

## **EXPLANATORY MEMO**

### **HOUSING AID FOR OLDER PEOPLE**

#### **CHECKLIST**

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

- Fully completed application form (HOP1);
- Completed G.P. Medical Report (HOP2);
- Completed Tax Form (HOP 3) for Applicant.
- Evidence of Household Income from all sources;
- Evidence of Home Ownership – Copy of Title Deed, Folio or other proof of ownership of property (Land Registry 1890333002), Letter from Solicitor.
- Evidence of compliance with Local Property tax.
- Photographic evidence
- Electrician's report if applying for Rewiring
- If applying for Re – Roofing written confirmation from your insurance company that such repairs are not covered by your existing insurance policy.

#### **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,  
NENAGH, CO. TIPPERARY**

## **Conditions of Scheme**

### **1. Types of Housing**

Grants under the Housing Aid for Older People Scheme may be paid, where appropriate, in respect of works carried out to:

- Owner occupied housing; and
- Houses being purchased from a local authority under the tenant purchase scheme.

### **2. Who can apply?**

Applicants should be 66 years of age (or over) and should be living on their own or with a spouse or with another person 66 years of age (or over).

However, in certain circumstances and at the discretion of the Local Authority, a lower age limit may apply.

### **3. Purpose of Grant**

The Scheme of Housing Aid for Older People is available to assist **older people living in poor housing conditions to have necessary repairs or improvements carried out.** In assessing applications for the Housing Aid for Older People Scheme, **essential works which will make the property habitable for the person(s) will be prioritised.**

Other works such as those in the examples listed below will be considered on a case by case basis:

- Structural repairs or improvements: (Applicants applying for **Roof Repairs/ Replacement** will be required to submit with their application, written confirmation from their insurance company that such repairs are not covered by their existing insurance policy)
- Re-wiring; (**Applicants applying to carry out rewiring must enclose with their application, written confirmation from a qualified electrician stating the condition of the existing wiring.**)
- drylining;
- repairs to / replacement of some/all windows and doors;
- Provision of central heating, water and sanitary services; (**There is no grant available under this scheme for upgrading an existing central heating system. These grants are available from the Sustainable Energy Authority of Ireland at 1850 927000**)
- contract-cleaning;
- painting;
- radon remediation; and

- any other repair or improvement works which are considered reasonably necessary

#### 4. 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.

<b>Gross maximum household income p.a.</b>	<b>% of costs available</b>	<b>Maximum Grant available</b>
Up to €30,000	95%	€8,000
€30,001 - €35,000	85%	€6,800
€35,001 - €40,000	75%	€6,000
€40,001 - €50,000	50%	€4,000
€50,001 - €60,000	30%	€2,400
In excess of €60,000	No grant is payable	No grant is payable

#### 5. 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
- Carer's Support Grant
- Foster Care Allowance
- Fuel Allowance
- Carer's Benefit / Allowance

## **6. 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 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.

**(Evidence of household income must be submitted in respect of all household members including applicant and home owner (if different from applicant))**

## **7. Tax Requirements**

In the case of any contractor engaging in work for the Housing Aid for Older people Scheme a current Tax Clearance Reference Number issued by the Revenue Commissioners must be submitted with the estimates for the required works.

In the case of grant applications totalling €10,000 or more, the applicant must confirm Tax Clearance Reference Number for tax clearance verification purposes. You need to contact Revenue Commissioners.

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

## **8. 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.

## **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 Aid for Older People 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.

