Cavan County Council

Comhairle Chontae an Chabháin

Housing Grants Section

###  049 437 8325 / 437 8317

**E-mail**: [housing@cavancoco.ie](mailto:housing@cavancoco.ie)

**Website**: [www.cavancoco.ie](http://www.cavancoco.ie/)

Application Form

Housing Adaptation Grant for People with a Disability

**IMPORTANT INFORMATION**

* Work must not commence prior to receipt by the Applicant, of a written Certificate of Approval from Cavan County Council.
* The person for whom the grant is sought must occupy the house as his/her normal place of residence.
* Applicant must be compliant with the Local Property Tax.
* Applications can be sent to by post – to the following address: Cavan County Council, Housing Grants Section, Courthouse, Cavan
* Applications can be delivered in person to Cavan County Council Customer Service Desk which is located on the second floor of the Johnston Central Library, Farnham Street, Cavan.

Updated: **Sept 2016**



**Cavan County Council - Application Form for Housing Adaptation**

**Grant for People with a Disability**

##### Please read the attached Conditions of the Scheme before completing this form.

* All questions must be answered – incomplete application forms will be returned.
* Please write your answers clearly in block capital letters.
* Works carried out, prior to receipt of written approval from Cavan County Council will render the application void.
* The applicant must permanently occupy the house as his/her normal place of residence.

##### Applicant’s Name:

**Address:**

**Telephone No: Mobile No**:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Birth:** | **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** | **P.P.S. No.:** |

(If you do not know your Personal Public Service Number you can contact your local social welfare office who will issue you with same)

|  |
| --- |
| * **Name of disabled person residing in**   **house for whom grant aid is sought:** |
| (*if different from Applicant*). |
| **Relationship to Applicant:** |
| * **Name/Address of General Practitioner** |
| (Please note that the attached Doctor’s |
| Certificate must be completed by your G.P.) |

**DESCRIPTION OF HOUSE FOR WHICH YOU ARE SEEKING A GRANT:**

|  |
| --- |
| * **Name of Occupational Therapist:** |
| (If an Occupational Therapist is engaged by you please indicate name of Occupational Therapist). |

**Indicate Property Type**: Single Storey Bungalow □ Two-Storey House □ Other □

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Age of house | Number of Bedrooms upstairs | Number of Bedrooms downstairs | Is there a Toilet facility upstairs | Is there a Toilet facility downstairs | Is there a shower facility upstairs | Is there a shower facility downstairs | Number of other available rooms (Specify) |
|  |  |  |  |  |  |  |  |

**Does your accommodation have:-** *( Tick as appropriate – all questions must be answered fully)*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Cold Water Supply | Yes |  | No |  | Sanitary Services/Sewage Disposal Facilities | Yes |  | No |  |  |
|  | | | | | | | | | |
| Hot Water Supply | Yes |  | No |  | Ramped Access to house | Yes |  | No |  |  |
| ** Is your Property**: Privately Owned [ ] Rented House [ ] Council House [ ] | | | | | | | | | |  |
| **** Does the person with the disability **permanently** reside at the property, listed in address above, as their normal place of residence? **YES [ ] NO [ ]** | | | | | | | | | |  |
| ** Indicate length of time residing at this property**? **Years [ ] Months [ ]**  If less than 5 years state address prior to living at this address & who the registered owner of the property was: State reason for moving to new address: | | | | | | | | | |  |
| **** Is the applicant the owner of the property? **Yes [ ] NO [ ]**  Name/Address of **Registered Owner** of the property to which the proposed repairs are to be carried out:\_ | | | | | | | | | |  |

**PROPOSED WORKS (Tick box/boxes as appropriate for what you are seeking grant aid for.)**

|  |  |  |
| --- | --- | --- |
| Access Ramp(s) |  | Downstairs Toilet Facility |
|  |  |  |
| Level Access Shower |  | Adaptations to facilitate wheelchair access |
|  |  |  |
| Stairlift |  |  |

*Other* **(Give brief description);**

**HAS WORK COMMENCED or BEEN COMPLETED? Yes [ ]** Date work commenced **No [ ]**

No extension works will be approved unless all less costly and “fit for purpose” alternatives have been considered and eliminated e.g. use of technology, reassignment of existing rooms etc.

