LEITRIM COUNTY COUNCIL

MOBILITY AIDS HOUSING GRANT SCHEME

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 4.

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 Mobility Aids Housing Grant Scheme and should be read carefully prior to completing the application form.

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.

2. Qualifying Works and Prioritisation
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.

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 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 Housing Adaptation Grant for People with a Disability 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 €6,000 maximum grant limit under the Mobility Aids 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:

| 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 |
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. 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 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 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 Grant;
- 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 certificate of authorisation issued to the contactor by the Revenue Commissioners must be submitted.

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 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 – **Please note that incomplete applications will be returned:**

- □ Fully completed application form (MAG 1);
- □ Completed G.P. Medical report (MAG 2);
- □ Completed Tax Form (MAG 3);
- □ 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
- □ 1 written itemised quotation detailing the cost of the proposed works.
- □ 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 Housing Adaptation Grant for People with a Disability 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:

**The Housing Department**
**Leitrim County Council**
Áras an Chontae
Carrick-on-Shannon
County Leitrim
Telephone: 071-9650426
E-mail: housing@leitrimcoco.ie

Leitrim County Council (revised February 2014)
Unit Rates
Mobility Aids Grant Scheme

Standard Costings

Standard costings have been introduced to 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 €6,000. 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.

<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>Adapt existing bathroom to incorporate level deck</td>
<td>€2,500</td>
</tr>
<tr>
<td>shower</td>
<td></td>
</tr>
<tr>
<td>Stair lift – straight stairs</td>
<td>€2,500</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. 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>
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<td></td>
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</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. 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>
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<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. 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 Aid for Older Persons</td>
<td></td>
<td></td>
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<tr>
<td>Housing Adaptation Grant for People with a Disability</td>
<td></td>
<td></td>
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<tr>
<td>Mobility Aids Grant</td>
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<td></td>
</tr>
<tr>
<td>Housing Aid for the Elderly (HSE)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

22. 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
CERTIFICATE OF DOCTOR

MOBILITY AIDS HOUSING GRANT SCHEME

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: _________________________________
Tax requirements in respect of Mobility Aids Housing Grant Scheme

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.

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: ________________

Leitrim County Council (revised February 2014)
Check List – Mobility Aids Housing Grant

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

2. Completed GP Medical Report MAG 2:–

3. Completed Tax Form MAG 3:–

4. Evidence of Household Income from all sources:–
   - For previous Tax Year;
   - If in excess of €30K not eligible.

5. Evidence of ownership of property

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. 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.

8. 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 Housing Adaptation Grant for People with a Disability 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: _________________________________