LEITRIM COUNTY COUNCIL
HOUSING AID FOR OLDER PEOPLE
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 7.

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

The applicant must be aged 66 years of age or older
HOUSING AID FOR OLDER PEOPLE - 2016

Given Leitrim County Council’s limited resources under the Housing Adaptation Grants Scheme in 2016 priority must be afforded to facilitating the adaptation of accommodation to meet particular disability/medical needs.

Any such applications can only be considered where the applicant requires essential repairs or improvement works.

In any such case grant assistance will only be considered where the house, on completion of the approved works, would be considered fully habitable and suited to the needs of the applicant/household.
Conditions of Scheme

This document sets out the policy of Leitrim County Council in relation to the Housing Aid for Older People Scheme and should be read carefully prior to completing the application form.

1. **Purpose of Grant**

The Scheme of Housing Aid for Older People is available to assist older people living in poor housing conditions to have necessary repairs or improvements carried out. Leitrim County Council may pay a grant for the carrying out of necessary repairs or improvements to a house where, in our opinion, we consider the repairs or improvements reasonably necessary to make habitable the house for the lifetime of the occupant.

The applicant(s) must be aged 66 years or over.

2. **Qualifying Works and Prioritisation**

The types of works grant aided under the scheme include structural repairs or improvements, re-wiring, repairs to/replacement of windows and doors, the provision of heating, water and sanitary services, radon remediation, cleaning, painting and drylining.

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.

Applications will be prioritised for assistance on the basis of medical needs and on the urgency and necessity of the identified works.

Applications from persons who have recently (i.e. last 5 years) purchased or moved to a dwelling which is in poor condition will only be considered on medical grounds.

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 predecessors to this scheme, (i.e. Essential Repairs Grants Scheme and/or Special Housing Aid for the Elderly 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.** A further application will not be considered where the applicant has already received the maximum grant-aid permitted i.e. €8,000. 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 €8,000 maximum grant limit under the Housing Aid for Older People Scheme.
Applications under this Scheme must be assessed as falling under one of the following priorities/categories:

<table>
<thead>
<tr>
<th>Priority/Category</th>
<th>Circumstances:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allowable works required immediately due to medical grounds</td>
<td>- Where works are considered necessary due to the medical requirements of the applicant (application would generally be in tandem with a disability application and the Certificate of Doctor Section of the application form must be completed)</td>
</tr>
<tr>
<td>Allowable works which if not undertaken could endanger occupants</td>
<td>- Where a fire hazard might result if the works were not carried out (e.g., wiring issue)</td>
</tr>
<tr>
<td>Allowable works which if not undertaken will lead to deterioration of house</td>
<td>- Where the works are required to maintain the structural fabric of the house</td>
</tr>
<tr>
<td></td>
<td>- Where works relate to radon remediation (back up documentation/test results required)</td>
</tr>
<tr>
<td></td>
<td>- Where the installation of water and sanitary services are required (i.e., no water supply or sanitary facilities)</td>
</tr>
<tr>
<td></td>
<td>- Where the dwelling would become uninhabitable if the works were not carried out</td>
</tr>
</tbody>
</table>

NOTE:
- Grant aid can only be considered for the first installation/provision of water and sanitary services i.e. grant aid is not available for upgrading any existing services/facilities
- Grant aid can only be considered for the provision of central heating where none already exists. Where an existing boiler is deemed to be beyond repair the replacement of the boiler only may be considered in exceptional circumstances. No other heating upgrade works can be considered under this scheme.
- Works such as the repair/replacement of windows and doors will be approved only where the existing are in poor condition, and such approval will be subject to maximum limits for this type of works as set out in the Unit Rates.
- Contract cleaning and painting works will be considered in very exceptional circumstances only.
- Applicants applying to carry out rewiring must enclose with their application, written confirmation from a qualified electrician stating the condition of the existing wiring.
- Applicants applying to carry out roof repairs/replacement will be required to submit with their application, written confirmation from their insurance company that such repairs are not covered by their existing insurance policy.

