
- Please read the following information notes before completing the application form.
- All questions on the form must be answered and, where specified, supporting documents must be provided. Incomplete forms or those which are not accompanied by the appropriate documents will not be processed.

**Information Regarding the Scheme**

1. **Purpose of Grant**

   The scheme is available to assist owners of premises connected to domestic waste water treatment systems with the costs of repairs to, and upgrading or replacement of, such treatment systems, where the works arise directly from an inspection carried out under Part 4A of the Water Services Act 2007 (as inserted under the Water Services (Amendment) Act 2012, and the subsequent issue of an Advisory Notice by the local authority.

   **Important**: Costs associated with the routine maintenance or servicing of domestic waste water treatment systems, or of de-sludging such systems, do not qualify for grant aid.

2. **Level of Grant**

   The level of grant aid available is determined on the basis of gross household income and is either 50% or 80% of the approved cost of the works. The table below sets out the level of grant available based on the income of the previous tax year.

<table>
<thead>
<tr>
<th>Household Income</th>
<th>% of approved costs available</th>
<th>Maximum Grant available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to €50,000</td>
<td>80%</td>
<td>€4,000</td>
</tr>
<tr>
<td>€50,001 - €75,000</td>
<td>50%</td>
<td>€2,500</td>
</tr>
<tr>
<td>In excess of €75,000</td>
<td>No grant is payable</td>
<td>No grant is payable</td>
</tr>
</tbody>
</table>

3. **Household Income**

   Household Income is calculated as the property owner’s gross taxable income in the previous tax year, together with that of his or her spouse or partner.
4. **Evidence of Household Income**

The following evidence of the income of the applicant and his or her spouse or partner in the previous tax year must be included with all applications:

- In the case of applicants subject to PAYE: A PAYE Balancing Statement,
- In the case of self-employed persons: A Notice of Income Tax Assessment,
- In the case of corporate ownership: A Notice of Corporation Tax Assessment.

(Balancing Statements and Notices of Assessment are issued by the Revenue Commissioners),

- In the case of social welfare recipients: A statement of taxable income from the Department of Social Protection,

5. **Receipts**

Each application for grant aid must be accompanied by a receipt from each contractor engaged for the purpose of remediation works. Receipts must include details of the works carried out and the associated costs.

6. **Approved Cost**

For the purposes of this scheme, approved cost means the actual cost of remediation, repair, upgrading or replacement of a domestic waste water treatment system, or the costs estimated by the local authority to be the reasonable costs of carrying out such works, whichever is the lesser.

5. **Tax Clearance Requirements**

In the case of each contractor engaged to carry out repairs, upgrading or replacement, a copy of a current tax clearance certificate issued to the contractor by the Revenue Commissioners must be submitted.

8. **Processing of Applications**

Applications should be submitted to the local authority in whose functional area the domestic waste water treatment system, the subject of the application, is located. Applications will be processed as quickly as possible. If assistance with completing the form is required, please contact the relevant local authority.

The local authority reserves the right to make any enquiries it considers necessary to verify information or supporting documents provided as part of an application for grant aid and may exclude from consideration for grant aid any applicant who supplies false or misleading information or documents.
Name of Applicant: ______________________________________________________

Correspondence Address: __________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Daytime Telephone No: ______________________

Address at which the domestic waste water treatment system is located (if different to above):
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Domestic Waste Water Treatment System Registration Reference: ________________
(Available from your Registration Certificate)

Date inspection carried out: ______________________

Advisory Notice Reference Number: ______________________

Date of Local Authority Notice of Compliance: ______________________

General Description and cost of works carried out:
(Itemised receipt(s) must be provided)
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Name and Address of Contractor(s):
(Copy of Tax Clearance Certificate for each contractor must be provided)
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Total Income of applicant and spouse / partner in previous Tax Year: ________________
(Evidence of income must be provided)

DECLARATION

I declare that the information provided by me on this application form are correct and I understand that the provision of any false or misleading information or invalid supporting documents may result in this application being cancelled.

Signature of Applicant: __________________________
Date: ______________________

CHECK LIST

Please ensure that the following documentation is included with your application for grant aid:

☐ Evidence of the taxable income of yourself and, if applicable, your spouse or partner, in the previous tax year,

☐ Itemised receipts for the work(s) carried out,

☐ A copy of a current Tax Clearance Certificate for each contractor engaged.

PLEASE SUBMIT THE FULLY COMPLETED FORM DWWTS 1 AND SUPPORTING DOCUMENTATION TO YOUR LOCAL AUTHORITY OFFICE.