

**COMHAIRLE BHAILE CHAISLEAN A'BHARRAI**

**CASTLEBAR TOWN COUNCIL**

**HOUSING ADAPTATION GRANT FOR PEOPLE WITH A  
DISABILITY**

**APPLICATION FORM**



**Please read the attached conditions prior to completing this form**

**All questions must be answered**

**Please write your answers clearly in block capital letters**

**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**

Name of person for whom grant aid is sought: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ P.P.S. No: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of Contact Person (*if different from Applicant*): \_\_\_\_\_

Phone No.: \_\_\_\_\_

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

\_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Name and address 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 3 below)

Is the person with the disability residing at the address above: Yes  No

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) |
|------|---------------------------|---------------|----------------------------------|----------------------------|
|      |                           |               |                                  |                            |
|      |                           |               |                                  |                            |
|      |                           |               |                                  |                            |
|      |                           |               |                                  |                            |
|      |                           |               |                                  |                            |
|      |                           |               |                                  |                            |

Year of Construction of Dwelling: \_\_\_\_\_

Number and description of rooms in the dwelling:

|            | Bedrooms | Living | Dining | Kitchen | Other |
|------------|----------|--------|--------|---------|-------|
| Upstairs   |          |        |        |         |       |
| Downstairs |          |        |        |         |       |

General description of proposed works:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated cost of works: € \_\_\_\_\_  
*(Please submit 2 written quotations in respect of the estimated cost of works)*

Amount of grant you are applying for: € \_\_\_\_\_

Balance of costs: € \_\_\_\_\_

How do you propose to fund the balance of costs: € \_\_\_\_\_

If planning permission is required, please quote reference number and date of issue:

---

Are Smoke alarms installed in dwelling? Yes  No

If yes, how many? \_\_\_\_\_

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

---

---

---

---

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**Completed applications forms should be returned to:**

**Castlebar Town Council  
Marsh House  
Newtown  
Castlebar,  
Co. Mayo**

**Phone: 094 9023350**

**Fax: 094 9024969**

**Email: [castlebartc@mayococo.ie](mailto:castlebartc@mayococo.ie)**

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

(Please specify how condition affects the patient with particular reference to functional level.)

Level of Disability (please tick)

**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 without 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:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DOCTOR'S STAMP**



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

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

## Tax requirements in respect of Housing Adaptation Grant for People with a Disability

### TO BE COMPLETED BY APPLICANT

Name of Applicant: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Income Tax Reference 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.

In the case of a grant application totalling €10,000 or more, applicants are required to produce a valid Tax Clearance Certificate (which will be returned to you by the local authority). The application form for a Tax Clearance Certificate is available from the Revenue Commissioner's website, [www.revenue.ie](http://www.revenue.ie). Alternatively applicants can request an application form from their local Revenue District. As an alternative to producing a valid tax clearance certificate an applicant may authorise the local authority to confirm electronically that he/she holds a valid tax clearance certificate using the on-line verification facility on the Revenue Commissioner's website. The applicant gives permission to the local authority to confirm his/her tax clearance status by quoting the customer number and tax clearance certificate number, which appears on the Tax Clearance Certificate.

Customer No: \_\_\_\_\_ Tax Clearance Certificate No: \_\_\_\_\_

**TO BE COMPLETED BY CONTRACTOR 1**

**Name of Contractor 1:** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_

Income Tax serial number: \_\_\_\_\_

Tax District dealing with your tax affairs: \_\_\_\_\_

C2 No./Tax Clearance No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

In the case of payments totalling €10,000 or more a contractor is required to produce either a valid Tax Clearance Certificate or C2 Certificate (which will be returned by the local authority). As an alternative to producing a valid Tax Clearance Certificate the contractor may authorise the local authority to confirm electronically that he/she holds a valid Tax Clearance Certificate using the on-line verification facility on the Revenue Commissioner's website. The contractor gives permission to the local authority to confirm his/her tax clearance status by quoting the customer number and tax clearance certificate number, which appears on the Tax Clearance Certificate.

