

**HOUSING ADAPTATION GRANT  
FOR PEOPLE WITH A DISABILITY**

**APPLICATION FORM**

**LOCAL AUTHORITY TENANTS**



**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**

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

**Ownership of Property: County Council**

**Town Council**

**Gross Annual Household Income: €** \_\_\_\_\_

**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 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	Bathrooms	Living	Dining	Kitchen	Other
Upstairs						
Downstairs						

General description of proposed works:

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

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**The particulars set out in this application are correct to the best of my knowledge and belief. I certify that I have read the Conditions of Scheme carefully and have noted the advice given.**

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

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

**North Tipperary County Council  
Housing Section  
Civic Offices  
Limerick Road  
Nenagh  
Co. Tipperary**

**CERTIFICATE OF DOCTOR**

**HOUSING ADAPTATION GRANT FOR PEOPLE WITH A DISABILITY**

**Note to Doctor:** In the form below please specify clearly in block capital letters the precise nature and effects of the applicants disability. This information is essential as applications may be prioritised on the basis of the medical needs of the applicant and on the urgency and necessity of the identified works.

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

\_\_\_\_\_

**LEVEL OF PRIORITY (Please See Over):**    1             2             3

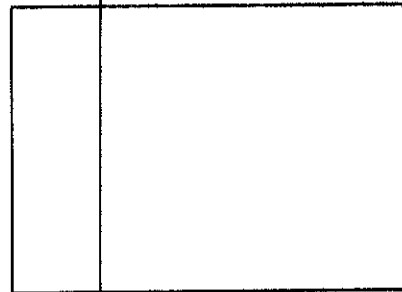
**NAME OF DOCTOR:** \_\_\_\_\_

**DOCTOR'S STAMP**

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

\_\_\_\_\_

\_\_\_\_\_



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

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

## **Prioritisation on the Basis of Medical Need**

**Please see below 3 general levels of medical priority identified:**

### **Priority 1**

**Terminally ill or fully/mainly dependant on family or carer; or where alterations/adaptations would facilitate discharge from hospital or alleviate the need for hospitalisation in the future;**

### **Priority 2**

**Mobile but needs 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**

**Independent but requires special facilities to improve the quality of life, e.g. separate bedroom/living space.**

**Tax requirements in respect of Housing Adaptation Grant for People with a Disability**

**TO BE COMPLETED BY APPLICANT**

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

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

\_\_\_\_\_

\_\_\_\_\_

Income Tax Reference No / PPS 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.*

\_\_\_\_\_

## Conditions of Scheme

### **1. Purpose of Grant**

The Housing Adaptation Grant for People with a Disability is available to assist in the carrying out of works which are reasonably necessary for the purposes of rendering a house more suitable for the accommodation of a person with a disability who has an enduring physical, sensory, mental health or intellectual impairment. The types of works allowable under the scheme include the provision of access ramps, downstairs toilet facilities, stair-lifts, accessible showers, adaptations to facilitate wheelchair access, extensions, and any other works which are reasonably necessary for the purposes of rendering a house more suitable for the accommodation of a person with a disability.

The Housing Adaptation Grant for People with a Disability 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.

### **2. Household Income**

Household income is calculated as the property owner's annual gross income in the previous tax year, together with that of his or her spouse/partner, if applicable.

In the case of private rented accommodation, household income is calculated as the tenant's annual gross income in the previous tax year, together with that of his/her spouse, if applicable.

In determining gross household income local authorities shall apply the following income 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 with a disability 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 persons for whom the application for grant aid is sought).

### **3. Appeals Procedure**

In processing applications under the Housing Adaptation Grant for People with a Disability, 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.

### **4. Checklist**

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

- (1) Fully completed application form (HGD1);
- (2) Completed G.P. Medical report (HGD2);
- (3) Completed Tax Form (HGD3);

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

**Martina Ryan  
Housing Section  
North Tipperary County Council**

**067-44847**