

EXPLANATORY MEMO**MOBILITY AIDS GRANT
CHECKLIST**

Please ensure that the following documentation is included in the application for grant aid.

- Fully completed application form (MAG 1);
- Completed G.P. Medical report (MAG 2);
- Completed Applicant's- Tax Form (MAG 3);
- Evidence of Household Income from all sources; (See Conditions of Scheme 3 and 4);
- 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.
- 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 application 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 Mobility Aids Housing Grant Scheme 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 Mobility Aids Housing Grant is available to cover a basic suite of works to address mobility problems, primarily, but not exclusively, associated with ageing. 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.

All applications under the Mobility Aids Housing Grant Scheme 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 effective maximum grant is €6,000 or 100% of the approved cost of the works, whichever is the lesser. The grant is available to households whose gross annual household income does not exceed €30,000.

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 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;
- Child Benefit
- Early Childcare Supplement
- 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 of **applicant, owner of house (if different from applicant) and all household members** 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 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 Mobility Aids Housing Grant Scheme a current Tax Clearance issued by the Revenue Commissioners must be submitted with the estimate for the required works.

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, Letter from Solicitor.

8. Payments

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

9. Appeals Procedure

In processing applications under the Mobility Aid 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.

TIPPERARY COUNTY COUNCIL
MOBILITYAIDS HOUSING GRANT SCHEME
APPLICATION FORM
2017 SCHEME

The Mobility Aids 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.

MAG 1



Please read attached conditions prior to completing this form

All questions must be answered clearly and in block capital letters

Incomplete 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):

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: _____

Name & Address of your Doctor:- _____

(Please note that the attached Doctor's Certificate must be completed IN FULL by your GP & returned with this form).

Details of ALL persons living in property *(including applicant & / or person with a disability)*:

Name	PPS Number	Date of Birth	Relationship to Applicant	Gross Income (previous tax year)	Occupation <i>(if applicable)</i>

Gross Annual Household Income *(Income in respect of all Household Members)*:€ _____
(See No. 5 of Scheme Conditions)

I declare that the above amount is the only source of income

Signed _____

Number and description of rooms in the dwelling:

	Bedrooms	Living	Dining	Kitchen	Bathroom	Toilet	Other
Upstairs							
Downstairs							

Description of proposed works:

(Works must be medically necessary – See No. 2 of Scheme Conditions – purpose of Grant)

Estimated cost of works: € _____

**1 No. Quotation will be required after Occupational
Therapist Report which
Must be itemised & costed per item**

Amount of grant you are applying for: € _____
MAX GRANT is €6,000
 (See No. 3 of Scheme Conditions)

Balance of costs: € _____

How do you propose to fund the balance of costs: € _____
 E.g. Savings, Loan, Family Assistance etc.

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

- Name:- _____ Address:- _____
- Year of Application:- _____ Amount:- _____
- Works completed _____

Tipperary County Council in approving a Mobility Aids Housing Grant for people 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 Mobility Aids Grant for People 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 Mobility Aids Housing Grant.

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
MOBILITY AIDS HOUSING GRANT SCHEME**

MAG 2

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 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 Mobility Aids Housing Grant Scheme

TO BE COMPLETED BY APPLICANT

Name of Applicant: _____

Address: _____

P.P.S. No. _____

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