APPLICATION FORM

Type of Grant you wish to apply for:

Housing Adaptation Grant / Mobility Aids Grant for people with a disability: ☐
Housing Aid for Older People: ☐
Housing Adaptation Grant & Housing Aid for Older People: ☐

Name of Applicant for whom grant is sought:.....

Address:.....

.....

D.O.B.....P.P.S. No.....

Contact Number(s):.....

Contact Person if different from above:.....

Name of owner of property to which the proposed works are to be carried out:

.....

Is the house: Privately Owned ☐ Rented Dwelling ☐ Council Dwelling ☐

Is the person permanently residing at this address? Yes ☐ No ☐

Details of ALL persons living in the property:

Name	Relationship to Applicant	Date of Birth	Gross Income, including any private pensions (previous tax year)

House Description:

Bungalow ☐ Two Story ☐

Kitchen ☐ Living Room ☐ Bathroom ☐ Toilet ☐

Bedroom (Specify number) ☐ Central Heating ☐ Water supply - cold & Hot ☐

Give a brief description of proposed works:.....

.....

.....

Has any grant been paid previously in respect of the same premises or persons from a Local Authority, HSE or other? Yes ☐ No ☐ If yes, please give details .....

TO BE COMPLETED BY DOCTOR (*Please use Block Capitals*)

In order to process this application it is essential that Louth County Council is provided with the necessary medical information. We would be grateful for your response to the following;

Diagnosis:.(For OT - Please Print).....

.....

.....

Prognosis:.(For OT - Please Print).....

.....

.....

Does the Client suffer from any of the following?

Epilepsy / blackouts	Yes	☐	No	☐	*(Please Tick)*
Confusion / Dementia	Yes	☐	No	☐	*(Please Tick)*
Severe Dizziness	Yes	☐	No	☐	*(Please Tick)*
Visual Problems	Yes	☐	No	☐	*(Please Tick)*

Additional Information (Please Print)

.....

.....

NAME OF DOCTOR:.....

ADDRESS:.....

.....

SIGNED:.....***(Doctor)***

DATE:.....

DOCTOR'S STAMP

Before returning this form, please **pay particular attention** to all important Notes as outlined in the booklet

I Hereby certify that all information given in this application form is correct:

Signed:.....***(Applicant)*** Date:.....

Please ensure that the following documentation is included with your application form:

- Application completed in full with ALL parts completed ☐ *(Please Tick)*
- Fully completed Medical Certificate signed and stamped by Doctor ☐ *(Please Tick)*
- Evidence of Household Income ☐ *(Please Tick)*
- Evidence of Ownership of house ☐ *(Please Tick)*
- Proof of compliance with Local Property Tax ☐ *(Please Tick)*