

**APPLICATION FORM FOR
HOUSING ADAPTATION GRANT
FOR PEOPLE WITH A DISABILITY**

Sligo County Council



Please read the attached conditions prior to completing this form

ALL QUESTIONS MUST BE ANSWERED

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

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 before submitting application for grant aid otherwise your application will not be considered:

- Fully completed application form ☐
- Completed G.P. Medical report (Pg 9) ☐
- Occupational Therapist Report supporting application
(Please see point 8 on notes attached) ☐
- Evidence of Household Income from all sources ☐
- PROOF OF ADDRESS/RESIDENCY AT PROPERTY: e.g. Utility bill ☐
- PROOF THAT YOU HAVE PAID LOCAL PROPERTY TAX:
copy of receipt ☐

Conditions of Scheme

1. Purpose of Grant

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.

(Extension works will not be considered until all less costly alternatives have been considered and eliminated).

2. Level of Grant

The level of grant aid available shall be determined on the basis of gross household income and shall be between 30% - 95% of the approved cost of the works. The table below sets out the level of grant available based on an assessment of household income. The max grant is €30,000.

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 - €35,000	85%	25,500	12,325
€35,001 - €40,000	75%	22,500	10,875
€40,001 - €50,000	50%	15,000	7,250
€50,001 - €60,000	30%	9,000	4,350
Over €60,000	No grant is payable		

3. Household Income

Household income is calculated as the property owner's annual gross income in the previous tax year, together with that of his or her spouse/partner, if applicable and all other household members' income.

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, if applicable and all other household members' income.

In determining gross household income local authorities shall 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 - please submit letter from college/FAS centre.
- €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.

4. Evidence of household income

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

- In the case of PAYE workers, P60 or Balancing Statement 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/receipt from Social Welfare stating weekly/annual payments or a receipt from post office. In the case of State Pensioners, a copy of a current receipt from post office will suffice.
- Documentary evidence of income for all other members of the household.

(Evidence of household income should be submitted in respect of all household members)

5. Local Property Tax

Please provide evidence that you have paid the local property tax, i.e. submit copy of receipt with your application. See page 6 of application.

6. Where an application relates to the provision of an extension the following information should be supplied

- Drawings at a scale of no less than 1/100, to include, floor plan, end views, section and elevations.
- Specification outlining details such as roof finish, plumbing details, wall construction, insulation, electrical.
- Where an extension requires planning permission, grant payment can only be made on receipt of a valid copy of planning permission. This is not needed to accompany the application.
- Where the development is an exempted development, a letter from the Planning Department of Sligo County Council stating that the proposed development is exempt shall accompany the application.

(Extension works will not be considered until all less costly alternatives have been considered and eliminated).

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 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.

8. Occupational Therapist Report

If you are currently an existing service user of the Occupational Therapy Department in HSE, Markievicz House, please submit an up to date report to support your application.

If you are not an existing service user of the Occupational Therapy Department, HSE, Markievicz House, please contact a private Occupational Therapist by accessing the website at www.aoti.ie (Association of Occupational Therapists of Ireland) or contacting (01) 874 8136

The cost of engaging a **private** Occupational Therapist will be recouped to the applicant as part of the percentage of grant paid (subject to a limit of e200).

9. Disclaimer

Sligo County Council is not responsible for, and hereby excludes all liability (including in respect of any direct, indirect or consequential loss or damage), what so ever arising out of or in connection with

(i) any defects in any works or services undertaken under Sligo County Council's Private Housing Grant Scheme (ii) any damage caused and (iii) any acts, omission or negligence. Guarantee(s) should be provided by your nominated building contractor or service provider before works are started in your home. Please note that you are solely responsible for ensuring that you are provided with the

Guarantee(s). If there is any problem with or defects in the works, you should ask the building contractor or service provider to remedy the defect in accordance with the Guarantee(s) provided to you. If you do not understand the implications of the above, we recommend that you get independent legal advice.

HOUSING ADAPTATION GRANT FOR PEOPLE WITH A DISABILITY APPLICATION FORM

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

Applicant: _____

Address: _____

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

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

And/Or

Mobile phone number for family member or friend who can be contacted on your behalf:

Note: Grant inspections are carried out in batches within a particular area. The provision of a mobile phone number helps site staff greatly when arranging meetings and inspections for your application within your area.