* Indicate estimated cost of work (attach tw

|  |  |
| --- | --- |
| o quotations) | **€** |
| max:€30,000) | **€** |
|  | **€** |
|  | |

* Indicate amount of grant you are applying for: (
* Indicate the balance of cost of work:
* How do you propose to fund the balance?

**PLANNING PERMISSION**

**Does the work you are applying for require planning permission?** Yes [ ] No [ ]

##### If the proposed work relates to an extension, the following must also be submitted:-

Drawings at a scale of no less than 1/100, to include floor plan, end views, section/elevations, specifying details such as roof finish, plumbing details, wall construction, insulation, electrical.

 If extension requires planning permission, a copy of the grant of planning permission must be submitted.

**DETAILS OF ALL OCCUPANTS LIVING IN THE PROPERTY** for which grant aid is sought

(To include applicant, spouse/partner, dependent children, and all other occupants).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name(s)** | **Relationship to applicant** | **Date of Birth** | **P.P.S. NUMBER** | **Occupation** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **INCOME DETAILS OF THE REGISTERED OWNER AND ALL HOUSEHOLD MEMBERS** | | | | | | | |
| **Name of Household Member** |  | Type of Income |  | Amount of Weekly Payment |  | **Annual Gross Income** |  |

**€**

**€**

**€**

**€**

**€**

**€**

**CALCULATE GROSS ANNUAL INCOME OF ALL HOUSEHOLD MEMBERS**

**€**

##### I declare that the above amount is my only source of household income.

**Signed**: (Applicant) *Page 2*

**PROPERTY/ASSETS OWNED BY OCCUPANT(S) RESIDING IN THE PROPERTY**

Do you or any occupants of the house own any other property/assets? e.g. house, farm, land, etc.

##### Yes □ No □ Documentary evidence of income derived from same must be submitted.

|  |  |  |
| --- | --- | --- |
| **Description/Address of Property/Asset**  **i.e. house, farm, land, etc.** | **Name of Owner** | **Annual Income derived from property/assets** *(if applicable)* |
|  |  | **€** |
|  |  | **€** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LOCAL PROPERTY TAX** | | | | |
| **Property ID** |  |  | **\*Pin Number** |  |

**Liable Persons PPSN**

Please submit written documentation showing that you are compliant with the Local Property

Tax, e.g. receipt of payment or statement printed from the Revenue website. The name, address and Property I.D. number must be clearly shown.

\*Should you wish us to confirm your L.P.T. details on-line from the Revenue website, we require the Pin Number supplied to you by Revenue, as well as the Property I.D. number.

**SMOKE ALARMS / HEAT DETECTORS / CARBON MONOXIDE DETECTORS**

## Do you have smoke alarms and heat detectors connected to electrical mains? Yes □ No □ Do you have battery operated carbon monoxide detectors? Yes □ No □

**Please note.** If either of the above answers are no: Following inspection of your house by our engineer, as part of the application process, you will be advised of the number of detectors required (and electrical upgrade if necessary). You will then be requested to submit a quotation from a qualified electrical contractor, to be included as part of the grant application.

