

FINGAL COUNTY COUNCIL

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

APPLICATION FORM

**Comhairle Contae
Fhine Gall**
Fingal County
Council



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**

Conditions of Scheme

Types of Housing

The Housing Adaptation Grant for People with a Disability 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.

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.

To accept a grant application an Occupational Therapist Report is required for all work except for the conversion of an existing bathroom into walk-in shower facilities. In the case of bathroom conversions an Inspector may request a report after initial inspection.

2. Level of Grant

The level of grant aid available shall be determined on the basis of gross household income and the approved cost of the works as assessed by Fingal County Council. The table below sets out the level of grant available based on an assessment of household income.

Annual Household Income	Percentage of Cost of Works Available	Maximum Grant for houses erected for more than 12 months	Maximum Grant for houses erected for less than 12 months
Up to €30,000	95%	€30,000	€14,500
€30,001 – €35,000	85%	€25,500	€12,325
€35,001 – €40,000	75%	€22,500	€10,875
€40,001 – €50,000	50%	€15,000	€7,250
€50,001 – €60,000	30%	€9,000	€4,350
In excess of €60,000	No grant is payable		

3. Household Income

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

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
- Foster Care Allowance
- Fuel Allowance
- Carer's Benefit / Allowance

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 or P21 Balancing Statement for the previous tax year.
- In the case of State Pensioners a copy of the payment card and a payment slip from An Post or P21 Balancing Statement for the previous tax year.
- In the case of earnings from savings and investments, a certificate of interest or a dividend certificate.

(Evidence of household income should be submitted in respect of all members of the household)

5. Tax Requirements

In the case of any contractor engaging in work for the Housing Adaptation Grant Scheme for People with a Disability a current Tax Clearance or a C2 Card issued by the Revenue Commissioners must be submitted with the estimate for the required works.

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

All applicants are required to include with their grant application, proof that they are compliant with the local property tax.

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 (including Social Welfare Payments);
- Occupational Therapist's report. (Unless applying only to change existing bathroom to walk-in shower);
- 2 Written itemised quotations detailing the cost of the proposed works;
- Evidence of compliance with Local Property tax.
- Electronic Fund Transfer form to enable us pay you
- Plans/ Drawings of the existing layout and proposed works. These do not have to be of architectural standard.

Applicant: _____

Address: _____

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

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

Occupation: _____

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 3 below)

I declare the above amount is my only source of income:

Signed: _____

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 doctor's 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	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 of work to be carried out:

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:** _____

Signature of Partner/Spouse: _____ **Date:** _____

Completed applications forms should be returned to:

**Housing Grant Section
Fingal County Council
Grove Road
Blanchardstown
Dublin 15
Ph: 01 890 5587
E-mail: housinggrants@fingal.ie**

Web Site: <http://www.fingal.ie/housing/social-housing/housing-grants/>

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: _____

DESCRIPTION OF MOBILITY PROBLEM: _____

IN RELATION TO PROVISION OF STAIR LIFTS ONLY PLEASE COMMENT ON:

Ability to transfer Safely: _____

Cognitive Function to safely use Stair Lift: _____

Medium Term Prognosis and Utility of Stair Lift Meeting Needs:

NAME OF DOCTOR: _____

DOCTOR'S STAMP

ADDRESS: _____

SIGNED: _____



DATE: _____

If you have an Occupational Therapist please submit their report with this application form.

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. The application form for a Tax Clearance Certificate is available from the Revenue Commissioner's website, www.revenue.ie. Alternatively applicants can request an application form from their local Revenue District.

Customer No: _____ Tax Clearance Certificate No: _____

TO BE COMPLETED BY CONTRACTOR

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: _____

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: _____

Level Access Shower Guidelines

Minimum size of bathroom 1800mm x 2000mm (6' x 6'.6")

Level Access Shower:

- ✓ Level Access shower, minimum shower area 1000mm x 900mm.

Shower Options:

1. *Tiled Concrete Floor:*

- ✓ It must have a slip resistant value of R11.
- ✓ The floor should finish flush with the bathroom floor.

Central Drain:

The floor within the shower area should slope gradually to a central drain to provide a gradient between 1:30 and 1:20 (20mm – 30mm drop over sloping area).

Corner Drain:

The floor within the shower area should slope gradually to the drain outlet, to provide a gradient of 1:30 and 1:20 (40mm 60mm drop over entire area).

2. Level access shower tray with half height doors to provide a water seal and access to an assistant for assisted showering. A shower curtain can hang inside the doors.
3. Sunken shower tray with grill to provide level access. A shower curtain and /or half height shower screen can be used.
 - ✓ Wall mounted flip up seat with arms and legs to range generally between 420mm and 500mm above floor.
 - ✓ Thermostatic controlled shower or thermal cut out shower must control the temperature to a safe anti scald temperature of 41 degrees.
 - ✓ Controls 900mm to 1200mm above floor, within reach of an assistant if necessary and positioned on the outer side of the shower head.
 - ✓ Showerhead adjustable 1200mm to 2000mm above floor positioned 750mm from corner.
 - ✓ Grab rails 35mm x 600mm, horizontal rail 700mm above floor, vertical rail 800mm to 1400mm.

Toilet:

- ✓ Toilet pan preferably 400/500mm high.
- ✓ The centre line of the pan should be 450/500mm from side of wall to permit use of grab rail/over the toilet commode.
- ✓ Minimum of 750mm clear space (i.e. no boxed in pipes etc.) from wall to front of pan.
- ✓ Grab rail height 700mm above floor level.

Wash Hand Basin:

- ✓ Wall bracketed no pedestal
- ✓ Width 500mm.
- ✓ Project 430mm to 450mm from wall.
- ✓ Knee space 700mm.
- ✓ Height 900mm.
- ✓ Lever type and inline mixer.



Supplier ID: _____ (Fingal County Council Use Only)

Name: _____

Address: _____

PPS Number:

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Bank Account Details

Account Name: _____

Bank Name: _____

Bank Address: _____

Sort Code:

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Account No:

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BIC:

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IBAN Ref: IE

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Email Address for Remittance Advice: _____

Contact Name: _____

Telephone No: _____ **Fax No:** _____

Mobile No: _____

I hereby confirm that the above details are correct for the named applicant and will advise in writing any change in the account details to The Accounts Payable Section, Fingal County Council, County Hall Main Street, Swords, Co. Dublin

Signed: _____
Applicant

Date: _____

This form was sent to you by (see Below) please return your completed form to this member of Staff.

Fingal Staff Name: **Yvonne Carberry** Phone: **8905587**

Dept/Section: Housing Grants

Address: housinggrants@fingal.ie