landlord of the property for whom grant aid is sought (*complete only if different from Applicant*):

Name: _____

Address: _____

Telephone No: _____ **Mobile No:** _____

Is the property owner occupied: _____

(Evidence of ownership and evidence as to consent of owner is required. Please refer to explanatory note in 'Conditions of Scheme')

Details of Gross Household Income should be set out in the table below:

For the purposes of this grant, household income is calculated as:

- The property owner's or tenant's annual gross income, together with that of his/her spouse/partner, if applicable, in the previous tax year. The details should be completed in the table below:

Name	Relationship to applicant	Date of birth	Annual Gross Income	Occupation
	Self			
	Spouse/Partner			

Evidence of household income which must be submitted with this application is as follows:

- In the case of PAYE workers, P60 or Balancing Statement (FORM P21) 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 the Department of Social Protection stating weekly/annual payments. In the case of State Pensioners, a copy of the current pension book will suffice;
- Where income is received from more than one source, documentation to support all incomes should be submitted.

In determining gross household income we 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;

The details of each member of the household, if relevant, should be completed in the table below:

Name	Relationship to applicant	Date of birth	Occupation

Does the person for whom the grant aid is sought have an interest in alternative accommodation other than the property for which grant application is sought? Yes/No

If yes provide details: _____

Do any of the occupants of the household suffer from any specific illness? If so, please give brief description and complete the attached medical certificate HGD2

Description of illness _____

IF APPLICANT IS ATTENDING AN OCCUPATIONAL THERAPIST AND/OR MEDICAL CONSULTANT PLEASE ATTACH REPORT DETAILING HOW THE WORKS PROPOSED ARE NECESSARY GIVEN THE ILLNESS OR MEDICAL CONDITION DETAILED ABOVE.

Number and description of rooms in the dwelling:

	Bedrooms	Living	Dining	Kitchen	Bathroom	Other
Upstairs						
Downstairs						

General description of proposed works:

In approval of any grant Westmeath County Council require that smoke alarms be fitted as part of the works. Further details are set out in Appendix 1.

Estimated cost of works: € _____
(Please submit two written quotations in respect of the estimated cost of works inclusive of VAT)

Amount of grant you are applying for: € _____

Balance of costs: € _____

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

Has grant assistance from any agency been received in respect to this property previously or in respect to the applicant at a previous address? If yes, please give details:

Has grant assistance been applied for in respect to this property previously or in respect to the applicant at a previous address to any other agency? If yes, please give details:

Declaration

1. I / We declare that the information and particulars given by me / us on this application form are correct and I / we undertake to notify Westmeath County Council of any change in my / our circumstances e.g. address, family composition, employment, medical conditions etc.
2. I / We understand that works must not commence prior to receipt of the grant application and written approval from Westmeath County Council.
3. I / We confirm that upon completion of the works the property will continue to be my / our principal residence.
4. I / We also authorise Westmeath County Council to make whatever enquiries it considers necessary to verify details of my / our application.

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

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

_____ **Date:** _____

MEDICAL CERTIFICATE

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: _____

ADDRESS: _____

WHO SUFFERS FROM: _____

NATURE AND DEGREE OF CONDITION WHICH RESTRICTS ACTIVITIES:

PLEASE STATE AS TO HOW THE WORKS PROPOSED ARE NECESSARY GIVEN THE MEDICAL CONDITION OF THE APPLICANT:

USE SEPARATE SHEET IF NECESSARY.

IF APPLICANT IS ALSO ATTENDING AN OCCUPATIONAL THERAPIST AND/ OR MEDICAL CONSULTANT PLEASE ATTACH A REPORT DETAILING AS TO HOW THE WORKS PROPOSED ARE NECESSARY GIVEN THE ILLNESS OR MEDIAL CONDITION DETAILED ABOVE.

DOCTORS NAME: _____

CONTACT DETAILS

ADDRESS: _____

TELEPHONE NO: _____

SIGNED: _____ DATE: _____

Tax Clearance Certificate for Applicant

TO BE COMPLETED BY APPLICANT

Name of Applicant: _____

Address: _____

Income Tax Reference 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: _____ 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 Westmeath County Council). 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.

Tax Clearance Certificate for Contractor**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 Westmeath County Council). As an alternative to producing a valid Tax Clearance Certificate the contractor may authorise Westmeath 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 Westmeath 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: _____

Application Checklist

The purpose of this checklist is to help you to ensure that your application is complete:

	Tick <input type="checkbox"/>	For Official Use -Notes	
Application form fully completed and Signed (Form HGD1)			
Completed medical report (Form HGD2)			
Occupational Therapist Report (not necessary to obtain specifically for grant application but please submit if available)			
Consultant's Report (not necessary to obtain specifically for grant application but please submit if available)			
Two written itemised quotations detailing the cost of the proposed works inclusive of VAT			
Tax Clearance Certificate for Applicant (Form HGD3)			
Tax Clearance Certificate for Contractor (Form HGD4)			
Evidence of Property Ownership			
Consent of owner is attached, if relevant.			
Evidence of Household Income(s) submitted			

Conditions of Schemes

1.0 Housing Adaptation Grant for People with a Disability

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.

