

**LAOIS COUNTY COUNCIL**

**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 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**

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

## **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 Laois County Council. The table below sets out the level of grant available based on an assessment of household income.

<b>Annual Household Income</b>	<b>Percentage of Cost of Works Available</b>	<b>Maximum Grant for houses erected for more than 12 months</b>	<b>Maximum Grant for houses erected for less than 12 months</b>
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 Certificate 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;
- Occupation 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.

**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: €** \_\_\_\_\_

*(Evidence must be enclosed - 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:**

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**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:**

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**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:**

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**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Completed applications forms should be returned to:**

**Arlene Guilfoyle, Housing Dept., Laois County Council, Áras an Chontae,  
J.F.L. Avenue, Portlaoise, Co. Laois.**

**Phone: (057) 86 64083 E-mail: [aguilfoyle@laoiscoco.ie](mailto:aguilfoyle@laoiscoco.ie) Website: [www.laois.ie](http://www.laois.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)**

\_\_\_\_\_

\_\_\_\_\_

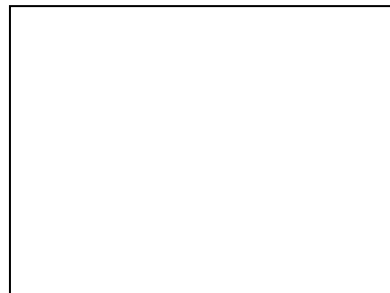
**NAME OF DOCTOR:** \_\_\_\_\_

**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 REGARDLESS OF TAX OR EMPLOYMENT STATUS**

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

P.P.S.No. / Income Tax Ref 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](http://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: \_\_\_\_\_

Tax Clearance Cert No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

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 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: \_\_\_\_\_

Tax Clearance Cert No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

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

Customer No: \_\_\_\_\_ Tax Clearance Certificate No: \_\_\_\_\_