Cavan County Council

Comhairle Chontae an Chabháin

Housing Grants Section

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049 437 8325 / 437 8317

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

**Website**: www.cavancoco.ie

## Application Form

## Housing Aid for Older People Grant

IMPORTANT INFORMATION

* Works 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 permanently occupy the house as his/her normal place of residence.
* Applicant must be compliant with the Local Property Tax.
* Applications may be submitted by post to the following address: Cavan County Council, Housing Grants Section, Courthouse, Cavan
* Applications may be submitted 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: 19th January 2016

** Cavan County Council**

**Housing Aid for Older People Grant Application Form**

* Please read the attached ‘Conditions of Scheme’ prior to completing this form.
* All questions must be answered – incomplete application forms will be returned.
* Please write your answers clearly in block capital letters.
* If works detailed in the grant application are carried out prior to receipt of written approval from Cavan County Council, the application will be deemed void.
* The applicant must own and permanently occupy the house as his/her normal place of residence.

**Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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)

**Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Mobile No**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of person for whom grant aid is sought** (if different from Applicant)

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

**Relationship to Applicant***:* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Type of Property (***Tick* ***as appropriate):*** | **Single Storey Bungalow** |  | **2-Storey Dwelling** |  | **Other** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Age**  **of house** | **Number of Bedrooms** | **Number of other Rooms** | **Type of Roof** | **Type of Walling** | **Number/type of Windows** | **Number/type of Doors** |
|  |  |  |  |  |  |  |

**Does your accommodation have:-**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Cold Water Supply | Yes |  | No |  |  | Bath Facility Yes |  | No |  | Toilet Facilities | Yes |  | No |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hot Water Supply | Yes |  | No |  |  | Shower Facility Yes |  | No |  | Sewage Disposal Facilities | Yes |  | No |  |

**DETAILS RE: OWNERSHIP AND OCCUPANCY** *(All questions must be answered)*

⬩ Do you, the applicant, permanently reside at the property named in address above, as your

normal place of residence? YES [ ] NO [ ] *(Please submit proof of address/residency i.e. ESB Bill)*

⬩ How long have you been 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**⬩** Do you **own** the property for which you are applying for grant aid? **Yes [ ] NO [ ]**

Name/Address of **Registered Owner** of the property to which the proposed repairs are to

be carried out \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Page 1

**LIST OF WORK(S) FOR WHICH YOU ARE SEEKING A GRANT**

**General description of works : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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(Note: As works must not commence prior to receipt by you of written approval from Cavan County Council, works already carried out prior to grant approval cannot form part of this application).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ⬩ |  | Indicate estimated cost of works (attach one quotation). | |  | **€** |
|  |  |  | |  |  |
| ⬩ |  | Indicate amount of grant you are applying for: (Max = €8,000). | |  | **€** |
|  |  |  | |  |  |
| ⬩ |  | Indicate the balance of cost of works: | |  | **€** |
|  |  |  | |  |  |
| ⬩ |  | How do you propose to fund balance of costs? |  |  |  |

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

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

*(Includes applicant, spouse/partner, dependent children, and all other occupants)*

**INCOME DETAILS OF THE REGISTERED PROPERTY OWNER AND ALL HOUSEHOLD MEMBERS – (Attach documentary evidence)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Household Member** |  | Type of Income | |  | Amount of Weekly Payment | | |  | **Annual Gross Income** | |
|  |  |  | |  |  | | |  |  | |
|  |  |  | |  |  | | |  | **€** | |
|  |  |  | |  |  | | |  |  | |
|  |  |  | |  |  | | |  | **€** | |
|  |  |  | |  |  | | |  |  | |
|  |  |  | |  |  | | |  | **€** | |
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|  |  |  | |  |  | | |  | **€** | |
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|  |  |  | |  |  | | |  | **€** | |
|  |  |  | |  |  | | |  |  | |
|  |  |  | |  |  | | |  | **€** | |
|  | | |  | | |  | | | |
| **TOTAL GROSS ANNUAL INCOME OF HOUSEHOLD** | | | | | | | **€** | | | |

*\**Documentary evidence of income from ALL sources for the Registered Property owner and ALL household members must be submitted.

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 any 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 person’s 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 Local Property Tax 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

Does your house have smoke/heat alarms connected to electrical mains? Yes □ No □

Does your house have battery operated carbon monoxide detectors? Yes □ No □

If not already in place in your home, it is recommended you submit a quotation for mains operated smoke alarms /heat detectors and battery operated carbon monoxide alarms (and electrical upgrade if necessary) to be included in the proposed grant works.

\*Please note: You are required to confirm in writing whether or not you wish to include a quotation for the smoke/heat/carbon monoxide detectors in your grant application.

OTHER INFORMATION

Has any type of grant been paid by Cavan County Council or any other Council in respect of:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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.

** Cavan County Council**

**Housing Aid for Older People Grant Scheme**

Doctor’s Certificate (To be completed by your G.P.)