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. 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</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to €30,000</td>
<td>95%</td>
<td>€8,000</td>
</tr>
<tr>
<td>€30,001 - €35,000</td>
<td>85%</td>
<td>€6,800</td>
</tr>
<tr>
<td>€35,001 - €40,000</td>
<td>75%</td>
<td>€6,000</td>
</tr>
<tr>
<td>€40,001 - €50,000</td>
<td>50%</td>
<td>€4,000</td>
</tr>
<tr>
<td>€50,001 - €60,000</td>
<td>30%</td>
<td>€2,400</td>
</tr>
<tr>
<td>In excess of €60,000</td>
<td>No grant is payable</td>
<td>No grant is payable</td>
</tr>
</tbody>
</table>

Maximum grants will only be approved in very extreme cases of 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 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 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;
- Domiciliary Care Allowance;
- Respite Care Grant;
- Foster 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.
- 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 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 combined 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 compliant with the Local Property Tax.

7. **Appeals Procedure**

In processing applications under the Housing Aid for Older People 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 – Please note that incomplete applications will be returned:

☐ Fully completed application form (HOP1);
☐ Completed G.P. medical report (HOP2), if required (i.e. if application is being made on medical grounds);
☐ Completed Tax Form (HOP 3);
☐ Tax Clearance Certificate(s), if required (Contractor/Self).
☐ Evidence of Ownership of the property
☐ Evidence of Household Income from all sources;
☐ 1 written itemised quotation detailing the cost of the proposed works;
☐ Evidence of compliance with Local Property Tax
☐ Electrician’s report if applying for Rewiring
☐ Letter from Insurance Company if applying for Re-Roofing
☐ 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

☐ 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 predecessors to this schemes, (i.e. Essential Repairs Grant Scheme and/or Special Housing Aid for the Elderly 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:

The Housing Department
Leitrim County Council
Áras an Chontae
Carrick-on-Shannon
County Leitrim

Telephone: 071-9650426
E-mail: housing@leitrimcoco.ie
# Unit Rates

**Housing Aid for Older People Grant Scheme**

The amount of grant available shall not exceed the approved cost of the works subject to an overall maximum level of grant of €8,000. Maximum grants will only be approved in very extreme cases of need.

The following limits/rates 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>Re-roof house. Remove, re-clad, re-felt and replace any defective timbers. (Average 4 bed bungalow) - roof repairs pro rata</td>
<td>€6,300</td>
</tr>
<tr>
<td>Flat roof – re-deck and re-soffit and re-clad (Replace full flat roof – Average 20m²)</td>
<td>€3,300</td>
</tr>
<tr>
<td>Replacement of windows</td>
<td>€350</td>
</tr>
<tr>
<td>Max - €2,450</td>
<td></td>
</tr>
<tr>
<td>Replacement of doors</td>
<td>€800</td>
</tr>
<tr>
<td>Max - €1,800</td>
<td></td>
</tr>
<tr>
<td>Central Heating</td>
<td></td>
</tr>
<tr>
<td>Oil boiler - €1,170</td>
<td></td>
</tr>
<tr>
<td>Oil tank (bunded) - €700 (to include concrete base)</td>
<td></td>
</tr>
<tr>
<td>Radiators - €495 each (to include pipework, controls etc)</td>
<td></td>
</tr>
<tr>
<td>Electric Heaters - €350 each</td>
<td></td>
</tr>
<tr>
<td>Rewiring – complete rewire to RECI Standards to include mains smoke alarm (Average 4 bed bungalow)</td>
<td>€2,250</td>
</tr>
<tr>
<td>Chimney repairs</td>
<td>€900</td>
</tr>
<tr>
<td>Fascia and Soffit, gutters and down pipes</td>
<td>€31 / lin m</td>
</tr>
<tr>
<td>Dry lining</td>
<td>€31 / lin m²</td>
</tr>
<tr>
<td>Replacement of Sanitary Fittings Wash hand basin &amp; wc, supply and fit</td>
<td>€333 each</td>
</tr>
<tr>
<td>Radon remediation 200Bq / m³ – 400Bq / m³ (test results must be submitted)</td>
<td>€450</td>
</tr>
<tr>
<td>Above 400Bq / m³</td>
<td>€1,350</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>€40</td>
</tr>
</tbody>
</table>