**INFORMATION ON PREVIOUS GRANTS RECEIVED**

Has any type of grant been paid previously, in respect of: (Tick as appropriate)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **The same premises** | Yes |  | No |  | **The same person** | Yes |  | No |

**If “yes” to above, indicate which type of grant assistance was obtained.** *(**Tick as appropriate)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Housing Aid for Older People Grant |  | Disabled Persons Grant |  |  |
| Housing Adaptation Grant for People with a Disability |  | Essential Repair Grant |  |
| Mobility Aids Housing Grant |  | H.S.E. |  |
| Grant from another Local Authority |  | Other |  |
|  | | | | |
| **DESCRIPTION of previous grants received – date/amount/description etc.** | | | | |
|  | | | | |
|  | | | | |

**I / We declare that to the best of my / our knowledge and belief, all the information given in**

**this form is true, complete and accurate in every particular.**

**Signed by Applicant: Dated: (Signature of Applicant)**

**Signed by Witness: Dated: \_\_ (Signature of Witness)**

**(PRINT WITNESSES NAME IN CAPITAL)**

**(INDICATE RELATIONSHIP TO APPLICANT)**

Note: Witness must not be the Contractor or beneficiary of grant payment.



**Doctor’s Certificate**

(To be completed by your G.P.)

**Housing Adaptation Grant for People with a Disability**

In order to prioritise this application it is essential that Cavan County Council is provided with the necessary medical information.

I hereby certify that the proposed works on the attached application form are necessary for the proper accommodation of:

##### Name: D.O.B.: / /

**Address:**

Diagnosis: **…………………..………………………………………………………................……….**

**…………………..……………………………………………………………................….**

Description of Disability/Mobility problem: **........................................................................**

## ..................................................................................................................................

**..................................................................................................................................**

**..................................................................................................................................**

##### IS APPLICANT CONFINED TO A WHEELCHAIR? YES NO

**LEVEL OF DISABILITY -** Tick box as appropriate

|  |  |
| --- | --- |
| **Priority 1** | Terminally ill or fully/mainly dependant on family or carer; or where  alterations/adaptations would facilitate discharge from hospital or alleviate the need for hospitalisation in the future. |
| **Priority 2** | Mobile but needs assistance in accessing washing, toilet facilities, bedroom etc; or where the alterations/adaptations the disabled person’s ability to function independently would be hindered. |
| **Priority 3** | Independent but requires special facilities to improve the quality of life, e.g. separate bedroom/living space. |

Name of Doctor**: ………………...……………………….**

Address: **…………………………………………………**

##### ………………….………………………………

**…………………………………………..……..**

Signed: **…………………………...…………….(Doctor)**

Date: **………………………………………..…..……. (Doctor’s Stamp)** *Page 7*



Housing Adaptation Grant for People with a Disability

**Tax Requirements in respect of Applicant**

# This page must be completed and signed by every applicant - including those applicants receiving a pension.

**NAME OF APPLICANT**: \_

**ADDRESS**: \_

##### INDICATE INCOME TAX REFERENCE NUMBER Insert Tax District dealing with your tax affairs

**P.P.S. No.:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |

(If you do not know your Personal Public Service Number you can contact your local social welfare office who will issue you with same)

In the case of persons paying income tax under PAYE, or those in receipt of social welfare payments, please quote your Personal Public Service Number (PPS No.);

In the case of self-employed persons please quote the number on your return of income.

##### I hereby confirm that to the best of my knowledge my tax affairs are in order.

**SIGNED:**

##### (Signature of Applicant)

**DATED:**

**Please note: In the case of a grant totalling €10,000 or more, applicants are required to submit a valid Tax Clearance Certificate Access Number.**

Applicants can apply to Revenue for a Tax Clearance Certificate Access Number by submitting a form TC11 – see following page. This completed form should be sent to: Revenue Commissioners, Government Offices, Millennium Centre, Dundalk, Co. Louth. The TC11 form is also available on the Revenue Commissioner’s website, [www.revenue.ie](http://www.revenue.ie/).