**HOP 1**

**TIPPERARY COUNTY COUNCIL  
HOUSING AID FOR OLDER PEOPLE  
APPLICATION FORM**

**The Housing Aid for Older People 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 the attached conditions prior to completing this form**

**All questions must be answered clearly and in block capitals**

**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:**

\_\_\_\_\_  
\_\_\_\_\_

**Eircode:** \_\_\_\_\_

**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** \_\_\_\_\_

**How long has person been living at this address:**

\_\_\_\_\_

**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. 8 of Scheme Conditions)***

**Do any of the occupants of the household suffer from any specific illness? If so, please give brief description and complete the attached doctor's certificate:**

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**Details of ALL persons living in property (*including applicant*):**

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

**Gross Annual Household Income (*Income in respect of all household members*):€** \_\_\_\_\_

**(See No. 6 of Scheme Conditions)**

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

**Signed** \_\_\_\_\_

**Number and description of rooms in the dwelling:**

	<b>Bedrooms</b>	<b>Living</b>	<b>Dining</b>	<b>Kitchen</b>	<b>Bathroom</b>	<b>Toilet</b>	<b>Other</b>
<b>Upstairs</b>							
<b>Downstairs</b>							



**Description of proposed works:**

- Please refer to Conditions of Scheme- 3. Purpose of Grant prior to completing this Section.
  - *Photographic evidence of current condition to be submitted.*
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**Estimated cost of works:**

**2 No. Quotations will be required after Technical Inspection.**

**Each element of work**

**MUST BE ITEMISED & COSTED PER ITEM)**

€ \_\_\_\_\_

**Amount of grant you are applying for:**

*(MAX GRANT is €8,000 -*

€ \_\_\_\_\_

**See No. 4 of Scheme conditions)**

**Balance of costs:**

€ \_\_\_\_\_

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

**Has an Essential Repairs Grant/ Housing Aid for Older People Grant / Mobility Aids Grant or Disabled Persons 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 Housing Aid for Older People Grant 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 Aid for Older People Grant 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 Aid for Older People 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**

**HOUSING AID FOR OLDER PEOPLE SCHEME**

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 OF MEDICAL CONDITION AND HOW THIS IS AFFECTED BY THE  
CONDITION OF THE APPLICANTS HOME:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NAME OF DOCTOR:**

\_\_\_\_\_

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

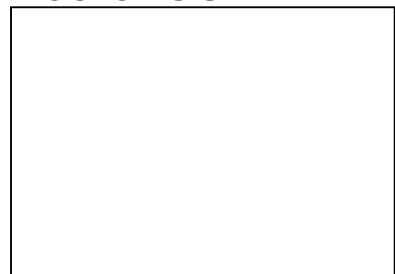
\_\_\_\_\_

\_\_\_\_\_

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**DOCTOR'S STAMP**



**(PLEASE ENSURE CERTIFICATE IS STAMPED BY DOCTOR)**

**CERTIFICATE OF CONTRACTOR**

**HOUSING AID FOR OLDER PEOPLE SCHEME**

I \_\_\_\_\_ Registered Electrical Contractor \* See Below  
and/or

I \_\_\_\_\_ Building Contractor

confirm that the following works are required to house at

**Description of Works :**

\_\_\_\_\_  
\_\_\_\_\_

**Priority Rating** : Please tick appropriate category and state reasons for your decision:

- **EMERGENCY CASE:** The alterations/adaptations would alleviate the immediate need for emergency accommodation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **PRIORITY1:** Works which if not undertaken will lead to immediate deterioration of the dwelling and would endanger occupants.

\_\_\_\_\_  
\_\_\_\_\_

- **Rewiring** - Applicants applying to carry out **rewiring** must enclose with their application, written confirmation from a qualified electrician stating the condition of the existing wiring.
- **Roof Repairs/ Replacement** - Applicants applying to carry out **roof repairs/ replacement** will be required to submit with their application, written confirmation from their insurance company that such repairs are not covered by their existing insurance policy.
- **Central Heating:-** There is no grant available under this scheme for upgrading an existing central heating system. These grants are available from the Sustainable Energy Authority of Ireland at 1850 927000

Signed \_\_\_\_\_ Date \_\_\_\_\_

**HOP 3**  
**Tax requirements in respect of Housing Aid for Older People Scheme**

**TO BE COMPLETED BY APPLICANT**

Name of Applicant:

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Address:

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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.

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 Reference is available from the Revenue Commissioner's website, [www.revenue.ie](http://www.revenue.ie).