

**EXPLANATORY MEMO****HOUSING ADAPTATION GRANT FOR PEOPLE WITH A DISABILITY****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 for Applicant. (HGD 3)
- Evidence of Household Income from all sources; (See Conditions of Scheme 4 and 5);
- Proof of Home Ownership Copy of Title Deed, Folio or other confirmation of ownership of property (Land Registry 1890333002), Letter from Solicitor.
- Evidence of compliance with Local Property Tax.
- Tax Reference Number for tax clearance verification purposes.  
In the case of grant applications totalling €10,000 or more a Tax Clearance Certificate is required for the property owner. Tax Reference Number can be obtained from the Office of the Revenue Commissioners or can be applied for online at [www.revenue.ie](http://www.revenue.ie).
- In the case where a grant is sought for private rented accommodation, written permission for the proposed works must be given from the landlord. Please submit proof of Tenancy Agreement also.

**PLEASE NOTE:****INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED AND  
WILL BE RETURNED TO THE APPLICANT**

Any queries in relation to the Scheme or completion of application form can be relayed to Housing Staff Members on 0761 06 5000.

Completed applications forms should be returned to:

**HOUSING GRANTS SECTION,  
TIPPERARY COUNTY COUNCIL,  
CIVIC OFFICES, EMMET STREET,  
CLONMEL, CO. TIPPERARY**

## Conditions of Scheme

### 1. 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.

### 2. 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,
- 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.

All applications under the Housing Adaptation Grant for People with a Disability will be forwarded by the Council to an Occupational Therapist for assessment in accordance with the Priority Needs Scheme. Where applicants have access to the facilities of an Occupation Therapist they may submit a Report with the application, however, such report will be required to prioritise the application in accordance with the Councils Priority Needs Scheme.

### 3. 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 Tipperary 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                   |  |  |

#### **4. 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

#### **5. Evidence of household income**

The following evidence of income from **applicant, owner(s) of house (if different from applicant) and all household members** must be included with all applications:

- In the case of PAYE workers, P60 and P 21 Balancing Statement for the previous tax year;
- In the case of self-employed or farmers, Current Notice of 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.
- Details of private pension (if applicable)
- In the case of earnings from savings and investments, a certificate of interest or a dividend certificate.
- Evidence must be submitted from Educational/Training body for household members aged between 18 and 23 years and in full time education or engaged in a Tús apprenticeship.

## **6. 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 Reference Number for Tax Clearance issued by the Revenue Commissioners and must be submitted with the estimate for the required works.

In the case of grant applications totalling €10,000 or more, the applicant must submit a Tax Reference Number for tax clearance verification purposes. This can be obtained by contacting Revenue Commissioners's Website. [www.revenue.ie](http://www.revenue.ie).

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

## **7. Evidence of Home Ownership**

Applicants are required to provide proof of ownership of property i.e. Copy of Title Documents, Folio or other confirmation of ownership of property.

## **8. Construction of Extensions/Planning Permission**

On receipt of the Occupational Therapists report quotations and scaled drawings will be requested by this Authority. It will be necessary for all proposed works that the applicant engages the services of suitably qualified person to design and supervise the works. Where works proposed require Planning Permission applicant will be required to comply with all Planning Regulations.

## **9. Payments**

Applicants must have a BANK ACCOUNT as grants will be paid directly to the applicant's bank account.

## **10. 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.

**TIPPERARY COUNTY COUNCIL****HOUSING ADAPTATION GRANT  
FOR PEOPLE WITH A DISABILITY****APPLICATION FORM 2017 SCHEME**

**The Housing Adaptation Grant will only be a contribution toward the total cost of the works. Any shortfall between the amount of grant offered and the works invoiced is to be met by the applicant.**



**Please read attached conditions prior to completing this form**

**All questions must be answered clearly and in block capital letters**

**Incomplete application forms will be returned**

**Works must not commence prior to 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**

**Applicant:** \_\_\_\_\_  
**(HOMEOWNER)**

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

**Telephone No:** \_\_\_\_\_ **Mobile No:** \_\_\_\_\_  
*(At least 1 contact number MUST BE provided)*

**Date of Birth:** \_\_\_\_\_ **P.P.S. No:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

Tipperary County Council understands that you may wish to have some help or support from a relative or friend in making this application and gathering documentation. If you do, please provide contact details for this person here:

