

SOUTH TIPPERARY COUNTY COUNCIL

County Hall, Clonmel, Ireland 052/34477 Aras an Chontae, Cluain Meala, Eire

APPLICATION FOR GRANT FOR ESSENTIAL REPAIRS TO HOUSE

1. **Name:** _____ **Date of Birth:** _____
[BLOCK CAPITALS]

2. **Address:** _____
[BLOCK CAPITALS]

_____ **Contact No.:** _____

3. **Description of house for which grant assistance is sought:** _____

No. of rooms: _____ **Type of roof:** _____ **Type of dwelling:** _____

4. **What is your occupation?** _____

What is your approximate weekly income? _____

5. **Details of all occupants of dwelling and household income:**

<i>Name</i>	<i>Date of birth</i>	<i>Male/ Female?</i>	<i>Relationship to applicant</i>	<i>Weekly income</i>

6. List of repairs which, in your opinion, are essential: (it should be noted that works should not commence prior to receiving written approval)

Cost of proposed works: € _____

7. Did you at any time in the past, receive assistance for the repair or improvement of the dwelling. If so, please give details:

8. Have you applied to any other body for grant assistance for the work described in this application? If so, please give details:

The particulars set out in this application form are correct to the best of my knowledge and belief.

Signature of applicant: _____

Date: _____



SOUTH TIPPERARY COUNTY COUNCIL

Application for Essential Repairs Grant

ERG/____

DECLARATION OF APPLICANT

This declaration must be made in the presence of a Peace Commissioner or member of the Garda Siochana or Elected Member of a County Council, Town Council and Borough Council.

I, We _____

of _____

being the applicant(s) named in this application, do solemnly and sincerely declare that all the foregoing statements and particulars in this application are true and correct in every particular, to the best of my/our knowledge, information and belief and I/we make this Solemn Declaration conscientiously believing same to be true and by virtue of the Statutory Declaration Act, 1938.

I/We understand that the payment of a grant involves no warranty on the part of South Tipperary County Council as to the works carried out, the structural soundness of the house or compliance with the Building Regulations, 1991. I/We also confirm that the house for which grant monies are applied will be used as the normal place of residence of the elderly person(s) named in the application.

Signature(s) of Applicant(s):

Made and subscribed before me

(1) _____

this ____ day of _____ 2 ____

(2) _____

Signed/ _____

PEACE COMMISSIONER/GARDA/
ELECTED MEMBER



SOUTH TIPPERARY COUNTY COUNCIL

Application for Essential Repairs Grant

ERG/___

TAX CLEARANCE CERTIFICATION

Name of applicant(s): _____

Address of applicant(s): _____

Name & Address
of Contractor:

Number of Tax Clearance Certificate: _____

Expiry date of Tax Clearance Certificate: _____

To be completed by the Inspector of Taxes:

The details herein have been verified by me.

Official Stamp:

Signed: _____
FOR INSPECTOR OF TAXES

Date: _____