|  |  |  |
| --- | --- | --- |
| **APPLICATION FOR A P.A.Y.E. TAX CLEARANCE CERTIFICATE (TC11)** | | |
| **A Tax Clearance Certificate is required in respect of grants, subsidies and similar type payments in excess of €10,000, claimed from Government Departments or Public Authorities.**  **Applications can be sent to : Revenue Commissioners, Government Offices, Millennium Centre, Dundalk, Co. Louth.**  1. Name and Address of Applicant | | |
|  | | |
|  | | |
|  | | |
|  | | |
| 2. Tax District: |  | 3. Tax Reference Number |
| **DUNDALK** |  |  |
| 4. Name of Government Department or Public Authority from which the relevant payment is being claimed: | | |
| **Cavan County Council** |  |  |
| 5. Nature and amount of relevant payment being claimed: |  |  |
| **Housing Adaptation Grant for People with a Disability** |  | €10,000 plus |
| 6. Please state whether, to the best of your knowledge, your tax affairs are in order | | |
|  | | |
| ***Signature*** |  | ***Date*** |
|  |  | / / |



##### Note:

In the case of a person paying Income Tax under PAYE, the Tax Reference Number means the Personal Public Service (PPS) Number [which replaces the Revenue and Social Insurance (RSI) Number]. This number is stated on all correspondence issued to that person by the Revenue Commissioners.





Housing Adaptation Grant for People with a Disability

**Tax Requirements in respect of Contractor**

**To be completed by Contractor (1)**

|  |  |
| --- | --- |
| **NAME OF YOUR ORGANISATION/COMPANY:**  **(as registered with Revenue Commissioners)** |  |
| **TAX REFERENCE NUMBER: (TRN)** |  |
| **TAX CLEARANCE ACCESS NUMBER:**  **(TCAN) TCAN is 6 digits only** |  |



Housing Adaptation Grant for People with a Disability

**Tax Requirements in respect of Contractor**

**To be completed by Contractor (2)**

|  |  |
| --- | --- |
| **NAME OF YOUR ORGANISATION/COMPANY:**  **(as registered with Revenue Commissioners)** |  |
| **TAX REFERENCE NUMBER: (TRN)** |  |
| **TAX CLEARANCE ACCESS NUMBER:**  **(TCAN) TCAN is 6 digits only** |  |



Cavan County Council’s Housing Adaptation Grant for People with a Disability – **Conditions of the Scheme**

**1. Types of Housing**

The Housing Adaptation Grant for People with a Disability may be paid, where appropriate, in respect of works carried out to:

* Owner occupied housing; (Proof of address must be submitted, i.e. utility bill, etc).
* Houses being purchased from a local authority under the tenant purchase scheme;
* Private rented accommodation; (Letter of permission must be submitted by landlord).
* Accommodation provided under the voluntary housing Capital Assistance and Rental Subsidy schemes; and
* Accommodation occupied by persons living in communal residences.

**2. 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, (Extension work will not be considered until all less costly alternatives have been considered and eliminated.)

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.

Cavan County Council requires an Occupational Therapist Report for all work except for the conversion of an existing bathroom into a walk-in shower facility. If an Occupational Therapist is engaged by you, please indicate their name and attach an Occupational Therapist report regarding the proposed work. In the case of bathroom conversions, an inspector may request a report after initial inspection.

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**3. Level of Grant**

The level of grant aid available shall be determined on the basis of the gross income of the Property Owner and all Household members shall be between 30 – 95% of the approved cost of the works, as assessed by Cavan County Council. **The maximum grant is €30,000.**

The table below sets out level of grant available based on assessment of all 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 - €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 |  |  |

**4. Evidence of household income**

**Evidence of household income should be submitted, as detailed below.**

Household income is calculated as the annual gross income of the registered property owner and all household members over 18 (or 23 if in full time education – supporting documentation will be required from the educational provider which confirms that the individual is in full time education) in the previous tax year.

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 copy of payment car and a payment slip from An Post and/or a statement from Social Welfare stating weekly/annual payments or P21 Balancing Statement for the previous tax year.
  + In the case of State Pensioners a copy of the payment card and a payment slip from An Post or P21 Balancing Statement for the previous tax year.
  + In the case of earnings from savings and investments, a certificate of interest or a dividend certificate.

