

**KILDARE COUNTY COUNCIL
COMHAIRLE CONTAE CHILL DARA**



**MOBILITY AIDS HOUSING
GRANT SCHEME
APPLICATION FORM**

**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 of written grant approval
from Kildare County Council**

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;
- Stair-lifts; and
- Other minor works deemed necessary to facilitate the mobility needs of a member of a household.

2. 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.

3. 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;
- €5,000 where the person 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 Grant
- Fuel Allowance
- 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, 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 of household income should be submitted in respect of all household members)

5. Tax Requirements

In the case of any contractor engaging in work for the Mobility Aids Housing Grant Scheme a current Tax Clearance or a C2 Card 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.

7. Checklist

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

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 (certified);
- Evidence of compliance with Local Property tax.

Two quotations (from Registered Contractors) will be required after you

have been assessed by the Occupational Therapist and the recommendation/specification is available.

Applicant: _____

Address: _____

Telephone No: _____ **Mobile No:** _____

Date of Birth: _____ **P.P.S. No:** _____

Occupation: _____

Name of person for whom grant aid is sought (if different from Applicant):

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 below)

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 s/he been living at this address: _____

Name and address of General Practitioner: _____

(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)

| Name | Relationship to applicant | Date of birth | Gross Income (previous tax year) | Occupation (if applicable) |
|------|---------------------------|---------------|----------------------------------|----------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Number and description of rooms in the dwelling:

| | Bedrooms | Living | Dining | Kitchen | Other |
|------------|----------|--------|--------|---------|-------|
| Upstairs | | | | | |
| Downstairs | | | | | |

General description of proposed works:

Estimated cost of works: € _____
(Please submit a written quotation 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:

Signature of Applicant: _____ **Date:** _____

Completed applications forms should be returned to:

**Housing Grants Section
Kildare County Council
Aras Chill Dara
Devoy Park
Naas
Co. Kildare.**

Phone: 045/980705

Web Site: www.kildarecountycouncil.ie

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: _____

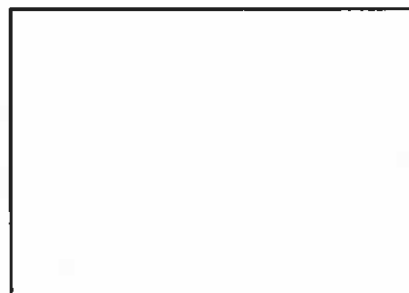
WHO SUFFERS FROM: _____
(PRINT IN BLOCK CAPITALS)

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

NAME OF DOCTOR: _____

DOCTOR'S STAMP

ADDRESS: _____



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. Alternatively applicants can request an application form from their local Revenue District.

Customer No: _____

Tax Clearance Certificate No: _____

TO BE COMPLETED BY CONTRACTOR

Name of Contractor 1: _____

Address: _____

_____ **Tel:** _____

Income Tax serial number: _____

Tax District dealing with your tax affairs: _____

C2 No:/Tax Clearance No: _____ **Expiry Date:** _____

In the case of payments totalling €10,000 or more a contractor is required to produce either a valid Tax Clearance Certificate or C2 Certificate (which will be returned by the local authority). 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 customer number and tax clearance certificate number, which appears on the Tax Clearance Certificate.

Customer No: _____ **Tax Clearance Certificate No:** _____