

MOBILITY AIDS HOUSING GRANT SCHEME
APPLICATION FORM
2011 SCHEME



Please read the attached conditions prior to completing this form, in particular the checklist at the rear. Incomplete forms will be returned and may lead to delays in your application.

All questions must be answered

Please write your answers clearly in block capital letters

Closing Date for Applications: 30th April 2011

Works must not commence prior to receipt by the Local Authority of the grant application and written approval from the Local Authority

The person for whom the grant is sought must occupy the house as his/her normal place of residence

PLEASE NOTE: Local Authority Tenants do not need to submit all requested information. If you are a Local Authority tenant, please refer to Checklist on back page of form.

Applicant: _____
(Home Owner)

Address: _____

Telephone No: _____ **Mobile No:** _____

Date of Birth: _____ **P.P.S. No:** _____

Occupation: _____

South Tipperary County Council understands that you may wish to have some help or support from a relative or friend in making this application and gathering documentation. If you do, please provide contact details for this person here:

Name: _____

Address: _____

Telephone Number: _____ **Mobile No:** _____

Please note that in nominating a contact person you consent to that person receiving copies of documentation on your medical needs and financial assessments.

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

Relationship to applicant: _____

Name of the owner of the property to which the proposed adaptation works are to be carried out:

Gross Annual Household Income: € _____
(please refer to explanatory note 4 below)

Is the person with the disability residing at the address above: _____

How long has s/he been living at this address: _____

Name and address of General Practitioner: _____

(Please note that the attached doctors certificate must be completed by your G.P. and returned with this application form)

Details of all persons living in property for which grant aid is sought (including applicant and/or person with a disability)

Name	Relationship to applicant	Date of birth	Gross Income (previous tax year)	Occupation (if applicable)

Number and description of rooms in the dwelling:

	Bedrooms	Living	Dining	Kitchen	Bathroom/Toilet
Upstairs					
Downstairs					

General description of proposed works: (Works must be Medically Necessary, i.e. no repair works can be covered under this scheme.)

Estimated cost of works: € _____
(Please submit 1 written quotation in respect of the estimated cost of works)
(Not Required for Local Authority Tenants)

Amount of grant you are applying for: € _____
MAX. GRANT is €6,000.
(Not Required for Local Authority Tenants)

Balance of costs: € _____
(Not Required for Local Authority Tenants)

How do you propose to fund the balance of costs: € _____
E.g. Savings, Loan, Family Assistance etc.
(Not Required for Local Authority Tenants)

Has a Disabled Persons Grant, Housing Adaptation Grant or Mobility Aids Housing Grant been paid previously in respect of the same premises or person? If yes, please give details:

Signature of Applicant: _____ **Date:** _____

CERTIFICATE OF DOCTOR

HOUSING ADAPTATION GRANT FOR PEOPLE WITH A DISABILITY

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

NAME: _____

ADDRESS: _____

WHO SUFFERS FROM: _____

NATURE AND DEGREE OF DISABILITY: _____

PRIORITY CATEGORY AS PER STCC PRIORITY SCHEME : (MUST BE COMPLETED)

Please tick appropriate box.

- EMERGENCY CASE:** Where alterations/adaptations would alleviate the immediate discharge from hospital or alleviate the immediate need for hospitalisation following an immediate change in the applicants' circumstances arising from an accident, stroke, heart attack etc.
- PRIORITY 1:** Where applicants are terminally ill, or fully/mainly dependent on family or carer; or where alterations/adaptations would facilitate discharge from hospital or alleviate the need for hospitalisation within the immediate 12 month period.
- PRIORITY 2:** Where applicants are mobile but need assistance in accessing washing, toilet facilities, bedroom etc; or where without the alterations/adaptations the disabled person's ability to function independently would be hindered.
- PRIORITY 3:** Where applicants' are independent but require special facilities to improve the quality of life, e.g. separate bedroom/living space.

NAME OF DOCTOR: _____

DOCTOR'S STAMP:

ADDRESS: _____



SIGNED: _____

DATE: _____

Tax requirements in respect of Mobility Aids Housing Grant Scheme

TO BE COMPLETED BY APPLICANT

Name of Applicant: _____

Address: _____

PPS No*: _____

Tax District dealing with your tax affairs: _____

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

Signed: _____ Date: _____

* In the case of persons paying income tax under PAYE, or those in receipt of social welfare payments, please quote your PPS Number;
In the case of self-employed persons please quote the number on your return of income.

