

**HOUSING AID FOR OLDER PEOPLE
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 and return to:

**GRANTS SECTION, WESTMEATH COUNTY COUNCIL, CIVIC CENTRE,
CHURCH STREET, ATHLONE.**

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: _____

Name of the owner of the property to which the proposed repairs/improvement works are to be carried out: _____

Gross Annual Household Income: € _____

(Please refer to explanatory note 3 below)

Is the person for whom the grant is sought residing at the address above: _____

How long has s/he been living at this address: _____

Do any of the occupants of the household suffer from any specific illness? If so, please give brief description and complete the attached doctors certificate:

Details of all persons living in property for which grant aid is sought (*including applicant*):

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

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 1 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: € _____

Has an Essential Repairs Grant, Special Housing Aid for the Elderly Grant or Housing Aid for Older People 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:

Grants Section, Westmeath County Council, Civic Centre, Church Street, Athlone.

CERTIFICATE OF DOCTOR

HOUSING AID FOR OLDER PEOPLE SCHEME

I hereby certify that the proposed works on the attached application form are necessary for the proper accommodation of:

NAME: _____

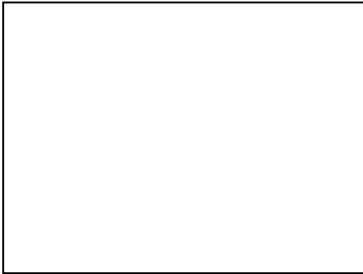
ADDRESS: _____

WHO SUFFERS FROM: _____

NAME OF DOCTOR: _____

DOCTOR'S STAMP

ADDRESS: _____



SIGNED: _____

DATE: _____

Tax requirements in respect of Housing Aid for Older People 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 (which will be returned to you by the local authority). 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. As an alternative to producing a valid tax clearance certificate an applicant 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 applicant 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: _____

TO BE COMPLETED BY CONTRACTOR

Name of Contractor: _____

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: _____

Conditions of Scheme

1. Purpose of Grant

The Scheme of Housing Aid for Older People is available to assist older people living in poor housing conditions to have necessary repairs or improvements carried out. The types of works grant aided under the scheme include structural repairs or improvements, re-wiring, repairs to/replacement of windows and doors, the provision of heating, water and sanitary services, cleaning, painting and drylining.

2. Level of Grant

The level of grant aid available shall be determined on the basis of gross household income and shall be between 30% - 100% of the approved cost of the works. The table below sets out the level of grant available based on an assessment of household income.

Gross maximum household income p.a.	% of costs available	Maximum Grant available
Up to €30,000	100%	€10,500
€30,001 - €34,000	90%	€9,450
€34,001 - €38,000	80%	€8,400
€38,001 - €42,000	70%	€7,350
€42,001 - €46,000	60%	€6,300
€46,001 - €50,000	50%	€5,250
€50,001 - €54,000	40%	€4,200
€54,001 - €65,000	30%	€3,150
In excess of €65,000	No grant is payable	No grant is payable

3. 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 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;
- 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 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 book will suffice.

(Evidence of household income should be submitted in respect of the property owner and, if applicable, his/her spouse/partner)

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.

In the case of grant applications totalling €10,000 or more, the applicant must confirm that he/she holds a valid tax clearance certificate.

6. Appeals Procedure

In processing applications under the Housing Aid for Older People 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:

- Fully completed application form (HOP1);
- Completed G.P. medical report (HOP2), if required;
- Completed Tax Form (HOP 3);
- Evidence of Household Income from all sources;
- 1 written itemised quotation detailing the cost of the proposed works.

**If you require assistance in filling out this form please contact:
Grants Section, Westmeath County Council, Civic Offices, Church St, Athlone -
090 64 42142 or 090 64 42151.**

