

**KILDARE COUNTY COUNCIL
COMHAIRLE CONTAE CHILL DARA**



**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 of written grant
approval from Kildare County Council**

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

**PLEASE ENSURE YOU SUBMIT ALL DOCUMENTATION
(SEE CHECKLIST)**

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.

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 Kildare 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%	€25,000	€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:

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 (certified);
- Evidence of compliance with Local Property tax.

Two quotations (from Registered Contractors) will be required after you have been assessed by the Occupational Therapist and the recommendation/specification is available.

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:** _____

Completed applications forms should be returned to:

**Housing Grants Section
Kildare County Council
Aras Chill Dara
Devoy Park
Naas
Co. Kildare.**

Phone: 045/980705

Web site: www.kildarecountycouncil.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: _____

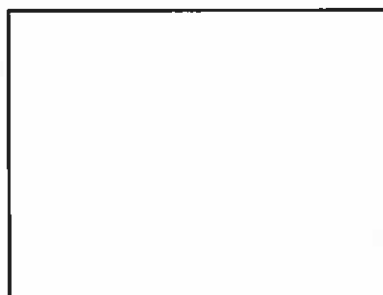
WHO SUFFERS FROM: _____
(PRINT IN BLOCK CAPITALS)

NATURE AND DEGREE OF DISABILITY: _____
(PRINT IN BLOCK CAPITALS)

NAME OF DOCTOR: _____

DOCTOR'S STAMP

ADDRESS: _____



SIGNED: _____

DATE: _____

PLEASE ENSURE CERTIFICATE IS STAMPED BY DOCTOR

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:** _____