



**DÚN LAOGHAIRE RATHDOWN COUNTY COUNCIL**

**MOBILITY AIDS HOUSING GRANT SCHEME**

**APPLICATION FORM**

**The Mobility Aids Housing 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**

**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**

## **Conditions of Scheme**

### **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.

#### **1. 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, stairlifts and other minor works deemed necessary to facilitate the mobility needs of a member of a household.

**Works must not commence prior to receipt by Dún Laoghaire Rathdown County Council of the grant application and the Council's written provisional approval.**

Such provisional approval is subject to (i) the availability of funds (ii) completion of works to the Council's satisfaction (iii) a Clear Service Charges Account (Domestic Waste & Domestic Water Charges) (iv) Compliance with Building Regulations and (v) obtaining appropriate permission under the relevant planning legislation, if required.

#### **Occupational Therapist's Report:**

To accept a grant application Dun Laoghaire Rathdown County Council requires an Occupational Therapist Report for all work.

You may contact the Health Service Executive at the following numbers: -

<b>Area</b>	<b>Location Covered</b>	<b>Telephone</b>
1	Dun Laoghaire, Blackrock, Stillorgan, Shankill	01 2843579
2	Dundrum, Ballinteer, Sandyford, Kilternan, Churchtown, Rathfarnham	01 2951111

**An Occupational Therapist should confirm that the works recommended are fit for purpose and represent the most economic means of meeting the needs of the applicant.**

**An Occupational Therapist Report may be commissioned privately of which County Council can refund up to €200.**

#### **2. Level of Grant**

The effective maximum grant is €6,000 or 100% of the approved cost of the works as determined by the Council, whichever is the lesser. The grant is available to households whose gross annual household income does not exceed €30,000.

### **3. Household Income**

Household income is calculated as the annual gross income of the registered property owner together with 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
- Family Income Supplement
- Domiciliary Care Allowance
- Respite Care Grant
- 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 a Tax Balancing Statement (P21) for the previous tax year is required. This can be obtained from the Office of the Revenue Commissioners, Telephone: 1890 33 34 25;
- 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.
- In the case of State Pensioners receiving a Contributory State Pension and/or a Private Pension a (P21) Tax Balancing Statement (available from the Revenue Commissioners 1890 33 34 25) for the previous tax year is required. If however there are no records available a letter from the Revenue Commissioners confirming this is required.
- In the case of State Pensioners receiving a Non Contributory State Pension a letter from the Department of Social Protection outlining type and amount of payment must be submitted alternatively the receipt from An Post may be submitted.

***(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 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**

## **6. Appeals Procedure**

In processing applications under the Mobility Aids Housing 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.

## Checklist

Please ensure that the following documentation is included in the application for grant aid as all incomplete applications will be returned:

- Fully completed application form (MAG 1);
- Completed G.P. Medical report (MAG 2);
- Completed Tax Form (MAG 3);
- Evidence of Household Income from all sources (See conditions of scheme No. 3 & 4 above);
- Occupational Therapist's report (and receipt for privately commissioned reports, where applicable); **Please ensure you show the Specification form the Occupational Therapist's Report to the proposed Contractor.**
- Evidence of Identity and Age (e.g. Copy of birth certificate, passport or driving licence);

- Two written itemised quotations detailing the cost of the proposed works;

**NOTE: The Council can by request, provide a list of Contractors (for information purposes only) in respect of the following works e.g. Stairlifts, bathrooms, general construction. The inclusion of a contractor on this list is not an inference as regards the quality of work that can be expected and the local authority shall not be held liable for any deficient works which may arise as a result of a person engaging a contractor from this panel.**

- Tax Clearance Certificates must be submitted for each Contractor; Alternatively the contractor can give permission to the local authority to confirm his/her tax clearance status by quoting the registration number and tax clearance certificate number, which appears on the Tax Clearance Certificate.
- Evidence of compliance with Local Property Tax. Contact the Office of the Revenue Commissioners on Telephone: 1890 200 255 or [www.revenue.ie](http://www.revenue.ie).
- In the case of rented dwellings, written permission from the Landlord is required;
- Please complete the attached EFT (Electronic Fund Transfer) form, it will enable us to pay you;

