

**KILKENNY COUNTY COUNCIL  
MOBILITY AIDS HOUSING GRANT SCHEME**

**APPLICATION FORM**

**PLEASE NOTE: NO ESTIMATES ARE REQUIRED AT APPLICATION STAGE**



**Please read the attached conditions prior to completing this form, in particular the checklist at the rear.**

**Incomplete forms will be returned and may lead to delays in your application**

**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**

**PLEASE NOTE: Local Authority Tenants do not need to submit all requested information. If you are a Local Authority tenant, please refer to Checklist on back page of form.**

**Applicant:** \_\_\_\_\_  
**(Home Owner)**

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

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

**Are you a tenant of Kilkenny County/Borough Council:** \_\_\_\_\_

**If yes, how long:** \_\_\_\_\_

**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:**

\_\_\_\_\_

**You are required to include with this application, proof that you are compliant with the local property tax.**

**Gross Annual Household Income: €** \_\_\_\_\_  
*(please refer to explanatory note 3 below)*

**Is the person with the disability residing at the address above:** \_\_\_\_\_

**How long has s/he been living at this address:** \_\_\_\_\_

Please tick appropriate box	Yes	No
Does the proposed development consist of work to a protected structure/listed building and/or its curtilage or proposed protected structure and/or its curtilage?		
Does the proposed development consist of works to the exterior of a structure which is located within an architectural conservation area (ACA)?		

Name and address of General Practitioner: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Please note that the attached doctors 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: (Works must be Medically Necessary, i.e. no repair works can be covered under this scheme.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Amount of grant you are applying for:**  
**MAX. GRANT is €6,000.**  
**(Not Required for Local Authority Tenants)**

€ \_\_\_\_\_

**Balance of costs:**  
**(Not Required for Local Authority Tenants)**

€ \_\_\_\_\_

**How do you propose to fund the balance of costs:**  
**E.g. Savings, Loan, Family Assistance etc.**  
**(Not Required for Local Authority Tenants)**

€ \_\_\_\_\_

**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:**

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

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

**Housing Grants Section,  
Kilkenny County Council,  
John's Green House,  
John's Green,  
Kilkenny.**

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

**NATURE AND DEGREE OF DISABILITY:** \_\_\_\_\_

**PRIORITY CATEGORY AS PER KILKENNY LOCAL AUTHORITIES PRIORITY SCHEME:**  
**(MUST BE COMPLETED)**

**Please tick appropriate box**

- 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.
- PRIORITY 1:** 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.
- PRIORITY 2:** 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.
- PRIORITY 3:** Where applicants' are independent but require special facilities to improve the quality of life, e.g. separate bedroom/living space.

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

**DOCTOR'S STAMP**



## Conditions of Scheme

### **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. Priority Needs Scheme**

All applications received will be administered in accordance with Kilkenny Local Authorities Priority Needs Scheme for Housing Grants. Each application received under the Housing Adaptation Grant for People with a Disability will be categorised as follows:-

- **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.
- **PRIORITY 1:** 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.
- **PRIORITY 2:** 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.
- **PRIORITY 3:** Where applicants' are independent but require special facilities to improve the quality of life, e.g. separate bedroom/living space.

All applications received throughout the year will be processed and prioritised in accordance with the Council's priority needs scheme and the date of application.

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

The effective maximum grant is €6,000 or 100% the 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 on the annual gross income in the previous tax year of the registered property owner together with all household member 18 years or over (or 23 years or over if in full-time education).

In the case of private rented accommodation, household income is calculated on the annual gross income in the previous tax year registered property owner and all tenants over 18 years or over (or 23 years or over if in full-time education).

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;
- Carer's Benefit / Allowance (where the Carer's payment is made in respect of the person for whom the application for grant aid is sought).

### **4. Evidence of household income**

The following evidence of income 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. In the case of State Pensioners a copy of the current pension slip or extract of payment from Bank Statement will suffice.

### **5. Tax Requirements**

In the case of contractors, the contractor's name, address, tax reference number and tax district, and the number and expiry date of a certificate of authorisation issued to the contractor by the Revenue Commissioners must be submitted.

## 6. Local Property Tax

All applicants are required to include with their grant application, proof that they are compliant with the Local Property Tax.

## 7. 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.

## 8. 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);
- Evidence of Household Income from all sources; **(Not Required for Local Authority Tenants)**
- Proof of payment of Local Property Tax.
- Estimates are not required at time of submission of application.

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

**Housing Section,  
Kilkenny County Council,  
John's Green House,  
John's Green,  
Kilkenny.**

**Tel: 056-7794912**