

# 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/<br/>Female?</i> | <i>Relationship to applicant</i> | <i>Weekly income</i> |
|-------------|----------------------|--------------------------|----------------------------------|----------------------|
|             |                      |                          |                                  |                      |
|             |                      |                          |                                  |                      |
|             |                      |                          |                                  |                      |
|             |                      |                          |                                  |                      |
|             |                      |                          |                                  |                      |
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|             |                      |                          |                                  |                      |

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

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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:

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

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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**

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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: \_\_\_\_\_

\_\_\_\_\_