**If you require assistance in filling out this form please contact: -**

**Dún Laoghaire Rathdown County Council,  
Private Grants Section,  
Housing Department,  
County Hall,  
Marine Road,  
Dún Laoghaire,  
Co. Dublin.**

**Telephone: DDI 01 205 4847**





**Applicant:** \_\_\_\_\_

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

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

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

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

**Name of person for whom grant aid is sought:**  
\_\_\_\_\_

**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: €** \_\_\_\_\_  
*(Please refer to explanatory note 3 above)*

**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 he/she been living at this address:** \_\_\_\_\_



**Name and address of General Practitioner:**

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***(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)***

<b>Name</b>	<b>Relationship to applicant</b>	<b>Date of birth</b>	<b>Gross Income (previous tax year)</b>	<b>Occupation (if applicable)</b>

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

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

**General description of proposed works:**

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**Estimated cost of works:**  
*(Please submit two 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:**

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**The Council in approving a Mobility Aids Housing 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 Mobility Aids Housing Grant if he/she supplies false information or withholds relevant information.**

**I/We undertake to inform Dún Laoghaire Rathdown 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 Dún Laoghaire Rathdown County Council for a Mobility Aids Housing Grant.**

**I/We hereby authorise Dún Laoghaire Rathdown County Council to make any official enquiries necessary to process this application.**

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

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

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

**Dún Laoghaire Rathdown County Council, or  
Housing Department,  
Private Grants Section,  
County Hall,  
Marine Road,  
Dun Laoghaire,  
Co. Dublin.**

**Dundrum Local Office,  
Dundrum Office Park,  
Main Street,  
Dundrum,  
Dublin 14.**

**Telephone: 01 205 4847**

**E-mail: [housing@dlrcoco.ie](mailto:housing@dlrcoco.ie)**

**Web Site: [www.dlrcoco.ie](http://www.dlrcoco.ie)**

**TO BE COMPLETED BY GENERAL PRACTITIONER**

**CERTIFICATE OF DOCTOR**

**MOBILITY AIDS HOUSING GRANT 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)**

\_\_\_\_\_

**DESCRIPTION OF MOBILITY PROBLEM:  
(PRINT IN BLOCK CAPITALS)**

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

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

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

\_\_\_\_\_ **Tel No.:** \_\_\_\_\_

**DOCTOR'S STAMP**



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

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

**Tax requirements in respect of Mobility Aids Housing Grant Scheme**

**TO BE COMPLETED BY APPLICANT**

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

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

Income Tax Reference 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.

**Registration No:** \_\_\_\_\_

**Tax Clearance Certificate No:** \_\_\_\_\_

**TO BE COMPLETED BY CONTRACTOR 1**

**Name of Contractor 2:** \_\_\_\_\_

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

\_\_\_\_\_ **Tel:** \_\_\_\_\_

**Income Tax serial number:** \_\_\_\_\_

**Tax District dealing with your tax affairs:** \_\_\_\_\_

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

In the case of payments totalling €10,000 or more a contractor is required to produce a valid Tax Clearance Certificate. 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 registration number and tax clearance certificate number, which appears on the Tax Clearance Certificate.

**Registration No:** \_\_\_\_\_

**Tax Clearance Certificate No:** \_\_\_\_\_

**TO BE COMPLETED BY CONTRACTOR 2**

**Name of Contractor 2:** \_\_\_\_\_

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

\_\_\_\_\_ **Tel:** \_\_\_\_\_

**Income Tax serial number:** \_\_\_\_\_

**Tax District dealing with your tax affairs:** \_\_\_\_\_

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

In the case of payments totalling €10,000 or more a contractor is required to produce a valid Tax Clearance Certificate. 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 registration number and tax clearance certificate number, which appears on the Tax Clearance Certificate.

**Registration No:** \_\_\_\_\_

**Tax Clearance Certificate No:** \_\_\_\_\_