**Evidence of household income must be submitted in respect of all members of the household.**

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In determining gross household income Cavan County Council 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 Community Employment or equivalent;
* the amount of the following payments received in the previous tax year:
  + Child Benefit;
  + Family Income Supplement;
  + Domiciliary Care Allowance;
  + Respite Care Grant;
  + Carer’s Benefit / Allowance.

**5. Tax Requirements**

In the case of a Contractor engaging in work for the Housing Adaptation Grant for People with a Disability Scheme, a Tax Clearance Certificate Access Number issued by the Revenue Commissioners must be submitted.

In the case of grant applications totalling €10,000 or more, the applicant must submit a Tax Clearance Certificate Access Number. Applicants can apply for this on-line or by completing the attached form (TC11) and submitting it to: **Revenue Commissioners, Government Offices, Millennium Centre, Dundalk, Co. Louth.**

##### All applicants are required to prove that they are compliant with the Local Property Tax.

**6. 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.

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**CHECKLIST**

##### Please ensure that the following documentation is submitted with your application.

|  |  |
| --- | --- |
|  | Fully completed **Application Form** (all questions must be answered). |
|  | Documentary evidence of **income** from the Registered Property owner and all household members/sources |
|  | Completed **Doctor’s Certificate**: (completed by Applicant’s G.P.) |
|  | Completed **Tax Requirement Declarations** (for both Applicant and Contractor) |
|  | Documentary evidence of compliance with **Local Property Tax** |
|  | **2 x** written itemised **quotations** detailing the cost of the proposed works |
|  | **2 x quotations** for the installation of mains operated smoke alarms/heat detectors and battery operated carbon monoxide detectors, if applicable |
|  | **Proof of address**, i.e. current electricity supply bill or other utility bill |
|  | **Tax Clearance Access Numbers** – for Applicant (if applicable) & Contractor |
|  | **Letter from Educational Provider**, if a member of the household is aged between |
|  | 18 and 23 years of age and engaged in full time education, stating that this individual |
|  | is in full time education. |

**Completed Application Forms may be submitted:**

1. **By Post** - to the following address: Cavan County Council,

Housing Grants Section, Courthouse,

Cavan, Co.Cavan.

1. **In Person -** to Cavan County Council **Customer Service Desk** - located on the 2nd floor of Johnston Central Library Building - beside the Courthouse.

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 049 437 8325 / 437 8317

**E-mail**: housing @cavancoco.ie

**Website**: [www.cavancoco.ie](http://www.cavancoco.ie/)

**IMPORTANT NOTICE**

Incomplete applications will be returned. Please ensure all questions are fully answered. All occupants residing in the house must be listed on the form.

Income details must be submitted for the Registered Property Owner and all household members.

Works must not commence prior to the applicant receiving a written Certificate of Approval.

Work carried out prior to receipt of written approval from Cavan County Council will render the application void.

Applications are subject to medical priority and the availability of funding.

Applicants must be compliant with the Local Property Tax.



Cavan County Council

Housing Adaptation Grant for People with a Disability

In determining the level of funding the following approved maximum amounts will apply:

##### EXTENSION Bedroom/Shower Room - (23 Sq. metres)

Building (23sq.m x €700) €26,450 (25,000 max)

Shower Unit, etc. €4,000 (3,500 max)

Tiling €1,000 (750 max)

Floor covering, Decoration, etc. €1,000 (750 max)

Total: **€32,450 (€30,000 max)**

**STAIRLIFT** (Straight) €3,000 (max)

(Please refer to Mobility Aid Grant Application Form)

**CONVERSION OF EXISTING ROOM** €6,000 (max)

(Please refer to Mobility Aid Grant Application Form)

**RAMPS** (including steps) €1,000 (max) (Please refer to Mobility Aid Grant Application Form)