1.1 Level of Grant Available

The level of grant aid available is determined on the basis of gross household income and is between 30% - 95% of the approved cost of the works. The table below sets out the level of grant currently 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%	30,000	14,500
€30,001 - €34,000	90%	27,000	13,050
€34,001 - €38,000	80%	24,000	11,600
€38,001 - €42,000	70%	21,000	10,150
€42,001 - €46,000	60%	18,000	8,700
€46,001 - €50,000	50%	15,000	7,250
€50,001 - €54,000	40%	12,000	5,800
€54,001 - €65,000	30%	9,000	4,350
In excess of €65,000	No grant is payable		

2.0 Approved Unit Costs

Applications for grant assistance will only be approved to the extent as set out below for these expenditure types:

	Maximum Amount Allowed
Window replacement	€400 per window
Door replacement	€900 per door
Provision of heating to include boiler, rads and pipe work	€4,000
Dry lining including skim	€45 per sq. metre
Extension	€1,000 per sq. metre
Re-wire house-only houses older than 30 year shall be considered.	€1,600
Ramp and hand rails	€800 - €1,200
Straight run stair lift	€2,000
Dog leg 2 flow stair lift	€5,000
Remove bath and install level access shower, WC and sink appropriate for disabled access	€4,000

- Works will be considered only for rooms which the occupant is required to use on a daily basis
- Medical evidence must be provided where works are requested based on a medical condition. The certification may be provided on Form HGD2.

These unit prices will be updated at 6 monthly intervals.

2.1 Availability of Other Funding or Grant Aid

Works which are eligible for grant aid from other sources, e.g. senior's alert scheme or energy efficiency which would be funded by SEAI, will not be considered by Westmeath County Council.

3. Household Income

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

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.

In determining gross household income we 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; 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).Foster Care Allowance; Fuel Allowance.

4. Evidence/Certification of Income Required

Evidence of household income which must be submitted with this application is as follows:

- In the case of PAYE workers, P60 or Balancing Statement (Form FORM P21)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 the Department of Social Protection stating weekly/annual payments. In the case of State Pensioners, a copy of the current pension book will suffice;
- Where income is received from more than one source, documentation to support all incomes should be submitted.

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 contactor by the Revenue Commissioners must be submitted. In the case of grant applications totalling €10,000 or more, the applicant must confirm that he/she holds a valid tax clearance certificate.

6. Proof of Ownership/Evidence of Owners Consent

Proof of ownership is required. The following is acceptable as proof of ownership:

- Copy of house insurance policy showing buildings cover or
- Copy of property deeds or
- Letter confirming ownership from applicants solicitor or
- A copy folio or
- Any other document which you may have in your possession which may help establish ownership.

Where the applicant/grant recipient is not the registered owner of a property the registered owner should submit in writing their consent to the works proposed in the application.

7. 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 Westmeath County Council 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. Appeals should be submitted in writing to the:

Senior Executive Officer,
Housing Section,
Westmeath County Council,
Mullingar,
Co. Westmeath.

Appendix 1

In approval of any grant Westmeath County Council require that smoke alarms be fitted as part of the works and grant approval is subject to installation of same.

Grant support is available in respect to persons aged 65 years and older through the Seniors Alert Scheme towards the purchase and installation of:

- Personal monitored alert systems, and
- Other items to improve the safety and security of the home (including monitored smoke and carbon monoxide detectors, internal emergency lighting and external security lighting).

You are required to contact your local Community & Voluntary Organisation from the list below to arrange for the grant application and installation of units.

Community and Voluntary Organisations Registered to Operate the Seniors Alert Scheme in Westmeath

<u>SAS Ref:</u>	<u>Name of Organisation</u>	<u>Area of Coverage of Organisation</u>	<u>Contact Person</u>	<u>Contact Number</u>	<u>Contact Person</u>	<u>Contact Number</u>	<u>e-mail</u>
SAS/1529	ATK Community Centre Ltd	Athlone	Mona Joyce	(090) 6473014	Jenny Kirwan	090-6450272	stkieransatk@eircom.net
SAS/0061	St Dominics Community Council	Mullingar / Castlepollard / Killucan and surrounding areas	Jim Prendergast	(044) 9344566	Jill Hegarty	(044) 9344566	st.dominics08@gmail.com
SAS/0471	Ballynacargy Social Services	Ballynacargy Village & Surrounding areas	Lilian Shanley	(044) 9373132	Elanor Murtagh	(044) 9373191	lillianshanley@yahoo.ie
SAS/0994	S.W.E.E.T.S Ltd	South Westmeath Electoral Area	Brendan McGough	(057) 9332030	Lily Cleary	(057) 9332030	info@sweets.ie
SAS/1628	Rosemount Community Alert	Rosemount	Jimmy Keane	(090) 6436148	Brendan Campbell	(057) 9335139	jimmykeane@eircom.net Brendancampbell@yahoo.com
SAS/0381	Athlone Community Services Council	Athlone & Surrounding areas	Tom Elliffe	(090) 6472174	Mary Craughwell	(090) 6472174	acscltd@eircom.net
SAS/1097	SVDP Athlone	Midlands Region / Roscommon / Offaly / Westmeath / Longford	Jean Naughton	(090) 6444041	Madeline Mullins	(090) 6444041	athlonesvp@eircom.net
SAS/0498	The Carers Association - Mullingar/Longford	Co. Longford & Westmeath	Caroline Poole	(044) 9347922	Ann Nolan	(057) 9322920	carersmullingar@carersireland.com
SAS/1329	1428 Active Retirement Club (Mullingar)	Longford / Westmeath	Debbie Daly	(044) 9384290	Michael McGovern	(044) 9347922	debbidaly_1428@yahoo.ie
SAS/1529	ATK Community Centre Ltd	Athlone	Mona Joyce	(090) 6473014	Jenny Kirwan	090-6450272	stkieransatk@eircom.net

If the area in which you reside is not covered by any of the groups detailed above, please contact (071) 9107818/21 or email seniorsalert@pobail.ie.