Cavan County Council

Comhairle Chontae an Chabháin

Housing Grants Section

049 437 8325 / 437 8317

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

**Website**: www.cavancoco.ie

## Application Form

## Mobility Aids Housing 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 occupy the house as his/her normal place of residence.
* Applicant must be compliant with the Local Property Tax.
* Applications can be sent to us 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 January 2016

** Cavan County Council**

**Mobility Aids Housing 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.
* Works carried out prior to receipt of written approval from the Council will render the application void.
* The applicant must permanently occupy the house as his/her normal place of residence.

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

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

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

**Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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**:** |  |  |

|  |  |  |
| --- | --- | --- |
| How long has she/he been disabled? |  |  |

|  |  |  |
| --- | --- | --- |
| * **Name/Address of General Practitioner** |  |  |
| (Please note that the attached Doctor’s |  |  |
| Certificate must be completed by your G.P.) |  |  |

|  |  |  |
| --- | --- | --- |
| * **Name of Occupational Therapist:** |  |  |
| (If an Occupational Therapist is engaged  by you, please submit the name) |  |  |

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

**IS THE PROPERTY:** Single Storey Bungalow [ ] Two-Storey Dwelling [ ] Other [ ]

IS THE PROPERTY: Privately Owned [ ] Rented Dwelling [ ] Council Dwelling [ ]

**Number and description of rooms in the dwelling:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Bedrooms** | **Toilet** | **Bath** | **Shower** | **Living** | **Kitchen** | **Dining** | **Other** |
| **UPSTAIRS** |  |  |  |  |  |  |  |  |
| **DOWNSTAIRS** |  |  |  |  |  |  |  |  |

⬩ Address of house where grant adaptation work is to be carried out:

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

⬩ 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**GIVE DESCRIPTION OF PROPOSED WORKS FOR WHICH YOU ARE SEEKING A GRANT**

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

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HAS WORK COMMENCED or BEEN COMPLETED? Yes [ ] No [ ]

SMOKE ALARMS / HEAT DETECTORS/CARBON MONOXIDE DETECTORS

Does your house have smoke alarms & heat detectors connected to the electrical mains and battery

operated carbon monoxide detectors installed.

Yes □ No □\* Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\* If above answer is No:** it is recommended that you submit a written quotation for the installation of mains operated smoke alarms/heat detectors & battery operated carbon monoxide detectors and electrical upgrade if necessary, as part of the grant aid works.

COST OF WORK

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ⬩ |  | Indicate Estimated Cost of Work (Attach itemised Quotation) | |  | **€** |
|  |  |  | |  |  |
| ⬩ |  | Indicate amount of Grant you are applying for (Max = €6,000) | |  | **€** |
|  |  |  | |  |  |
| ⬩ |  | Indicate Balance Cost of Work: | |  | **€** |
|  |  |  | |  |  |
| ⬩ |  | How do you propose to fund the balance of cost? |  |  |  |

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

**INDICATE TOTAL NUMBER OF PEOPLE RESIDING IN HOUSE***: \_\_\_\_\_\_\_\_\_\_\_*

(This includes applicant, spouse/partner, dependent children, all other occupants – please list below).

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

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

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

\*Documentary evidence of income from ALL sources and ALL household members and property owner must be submitted.

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

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

OWNERSHIP OF HOUSE

**⬩** Indicate Name/Address of **Registered Owner** of the property to which the proposed

adaptations are to be carried out.

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 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 Local Property Tax details on-line from the Revenue

website, we would require the Pin Number supplied to you by Revenue, as well as the Property

I.D. number.

OTHER INFORMATION

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. |  |
| Other 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 WITNESS NAME IN CAPITALS) (INDICATE RELATIONSHIP TO APPLICANT)**

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

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**

**Cavan County Council**

**Mobility Aids Housing 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

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

Description of 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)**

 Mobility Aids Housing Grant Scheme

Tax Requirements in respect of Applicant

This page must be completed and signed by every applicant -

including those 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)**

 Mobility Aids Housing Grant Scheme

Tax Requirements in respect of the Contractor

(This form must be completed by the 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 - Mobility Aids Housing Grant

Conditions of Scheme

# 1. Types of Housing

# The Mobility Aids Housing Grant Scheme may be paid, where appropriate, in respect of works carried out to:

# Owner occupied housing;

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

# Private rented accommodation;

# 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 Mobility Aids Housing Grant is available to cover a basic suite of works to address mobility problems, primarily, but not exclusively, associated with ageing.