**Name:** \_\_\_\_\_

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

**Telephone Number:** \_\_\_\_\_ **Mobile No:** \_\_\_\_\_

*(Please note that in nominating a contact person you consent to that person receiving copies of documentation on your medical needs and financial assessments).*

**Name of person for whom grant aid is sought (if different from Homeowner):** This person must occupy the house as his/her normal place of residence

\_\_\_\_\_

**PPS Number of person for whom grant aid is sought:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Relationship to applicant:** \_\_\_\_\_

**Name of owner of the property to which the proposed adaptation works are to be carried out:-**

\_\_\_\_\_

*(Evidence of ownership is required to be submitted – Please see No. 7 of Scheme Conditions)*

**Is the person with the disability residing at the above address:-** \_\_\_\_\_

**How long has the person resided at above address:** \_\_\_\_\_



**General description of proposed works:**


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Estimated cost of works: € \_\_\_\_\_

**2 No. Quotations will be required after Occupational  
Therapist Report which  
must be itemised & costed per item)**

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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**If planning permission is required, please complete the following:-**

Planning Reference Number:- \_\_\_\_\_ Date of issue: \_\_\_\_\_

**Has a Disabled Persons Grant or a Housing Adaptation Grant or Mobility Aids Housing Grant or Housing Aid for Older People Grant been paid previously in respect of the same premises or person? If yes, please give details:**

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**Tipperary County Council in approving a Housing Adaptation Grant for People with a Disability will accept no responsibility whatsoever for the condition of the property or for the satisfactory completion of the works carried out. Inspections carried out by the Council in relation to works in progress and on completion are intended solely for the information of the Council in determining the grant.**



## **DECLARATION**

An applicant may be excluded from consideration for a Housing Adaptation Grant for People with a Disability if he/she supplies false information or withholds relevant information.

I/We undertake to inform Tipperary County Council of any changes in circumstances since the date of application.

I/We hereby declare that the foregoing information is correct and I/We apply to Tipperary County Council for a Housing Adaptation Grant for People with a Disability.

I/We hereby authorise Tipperary County Council to make any official enquiries necessary to process this application.

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

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

Signature of Spouse/Partner: \_\_\_\_\_ Date: \_\_\_\_\_

**CERTIFICATE OF DOCTOR** **HGD 2**  
**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: **(PLEASE COMPLETE IN BLOCK CAPS)**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**WHO SUFFERS FROM:** \_\_\_\_\_

**NATURE AND DEGREE OF DISABILITY:** \_\_\_\_\_

\_\_\_\_\_

**PRIORITY CATEGORY AS PER TCC PRIORITY SCHEME :**

**DOCTOR to tick appropriate box and to initial Priority.**

- \_\_\_\_\_ **EMERGENCY CASE:** Where alterations/adaptations would facilitate the immediate discharge from hospital or alleviate the immediate need for hospitalisation following an immediate change in the applicants' circumstances arising from an accident, stroke, heart attack etc.
- \_\_\_\_\_ **PRIORITY1:** Where applicants are terminally ill, or fully/mainly dependent on family or carer; or where alterations/adaptations would facilitate discharge from hospital or alleviate the need for hospitalisation in the immediate 12 month period.
- \_\_\_\_\_ **PRIORITY2:** Where applicants are mobile but need 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.
- \_\_\_\_\_ **PRIORITY3:** Where applicants are independent but require special facilities to improve the quality of life, e.g. separate bedroom/living space.

**Note: In prioritising an application as an "Emergency Case" it is necessary to specify the reason for your decision with reference to the above definition by ticking one of the following options:**

- **Would the alterations/adaptations alleviate the immediate discharge from hospital**
- OR**
- **Is there an immediate need for hospitalisation following an immediate change in the applicant's circumstances arising from car accident, stroke, heart attack, in the absence of the alterations not being undertaken.**

**Comments:-** \_\_\_\_\_

**Name of Doctor:** \_\_\_\_\_

**Address of Doctor:** \_\_\_\_\_

\_\_\_\_\_

**Signature of Doctor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**DOCTOR'S STAMP:**

**Please Ensure That 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

P.P.S. No. \_\_\_\_\_ Tax Reference Number \_\_\_\_\_

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 Reference Number for tax clearance verification purposes. 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: \_\_\_\_\_

