LEITRIM COUNTY COUNCIL

HOUSING ADAPTATION GRANT FOR PEOPLE WITH A DISABILITY

APPLICATION FORM – 2016

- Please read the attached Conditions of the Scheme prior to completing this form
- All Questions must be Answered
- Please write answers clearly in BLOCK CAPITAL LETTERS
- Please note that incomplete Applications will be returned - Applications will only be recorded as received once a fully completed application has been submitted. See Application Checklist on Page 5.

Works must not commence prior to receipt by Leitrim County Council of the grant application and written approval from Leitrim County Council

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

This document sets out the policy of Leitrim County Council in relation to the Housing Adaptation Grant for People with a Disability Scheme and should be read carefully prior to completing the application form.

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.

2. **Qualifying Works and Prioritisation**

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.

The suite of works approved will be limited to the works which are considered absolutely necessary. The grant approval will also be limited to works to the rooms which are specifically occupied by the eligible applicant (i.e. applicant’s bedroom, living room, kitchen, bathroom). Works to additional rooms which may be proposed will have to be funded by the applicant.

No extension works will be approved unless all less costly and ‘fit for purpose’ alternatives have been considered and eliminated e.g. reassignment of existing rooms, etc.

It is a requirement of the Scheme that the OT report confirms that the works recommended are fit for purpose and meet the essential housing adaptation needs of the applicant.

External works which may be considered are limited to the provision of ramped access to the dwelling, handrailings, limited footpath works in conjunction with ramps and the provision of water and sewerage facilities where none already exist. Works to driveways, gardens, site boundaries, provision of play/fenced areas etc cannot be considered.

Applications will not be considered from persons who have previously been grant aided for similar works in respect of another property.

Applications for grant assistance under this scheme, where a grant has been paid previously under this scheme, or under the Mobility Aids Grant Scheme or under the predecessor to these schemes, (i.e. Disabled Persons Grant Scheme), will only be considered in very exceptional circumstances and where the applicant’s needs have changed substantially over time. **The applicant will be required to outline in detail his/her case in this regard before an application will be considered.** In any case where a further application is accepted the combined level of grant aid (i.e. current and previous grants) that can be considered will not exceed the €30,000 maximum grant limit under the Housing Adaptation Grant Scheme.
The Regulations provide that applications may be prioritized for grant assistance on medical or mobility grounds and 3 general levels of medical priority have been identified as follows:

<table>
<thead>
<tr>
<th>Priority 1</th>
<th>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</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority 2</td>
<td>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</td>
</tr>
<tr>
<td>Priority 3</td>
<td>Independent but requires special facilities to improve the quality of life, e.g. separate bedroom/living space</td>
</tr>
</tbody>
</table>

3. **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 as approved by Leitrim County Council. The table below sets out the level of grant available based on an assessment of household income.

<table>
<thead>
<tr>
<th>Gross Maximum Household Income p.a.</th>
<th>% of Costs available</th>
<th>Maximum Grant Available for houses erected for more than 12 months</th>
<th>Maximum Grant available for houses erected for less than 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>€ Up to €30,000</td>
<td>95%</td>
<td>€30,000</td>
<td>€14,500</td>
</tr>
<tr>
<td>€30,001 - €35,000</td>
<td>85%</td>
<td>€25,500</td>
<td>€12,325</td>
</tr>
<tr>
<td>€35,001 - €40,000</td>
<td>75%</td>
<td>€22,500</td>
<td>€10,875</td>
</tr>
<tr>
<td>€40,001 - €50,000</td>
<td>50%</td>
<td>€15,000</td>
<td>€7,250</td>
</tr>
<tr>
<td>€50,001 - €60,000</td>
<td>30%</td>
<td>€9,000</td>
<td>€4,350</td>
</tr>
<tr>
<td>In excess of €60,000</td>
<td>No grant is payable</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Maximum grants will only be approved in very extreme cases of medical need.