The works grant aided under the scheme include:

Grab-rails; access ramps; level access showers; stair-lifts; and other minor works deemed necessary to facilitate the mobility needs of a member of a household.

Cavan County Council requires an Occupational Therapist Report for all proposed work under this scheme, except for the proposed 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 a report from the Occupational Therapist regarding the proposed work in your application form. In the case of bathroom conversion, an inspector may request a report after initial inspection.

Also, if mains connected smoke alarms/heat detectors & carbon monoxide detectors are not already installed and operating in your home, the installation of same may be included in your application. A quotation for same must be submitted.

**3. Level of Grant**

The effective **maximum grant** is 100% of the approved cost of the work, up to a maximum of **€6,000** as per Council approved grant limits (see Appendix 1).

**The level of grant aid shall be determined on the basis of the gross annual income of the property owner and all household members does not exceed €30,000.**

**4. Household Income**

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

In determining gross household income local authorities shall apply the following 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 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

**5. 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 from Dept of Social Protection stating weekly/annual payments or P21 Balancing Statement. In the case of State Pensioners: a copy of the current pension book will suffice;
* In the case of earnings from savings and investments: A certificate of interest or a dividend certificate should be submitted.

**Where income is received from more than one source, documentation to support all incomes should be submitted.**

(Evidence of household income should be submitted in respect of the registered property owner and all household members).

**6. Tax Requirements**

The ‘Tax Requirements in respect of Applicant’ must be completed, as part of your application.

In the case of any contractor engaging in work for the Mobility Aids Housing Grant Scheme a current Tax Clearance Certificate issued by the Revenue Commissioners must be submitted with the estimate for the required works.

**Applicants are required to include proof they are compliant with the Local Property Tax.**

###### 7. Appeals Procedure

In processing applications under the Mobility Aids Housing Grant Scheme, Cavan County Council recognises that some applicants may be dissatisfied with the Council’s decision. Cavan County Council 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 Cavan 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.

# CHECKLIST

Please ensure the following when submitting an application:

|  |  |  |  |
| --- | --- | --- | --- |
| ⬩ | Fully complete the **application form** (all questions must be answered) |  |  |
|  |  |  |  |
| ⬩ | Submit documentary evidence of income from the Registered Property Owner **and** all household members. |  |  |
|  |  |  |  |
| ⬩ | **Submit Doctor’s Certificate** (completed by Applicant’s G.P.) |  |  |
|  |  |  |  |
| ⬩ | Submit documentary evidence of compliance with the **Local Property Tax** |  |  |
|  |  |  |  |
| ⬩ | **Submit the Tax Requirement Forms** (completed & signed by Applicant&Contractor) |  |  |
|  |  |  |  |
| ⬩ | **Submit 1** x written itemised **quotation** detailing the cost of the proposed works |  |  |
|  |  |  |  |
| ⬩ | **Submit 1 x quotation** for the installation of mains operated smoke alarms & heat detectors and battery operated carbon monoxide detectors, if applicable |  |  |

Incomplete applications 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**, which is located on the second floor of the Johnston Central Library Building -beside The Courthouse.

049 437 8325 / 437 8317

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

**Website**: www.cavancoco.ie

IMPORTANT NOTICE

Incomplete applications will be returned.

Please ensure all questions are fully answered on the Application Form. Relevant documentation requested must be submitted with your Application Form.

All occupants residing in the house must be listed on the Application Form and income details must be submitted for the Registered Property Owner and all household members.

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

Any works applied for in a grant application, carried out prior to receiving an approval from Cavan County Council, will render the application void.

All applications are subject to Priority Scheme and the availability of funding.

 Cavan County Council

Mobility Aids Housing Grant Scheme

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

**Stairlift** (Straight) €3,000 (max)

**Conversion of existing room** €6,000 (max)

**Ramps** (including steps) €1,000 (max)