TO BE COMPLETED BY CONTRACTOR

Name of Contractor: _____

Address: _____

_____ Tel: _____

Income Tax serial No. / VAT No.: _____

Tax District dealing with your tax affairs: _____

C2 No./Tax Clearance No: _____ Expiry Date: _____

Conditions of Scheme

1. 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.

2. Priority Needs Scheme

All applications received will be administered in accordance with South Tipperary Co. Council's Priority Needs Scheme for Housing Grants. Each application received under the Mobility Aids Grant Scheme will be categorised as follows:

- o Emergency - Where alterations/adaptations would facilitate immediate discharge from hospital to their home or alleviate the immediate need for hospitalization following an immediate change in the applicant's circumstances arising from a car accident, stroke, heart attack.
- o Priority 1 - Where applicants' are terminally ill, or fully/mainly dependant on family or carer; or Where alterations/adaptations would facilitate discharge from hospital to their home or alleviate the need for hospitalization within the immediate 12 month period.
- o Priority 2 - Where applicants' are mobile but need assistance in accessing washing, toilet facilities, bedroom etc; or Where without the alterations/adaptations the disabled person's ability to function independently would be hindered.
- o Priority 3 - Where applicants' are independent but require special facilities to improve the quality of life, e.g. separate bedroom/living space.

All application received prior to the 30th April will be processed and prioritised in accordance with the Council's priority needs scheme and the date of application.

At 1st July and ***providing a sufficient budget is available***, Priority 1 applications received up to and including 30th April of the given year will be approved and notified to proceed with the works.

At 1st September & assuming there is still a budget remaining; Priority 2 grant applications previously received up to 30th April 2010 will be approved and notified to proceed.

At the 1st October in any given year Priority 3 grant applications received up to the end of April will then be approved in the context of any remaining budget for that year.

Emergency applications received throughout the year will be immediately assessed and approved subject to sufficient funding being available.

3. Level of Grant

The effective maximum grant is €6,000 or 100% the cost of the works, whichever is the lesser. The grant is available to households whose gross annual household income does not exceed €30,000.

4. Household Income

Household income is calculated as the property owner's annual gross income in the previous tax year, together with that of his or her spouse/partner, if applicable.

In the case of private rented accommodation, household income is calculated as the tenant's annual gross income in the previous tax year, together with that of his/her spouse, if applicable.

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 FAS apprenticeship;
- €5,000 where the person for whom the application for grant aid is sought, is being cared for by a relative on a full-time basis;
- Child Benefit;
- Early Childcare Supplement;
- Family Income Supplement;
- Domiciliary Care Allowance;
- Respite Care Grant;
- Carer's Benefit / Allowance (where the Carer's payment is made in respect of the person for whom the application for grant aid is sought).

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 Social Welfare stating weekly/annual payments. In the case of State Pensioners a copy of the current pension book will suffice.

(Evidence of household income should be submitted in respect of the property owner and, if applicable, his/her spouse/partner)

6. Tax Requirements

In the case of contractors, the contractor's name, address, tax reference number and tax district, and the number and expiry date of a certificate of authorisation issued to the contractor by the Revenue Commissioners must be submitted.

7. Appeals Procedure

In processing applications under the Mobility Aids Housing Grant 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.

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.

8. Checklist

Please ensure that the following documentation is included in the application for grant aid:

- Fully completed application form (MAG 1);
- Completed G.P. Medical report (MAG 2);
- Completed Tax Form (MAG 3); **(Not Required for Local Authority Tenants)**
- Evidence of Household Income from all sources; **(Not Required for Local Authority Tenants)**
- 1 written itemised quotation detailing the cost of the proposed works. **(Not Required for Local Authority Tenants)**
- Local Authority Tenants must submit a Letter of Authorisation from their Landlord (Borough or Town Council) giving them permission to apply for the scheme.

Completed applications forms should be returned to:

**HOUSING SECTION
SOUTH TIPPERARY COUNTY COUNCIL
COUNTY HALL
EMMET STREET
CLONMEL
CO. TIPPERARY**