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 and that of any other adults living in the house i.e. those over 18 (or over 23 if in full-time education)

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 and that of any other adults living in the house i.e. those over 18 (or over 23 if in full-time education)

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 Community Employment Scheme or equivalent;
- €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;
- Family Income Supplement;
- Respite Care Grant;
- Foster Care Allowance;
- Domiciliary Care Allowance
- Fuel Allowance;
- Carer's Benefit / Allowance

5. Evidence of household income
The following evidence of income must be included with all applications:

- In the case of PAYE workers, P60 or P21 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 dividend certificate.

(Evidence of income in relation to each adult living in the house must be included)

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 tax clearance certificate 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. The tax clearance certificate is required at the initial application stage for grant aid and a valid tax clearance certificate is required, in the event that the certificate submitted at initial application stage is out of date, at payment stage.

The issuing of tax clearance certificates is the responsibility of the Revenue Commissioners. The completed form TC1 (form enclosed, if required) should be forwarded to the Revenue Office at the following address:

Revenue Commissioners
Government Offices
Cranmore Road
Sligo

All applicants are required to include with their grant application, proof that they are complaint with the Local Property Tax.
7. **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.

8. **Checklist**

Please ensure that the following documentation is included in the application for grant aid – please note that incomplete applications will be returned:

- Fully completed application form (HGD1);
- Completed G.P. Medical report (HGD2);
- Completed Tax Form (HGD3);
- Evidence of Household Income from all sources;
- Evidence of ownership of the property to which the proposed adaptation works are to be carried out;
- Written consent of the registered owner of the property to the works proposed in the application, where the applicant/grant recipient is not the registered owner;
- 2 written itemised quotations detailing the cost of the proposed works;
- Tax Clearance Certificate(s), if required (Contractor/Self);
- Evidence of compliance with Local Property Tax;
- Cover letter outlining in detail your case in circumstances where a grant has previously been paid in respect of this applicant under this scheme, or under the Mobility Aids Grant Scheme or under the predecessor to these schemes, (i.e. Disabled Persons Grant Scheme). Such applications can only be considered in very exceptional circumstances and where the applicant's needs have changed substantially over time.

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

<table>
<thead>
<tr>
<th>The Housing Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leitrim County Council</td>
</tr>
<tr>
<td>Áras an Chontae</td>
</tr>
<tr>
<td>Carrick-on-Shannon</td>
</tr>
<tr>
<td>County Leitrim</td>
</tr>
</tbody>
</table>

Telephone: 071-9650426  
E-mail: housing@leitrimcoco.ie
## Unit Rates
### Housing Adaptation Grant Scheme for People with a Disability

#### Standard Costings

Standard costings/rates have been introduced for certain of the more “common” works funded under the Scheme.

The amount of grant available shall not exceed the approved cost of the works subject to an overall maximum level of grant of €30,000. Maximum grants will only be approved in very extreme cases of medical need.

The following limits apply in respect of the various elements of work and the level of grant applicable to each element is subject to means testing (i.e. between 30% and 95% of approved works in each case).

<table>
<thead>
<tr>
<th>Description</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provision of pathway, access ramp and hand rail</td>
<td>€900</td>
</tr>
<tr>
<td>Stair lift – straight stairs</td>
<td>€2,500</td>
</tr>
<tr>
<td>Adapt existing bathroom to incorporate level deck shower</td>
<td>€2,500</td>
</tr>
<tr>
<td>Construction Costs of a Disabled Persons Bathroom</td>
<td>(€1,296/m² @ 6.25m²) Max - €8,100</td>
</tr>
<tr>
<td>Recommended Standard Size is 6.25m²</td>
<td></td>
</tr>
<tr>
<td>Convert existing room to Disabled Bathroom / Ensuite facility</td>
<td>Max - €7,000</td>
</tr>
<tr>
<td>Construction of a bedroom to DPG Standards</td>
<td>(€1,076/m² @ 13.38m²) Max - €14,400</td>
</tr>
<tr>
<td>Recommended standard size is 13.38m²</td>
<td></td>
</tr>
<tr>
<td>Contribution towards provision of heating system</td>
<td>Oil boiler - €1,170</td>
</tr>
<tr>
<td></td>
<td>Oil Tank (bunded) - €700</td>
</tr>
<tr>
<td></td>
<td>(to include concrete base)</td>
</tr>
<tr>
<td></td>
<td>Radiators - €495 each</td>
</tr>
<tr>
<td></td>
<td>(to include pipework, controls etc)</td>
</tr>
<tr>
<td></td>
<td>Electric Heaters - €350 each</td>
</tr>
<tr>
<td>Waste Water Treatment System (subject to Planning Permission)</td>
<td>Max - €6,000</td>
</tr>
<tr>
<td>Installation of 2 no. 10 year battery operated smoke alarms</td>
<td>€50</td>
</tr>
<tr>
<td>Installation of 1 No battery operated Carbon Monoxide alarm</td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** Where a builder’s estimate is submitted which is lower than the values set out above, or where due to particular circumstances the Council believe that the full cost is not justified, the amount of the grant will be reduced accordingly.