Occupation: _____

Name of person for whom grant aid is sought & Date of Birth & PPS No. (if different from Applicant):

Relationship to applicant: _____

Address of house where work is to be carried out: _____

How long has she/he been living at this address: _____
(Please submit proof of address/residency: e.g. Utility bill)

If less than 5 years, state address:
prior to living at this address: _____

state reason for moving to new address: _____

How long has she/he been disabled? _____ **years**

Is the house: **Owned** _____ **or** **Rented** _____ *(please tick)*

If house is owned, please give name and address of owner of the property to which the proposed adaptation works are to be carried out & also relationship to the applicant:

Approximate age of house: _____

If a tenant, have you consent of owner to do the work? Yes _____ No _____

(Please submit a letter of consent from landlord/landlady in relation to carrying out works requested)

Gross Annual Household Income: € _____

(Please refer to explanatory note 3 & 4. Please submit documentary evidence of income)

If in receipt of carers benefit/allowance, is payment in respect of the person for whom the grant is sought: YES _____ NO _____ N/A _____

PROOF THAT YOU HAVE PAID LOCAL PROPERTY TAX:

Submit copy of receipt/acknowledgement number: _____

Date of payment: _____

Name and address of General Practitioner: _____

Name and address of Occupational Therapist? **NB: An OT report must be submitted with the application.** *(Please see Point 8 in the notes at front of application)*

(Please note that the attached doctor's medical certificate must be completed by your G.P. and returned with this application form. Please also enclose Occupational Therapists Report with the application).

How many residing in house: _____

Details of all persons living in property for which grant aid is sought (including applicant and/or person with a disability & all other household members'). For those aged between 18 and 23 years and in full time education or engaged in a FAS apprenticeship, please submit letter from college/FAS centre stating same.

Name	Relationship to applicant	Date of birth	Gross Income (previous tax year)	Occupation (if applicable)

Number and description of rooms in the dwelling:

	Bedrooms	Toilet	Bath/ Shower	Living	Kitchen	Dining	Other
Upstairs							
Downstairs							

General description of proposed works:

If planning permission has been granted, please quote reference number and date of issue:

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

If proposed work relates to an extension the following must also be submitted with application form. (Note: Extension works will not be considered until all less costly alternatives have been considered and eliminated).

- Drawings at a scale of no less than 1/100, to include, floor plan, end views, section and elevations.
- Specification outlining details such as roof finish, plumbing details, wall construction, insulation, electrical.
- Where an extension requires planning permission, a copy of the grant of planning permission is not applicable at this time but grant payment can only be made on receipt of a valid copy of planning permission.
- Where the development is exempted development, a letter from the Planning Department of Sligo County Council stating that the proposed development is exempt shall accompany the application.



*I understand the purpose of this grant and undertake to abide by the terms of this scheme.
I have also read the disclaimer on page 3 of application form.*

Signature of Applicant: _____ Date: _____

**Completed applications forms should be returned to:
The Housing Section, County Hall, Riverside, Sligo**

**If you have queries on this form please contact:
Marcella Healy, Housing Section, County Hall, Riverside, Sligo**

Tel: 071 911 1803

CERTIFICATE OF DOCTOR

HOUSING ADAPTATION GRANT FOR PEOPLE WITH A DISABILITY

(Please ensure that your doctor completes this medical certificate in BLOCK CAPITALS in a legible format)

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 DISABILITY – PLEASE TICK ONE OF THE FOLLOWING PRIORITY LEVELS OTHERWISE THIS CERTIFICATE WILL BE RETURNED AND THE APPLICATION WILL BE DEEMED INVALID

Priority 1 – Terminally ill or fully/mainly dependent on family or carer, or where adaptations would facilitate discharge from hospital or alleviate hospitalisation in the future.

☐

Priority 2 – Mobile but needs assistance in accessing washing, toilet facilities, bedroom etc or where without the alterations/adaptations the disabled persons ability to function independently would be hindered.

☐

Priority 3 – Independent but requires basic works due to minor mobility issues.

☐

IS APPLICANT CONFINED TO WHEELCHAIR?

Yes _____ No _____

NAME OF DOCTOR: _____

ADDRESS: _____

SIGNED: _____

DATE: _____

DOCTOR'S STAMP