

APPLICATION FORM

Housing Adaptation Works to
Local Authority Dwellings Only

If **you require assistance** completing this form or **have a query** please contact The Housing Section:

Athlone Area Office/ Athlone Town Council, Civic Office, Church Street, Athlone: 090 6442100

Westmeath Co Co, Housing Section, County Buildings, Mullingar: 044 9332112

APPLICATION FORM

Applicant Name: _____
Address: _____

Length of time residing at this address: _____

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

Rent Account No: _____

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

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

Details of person for whom the works are 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: _____

Basis for application: Medical and/or Overcrowding

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

Name	Relationship to applicant	Date of birth	Occupation

Please confirm that your rent account/ loan account is not in arrears? Yes/No

If your customer account is in arrears please give the reason:

Does the person for whom the works are sought have an interest in alternative accommodation other than the property for which works 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

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:

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 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 the works are sought (if different from Applicant):

_____ **Date:** _____

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 WLAD1)			
Completed medical report			
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)			
Rent account in order:			

MEDICAL CERTIFICATE

Housing Adaptation Works to LA Dwelling Only

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 MEDICAL CONDITION DETAILED ABOVE.

DOCTORS NAME: _____

CONTACT DETAILS

ADDRESS: _____

TELEPHONE NO: _____

SIGNED: _____ **DATE:** _____