**Note:** Where a builders estimate is submitted which is lower than the values set out above or where due to particular circumstances, the Council believes 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.
APPLICATION FORM - ALL QUESTIONS TO BE COMPLETED

1. Applicant Name: ____________________________________________

2. Applicant Address: __________________________________________

3. Telephone No: ___________________ 4. Mobile No: _________________

5. Date of Birth: ___________________ 6. PPS No: ___________________

7. Occupation: ________________________________________________

8. Name of Person for whom grant aid is sought (if different from Applicant):
   _____________________________________________________________
   (i) Relationship to Applicant: _________________________________
   (ii) Date of Birth: _____________________________
   (iii) Is the person for whom grant aid is sought residing at the address above? Yes □ No □
   (iv) How long has s/he been living at this address? ________________

9. Name of the owner of the property to which the proposed works are to be carried out (NOTE: person for whom grant aid is sought must occupy the house as his/her normal place of residence)

(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 proposed works

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>
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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 the above amount is my/our only source of income:

Signed: __________________________________________

17. Do any of the occupants of the household suffer from any specific illness? If so please give brief description and complete the attached Doctors Certificate:

________________________________________________________________________

(Please note that the attached Doctors Certificate must be completed by the G.P. and returned with this application form if the application is being made on medical grounds)

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 1 written quotation 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>Date of Grant</th>
<th>Amount of Grant</th>
<th>Description of Works for which grant was paid</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: __________

Completed applications forms should be returned to: 
HOUSING SECTION, LEITRIM COUNTY COUNCIL, ÁRAS AN CHONTAE, CARRICK-ON-SHANNON, COUNTY LEITRIM

Leitrim County Council (Revised Feb 2014)
CERTIFICATE OF DOCTOR

HOUSING AID FOR OLDER PEOPLE SCHEME

Please note that this form must be fully completed on behalf of your patient, where the application is being made on medical grounds, in order to accurately assess his/her priority and 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 works proposed on the attached application form are necessary given the medical condition of the applicant:
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

Name of Doctor: ___________________________________________  DOCTOR'S STAMP

Address: ________________________________________________
   ______________________________________________________
   ______________________________________________________

SIGNED: ______________________________________________

DATE: ________________________________________________
Tax requirements in respect of Housing Aid for Older People Scheme
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 combined grant applications 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: ____________________________________________

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: ______
Check List – Housing Aid for Older People Grant

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

2. Completed GP Medical Report HOP 2, if required:-

3. Completed Tax Form HOP 3:-

4. Tax Clearance Certificate, if required (Contractor)

5. Tax Clearance Certificate, if required (Self)

5. Evidence of Ownership of the property (must be the person for whom grant aid is sought):

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

7. 1 written itemised quotation detailing the cost of the proposed works:-
   - With the Contractors Tax Clearance Certificate.

8. Evidence of compliance with Local Property Tax

9. Electrician’s Report if applying for Re-wiring

10. Letter from Insurance Company if applying for Re-Roofing

11. Written consent of the registered owner if the property to the proposed works (if applicable)

12. Written consent of the registered owner of the property to the proposed works (if applicable)

13. 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 predecessors to this Scheme, i.e. Essential Repairs Grant Scheme and/or Special Housing Aid for the Elderly Scheme (HSE). Such applications can only be considered in very exceptional circumstances and where the applicant’s needs have changed substantially over time.

Signed: ______________________________________

Date: ______________________________________