The suite of works approved will be limited to the works which are considered absolutely necessary.

Leitrim County Council (Revised Feb 2014).
Specific Provisions in Relation to Heating:

The Guidance issued by the Department provides that local authorities should assist with the provision of heating under the scheme under the following conditions, which will be strictly applied:

- Where central heating is already installed, the cost of extending that system to any new accommodation would qualify for grant purposes – alternatively the applicant may wish to provide a different type of heating in the new accommodation and these costs will also qualify for grant purposes.

- Where existing house has no central heating, then as an alternative, electric storage heating or other arrangements can serve the new accommodation. It may occur that central heating is being installed in the whole house in conjunction with the provision of the additional accommodation for the disabled person – in such cases the cost of installing the heating in only the accommodation for the disabled person may be covered by the grant.

- In case of application solely for provision of central heating, authorities should exercise appropriate discretion taking into account the nature of the disability etc. The payment of grants in respect of such works should only occur in exceptional circumstances.
APPLICATION FORM - ALL QUESTIONS TO BE COMPLETED

1. Applicant Name: ____________________________________________

2. Applicant Address: _________________________________________

________________________________________________________________

3. Telephone No: ___________________________ 4. Mobile No: __________

5. Date of Birth: ___________________________ 6. P.P.S. No: __________

7. Occupation: ________________________________________________

8. Name of Person for whom grant aid is sought (if different from Applicant):

________________________________________________________________

(i) Relationship to Applicant: ______________________________________

(ii) Is the person with the disability residing at the address above? Yes ☐ No ☐

(iii) How long has s/he been living at this address? ________________

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

________________________________________________________________

(Evidence of ownership must be submitted with application – letter from Solicitor, copy of Folio or copy of Property Deeds)

NOTE: Where the applicant/grant recipient is not the registered owner of the property the registered owner must submit their written consent to the works proposed in the application.

10. Period resident in this house: _________ 11. Do you live alone? Yes ☐ No ☐

12. Approximate year of construction of your dwelling: ________________

13. Nature of Tenure (please tick the appropriate box):

Owner Occupied ☐  Communal Resident ☐
Private Rented ☐  Local Authority Rented Dwelling ☐
Voluntary Housing ☐  House Purchased under Tenant Purchase Scheme ☐
14. Are smoke alarms installed in dwelling? Yes [ ] No [ ] If Yes, how many? ______

15. Details of all persons living in the property the subject of the grant application (including applicant and/or person with a disability)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to applicant</th>
<th>Date of birth</th>
<th>Gross Income (previous tax year)</th>
<th>Occupation (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

16. Gross Annual 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, and that of any other adults living in the house i.e. those over 18 (or over 23 if in full-time education). (Documentary evidence of income must be provided).

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

Signed: ____________________________________________________________

17. Name and address of General Practitioner for person for whom grant aid is sought:

______________________________________________________________

*Please note that the attached Doctors Certificate must be completed by the G.P. and returned with this application form*

18. Number and description of rooms in the dwelling:

<table>
<thead>
<tr>
<th></th>
<th>Bedrooms</th>
<th>Living</th>
<th>Kitchen</th>
<th>Bathroom</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upstairs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Downstairs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

19. General description of proposed works:
20. 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: __________________________

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

22. Details of any previous grants received from Leitrim County Council or the Health Services Executive (HSE) – formerly North Western Health Board (NWHB) – in respect of this property, or in respect of the person for whom grant aid is sought at another address:

<table>
<thead>
<tr>
<th>Description of Works</th>
<th>Date of Grant</th>
<th>Amount of Grant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essential Repairs Grant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disabled Persons Grant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing Adaptation Grant for People with a Disability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobility Aids Grant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing Aid for Older People Grant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing Aid for the Elderly (HSE)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

23. Does the person for whom the grant aid is sought have an interest in alternative accommodation other than the property the subject of this application? Yes □ No □

If yes provide details: __________________________

I hereby declare that the information given by me is correct to the best of my knowledge, and I hereby authorise Leitrim County Council to make whatever enquiries it considers necessary to process my application. I confirm that I have read the Conditions of Scheme.

Signature of Applicant: __________________________ Date: __________________________
CERTIFICATE OF DOCTOR
HOUSING ADAPTATION GRANT FOR PEOPLE WITH A DISABILITY

Please note that this form must be fully completed on behalf of your patient in order to accurately assess his/her eligibility for financial assistance under the above scheme. If the Council considers it necessary the application may also be assessed by an Occupational Therapist. The medical information provided will be treated in the strictest confidence.

1. I have examined (name) __________________________________________
   of (Address) ________________________________________________ and Certify
   that he/she is diagnosed as suffering from _________________________
   _____________________________________________________________
   _____________________________________________________________

2. Nature and degree of condition which restricts activities:
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________

3. Please outline as to why the adaptations/works proposed on the attached application form are necessary given the medical condition of the applicant:
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________

Name of Doctor: __________________________________________
Address: _________________________________________________
__________________________________________________________
SIGNED: _________________________________________________
DATE: _________________________________________________

DOCTOR’S STAMP
Tax requirements in respect of Housing Adaptation Grant for People with a Disability – all sections to be completed

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. 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 registration number and tax certificate number, which appears on the Tax Clearance Certificate.

Registration No: ________________ Tax Certificate No: ________________

(See over for details to be completed by Contractor)
TO BE COMPLETED BY CONTRACTOR

Name of Contractor 1: ________________________________

Address: ________________________________________

_________________________________________________

_________________________________________________ Tel: ____________

Income Tax serial number: ____________________________

Tax District dealing with your tax affairs: ______________

Tax Certificate No: ___________________ Expiry Date: __________

In the case of payments totalling €10,000 or more a contractor is required to produce a valid Tax Clearance 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 registration number and tax certificate number, which appears on the Tax Clearance Certificate.

Registration No: ___________________ Tax Certificate No: __________

Name of Contractor 2: ________________________________

Address: ________________________________________

_________________________________________________

_________________________________________________ Tel: ____________

Income Tax serial number: ____________________________

Tax District dealing with your tax affairs: ______________

Tax Certificate No: ___________________ Expiry Date: __________

In the case of payments totalling €10,000 or more a contractor is required to produce a valid Tax Clearance 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 registration number and tax certificate number, which appears on the Tax Clearance Certificate.

Registration No: ___________________ Tax Certificate No: __________
2016 Check List – Housing Adaptation Grant for People with a Disability

1. Fully completed Application Form HGD 1:-
   - Check for signature, etc;
   - General description of proposed works, etc.

2. Completed GP Medical Report HGD 2:-

3. Completed Tax Form HGD 3:-

4. Evidence of Household Income from all sources:-
   - For previous Tax Year;

5. Evidence of ownership of the property to which the proposed adaptation works are to be carried out

6. Written consent of the registered owner of the property to the works proposed in the application, where the applicant/grant recipient is not the registered owner

7. 2 written itemised quotations detailing the cost of the proposed works (With the Contractors Tax Clearance details).

8. Tax Clearance Certificate(s) if required (Contractor/Self)

9. Evidence of compliance with Local Property Tax

10. Cover letter outlining in detail your case in circumstances where a grant has previously been paid in respect of this applicant under this Scheme or under the Mobility Aids Housing Grant Scheme, or under the predecessors to this Scheme, i.e. Disabled Persons Grant Scheme. Such applications can only be considered in very exceptional circumstances and where the applicant’s needs have changed substantially over time.

   Signed: _______________________________________

   Date: _______________________________________