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

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**Who suffers from**: **………..………………………………………………........…....**

*(PRINT IN BLACK CAPS)* **……………..………………………………………………........**

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

**Description of Mobility problem**: **.................................................................................**

*(PRINT IN BLACK CAPS)* **....................................................................................**

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

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

**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)**

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



Housing Aid for Older People Grant Scheme

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

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

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

INCOME TAX REFERENCE NUMBER/P.P.S. NUMBER Insert Tax District dealing with your tax affairs

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

(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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Signature of Applicant)**

 Housing Aid for Older People Grant Scheme

Tax Requirements in respect of Contractor

**(To be completed by Contractor)**

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

 Cavan County Council’s Housing Aid for Older People

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 (Proof of address must be submitted i.e. current utility bill).

# Houses being purchased from a local authority under the tenant purchase scheme.

# Who can apply?

Applicants should be 66 years of age (or over). However, in certain circumstances and at the discretion of the Local Authority, a lower age limit may apply.

# 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 replacement of windows/doors, repairs/replacement of roof/chimney, re-wiring, provision of central heating (where none exists), or any other necessary structural repairs or improvements.

**N.B. Central Heating:- There is no grant available under this scheme for upgrading an**

**existing central heating system.**

**Grants for heating upgrade and insulation are available from the Sustainable Energy Authority of Ireland (S.E.A.I.)**

**Ph: 1850 927 000 (Better Energy Home Scheme)** [**info@betterenergyhomes.ie**](mailto:info@betterenergyhomes.ie)

**Ph: 1800 250 204 (Warmer Homes Scheme) warmerhomes@seai.ie**

Applicants applying to carry out **rewiring** must enclose written confirmation from a qualified electrician stating the condition of the existing wiring.

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.

**4. Level of Grant**

The level of grant aid available shall be determined on the basis of gross income of the Property Owner and all Household members and shall be between 30% - 95% of the approved cost of the works as assessed by Cavan County Council. **The maximum grant is €8,000.**

The table below sets out the level of grant available based on an assessment of the property owner and all household members income.

|  |  |  |
| --- | --- | --- |
| **Gross maximum household**  **income p.a.** | **% of costs available** | MaximumGrant 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 |

1. **Household Income**

Household income is calculated as the annual gross income of the Registered Property Owner and all household members over 18 (or over 23 if in full time education) in the previous tax year.

The following disregards will be applied when determining gross household income:

* €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 Scheme 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

1. **Evidence of household income**

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

* **In the case of PAYE Workers**: P60 / P21 Balancing Statement for previous tax year;
* **In the case of Self-employed or Farmers**: Income Tax Assessment Form together with Certified Accounts for previous tax year;
* **In the case of Social Welfare recipients**: A copy of the payment card and a payment slip from An Post or a Statement from Social Welfare stating weekly/annual payments or P21 Balancing Statement.
* **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 should be submitted in respect of the Registered Property Owner and all household members.

**7. Tax Requirements**

In the case of any Contractor engaging in work for the Housing Aid for Older People Grant Scheme a current Tax Clearance Certificate, issued by the Revenue Commissioners must be submitted with the estimates for the required works.

All applicants are required to submit **proof** they are compliant with the **Local Property Tax.**

###### 8. 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.

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.

# CHECKLIST

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

|  |  |  |  |
| --- | --- | --- | --- |
| ⬩ | Fully completed Application Form (All questions must be answered). |  |  |
|  |  |  |  |
| ⬩ | Completed Tax Forms in relation to applicant and contractors. |  |  |
|  |  |  |  |
| ⬩ | Completed Doctor’s Certificate (completed by applicant’s G.P). |  |  |
|  |  |  |  |
| ⬩ | Documentary Evidence of income from the Registered Property Owner and all household members/sources. |  |  |
|  |  |  |  |
| ⬩ | Proof of address/residency at property (i.e. utility bill). |  |  |
|  |  |  |  |
| ⬩ | Evidence of compliance with the Local Property Tax. |  |  |
|  |  |  |  |
| ⬩ | 1 x written itemised quotation detailing the cost of the proposed works. |  |  |
|  |  |  |  |
| ⬩ | 1 x written quotation for smoke/heat & carbon monoxide detectors (if applicable). |  |  |
|  |  |  |  |
| ⬩ | Tax Clearance Certificate for Contractor(s). |  |  |
|  |  |  |  |
| ⬩ | Electrician’s Report - if applying for re-wiring |  |  |
|  |  |  |  |
| ⬩ | Letter from Insurance Company - if applying for re-roofing |  |  |
|  |  |  |  |

**Note: Incomplete application forms delay assessment and will be returned.**

# 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.

049 437 8325 / 437 8317

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

**Website**: www.cavancoco.ie

Important Notice to Applicants

Application forms must be completed in full.

All questions must be answered. Please pay particular attention to the checklist to ensure that all necessary documentation is submitted with the application form.

Applicants must be compliant with the Local Property Tax.

All occupants residing in the dwelling must be listed on the application form and income details must be submitted for the Registered Property Owner and all household members.

Applicants for the Housing Aid for Older People grant scheme must occupy the property concerned.

Works must not commence prior to receiving a written Certificate of Approval from Cavan County Council.

Any work detailed on an application form which is carried out prior to receiving approval from Cavan County Council will render the application void.

All applications are subject to the conditions of the scheme, levels of priority and availability of funding.