Customer No: \_\_\_\_\_ Tax Clearance Certificate No: \_\_\_\_\_

**TO BE COMPLETED BY CONTRACTOR 2**

**Name of Contractor 2:** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_

Income Tax serial number: \_\_\_\_\_

Tax District dealing with your tax affairs: \_\_\_\_\_

C2 No:/Tax Clearance No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

In the case of payments totalling €10,000 or more a contractor is required to produce either a valid Tax Clearance Certificate or C2 Certificate (which will be returned by the local authority). As an alternative to producing a valid Tax Clearance Certificate the contractor may authorise the local authority to confirm electronically that he/she holds a valid Tax Clearance Certificate using the on-line verification facility on the Revenue Commissioner's website. The contractor gives permission to the local authority to confirm his/her tax clearance status by quoting the customer number and tax clearance certificate number, which appears on the Tax Clearance Certificate.

Customer No: \_\_\_\_\_ Tax Clearance Certificate No: \_\_\_\_\_

## Conditions of Scheme

### 1. Purpose of Grant

The Housing Adaptation Grant for People with a Disability is available to assist in the carrying out of works which are reasonably necessary for the purposes of rendering a house more suitable for the accommodation of a person with a disability who has an enduring physical, sensory, mental health or intellectual impairment. The types of works allowable under the scheme include the provision of access ramps, downstairs toilet facilities, stair-lifts, accessible showers, adaptations to facilitate wheelchair access, extensions, and any other works which are reasonably necessary for the purposes of rendering a house more suitable for the accommodation of a person with a disability.

### 2. Level of Grant

The level of grant aid available shall be determined on the basis of gross household income and shall be between 30% - 95% of the approved cost of the works. The table below sets out the level of grant available based on an assessment of household income.

| <b>Gross Maximum Household Income p.a.</b> | <b>% of Costs available</b> | <b>Maximum Grant Available For houses erected for more than 12 months</b> | <b>Maximum Grant available for houses erected for less than 12 months</b> |
|--|-----------------------------|---|---|
| <b>€</b>                                   | <b>%</b>                    | <b>€</b>  | <b>€</b>  |
| Up to €30,000                              | 95%                         | 22,500  | 10,875  |
| €30,001 - €34,000                          | 90%                         | 20,250  | 9,788   |
| €34,001 - €38,000                          | 80%                         | 18,000  | 8,700   |
| €38,001 - €42,000                          | 70%                         | 15,750  | 7,613   |
| €42,001 - €46,000                          | 60%                         | 13,500  | 6,525   |
| €46,001 - €50,000                          | 50%                         | 11,250  | 5,438   |
| €50,001 - €54,000                          | 40%                         | 9,000   | 4,350   |
| €54,001 - €65,000                          | 30%                         | 6,750   | 3,263   |
| In excess of €65,000                       | No grant is payable         |   |   |

### 3. 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 income 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 with a disability 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 persons for whom the application for grant aid is sought).

#### **4.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)*

#### **5.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.

In the case of grant applications totalling €10,000 or more, the applicant must confirm that he/she holds a valid tax clearance certificate.

#### **6.Appeals Procedure**

In processing applications under the Housing Adaptation Grant for People with a Disability, 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.

### **7. Checklist**

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

- Fully completed application form (HGD1);
- Completed G.P. Medical report (HGD2);
- Completed Tax Form (HGD3);
- Evidence of Household Income from all sources;
- 2 written itemised quotations detailing the cost of the proposed works.

**If you require assistance in filling out this form please contact:**

**Castlebar Town Council  
Marsh House  
Newtown  
Castlebar  
Co Mayo**

**Phone: 094 9023350**

**Fax: 094 9024969**

**Email: [castlebartc@mayococo.ie](mailto:castlebartc@mayococo.ie)**