

Cork County Council Housing Aid for Older People

HOUSING AID FOR OLDER PEOPLE GRANT

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

Local Authority Tenants are not eligible for Housing Aid Grants.

Works must not commence prior to receipt by Cork County Council of the grant application and written approval from the Council. Works carried out prior to the approval by the Council will render the application VOID.

The person for whom the grant is sought must occupy the house as his/her normal place of residence.

Once written approval is issued works should be completed within 6 months.

Cork County Council Housing Aid for Older People

Conditions of Scheme

1. Purpose of Grant

The Scheme of Housing Aid for Older People is available to assist persons over sixty years of age 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, and drylining.

Works carried out prior to the approval by the Council will render the application VOID.

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 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 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).

Cork County Council Housing Aid for Older People

4. Evidence of Household Income

The following evidence of income must be included with all applications:

- In the case of **PAYE** workers submit both of the following:
P60 for Previous Tax Year
P.21 Balancing Statement for the previous tax year (available from Revenue Commissioners at Tel. 1890222425)
- 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**,
Statement from Social Welfare stating weekly/annual payments.
- In the case of **State Pensioners**, a copy of the receipt of the current pension payment will suffice.

(Evidence of ALL 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. 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.

Cork County Council Housing Aid for Older People

6. Appeals Procedure

In processing applications under the Housing Aid for Older People Scheme the Local Authority recognises that some applicants may be dissatisfied with the authority's decision. The Local 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.

Cork County Council Housing Aid for Older People

HOP 1

APPLICATION FORM

Works carried out prior to the approval by the Council will render the application VOID.

Applicant: _____

Address: _____

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

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

Marital Status: _____

Occupation: _____

If Retired please state previous occupation and if you get a pension from this employment:

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

Relationship to applicant: _____

Do you the Applicant(s) Own this Property? : YES: NO:

(If applicant or applicant's spouse is not the owner of the property, evidence of "lifetime right of residence" witnessed by a Solicitor must accompany the application).

If NO please state name and address of owner(s): _____

(Supporting documentation as evidence of ownership may be required at a future date).

Cork County Council Housing Aid for Older People

Gross Annual Income: € _____
 (N.B. Please refer to explanatory note 3 below as evidence of income must be provided)

Is the person for whom the grant is sought residing at the address above: _____
 (The person for whom the grant is sought must occupy the house as his/her normal place of residence)

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 doctor's 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 (if applicable)
1.				
2.				
3.				
4.				
5.				

Date on which construction of house was completed : _____

Number and description of rooms in the dwelling:

	Bedrooms	Living	Dining	Kitchen	Bathroom	Other
Upstairs						
Downstairs						

Cork County Council Housing Aid for Older People

General description of proposed works:

Name and Address of proposed Contractor:

In the case of payments totalling €650.00 or more a contractor is required to produce either a valid Tax Clearance Certificate or C2 Certificate (a copy of which will be retained 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.** _____

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: € _____

Cork County Council Housing Aid for Older People

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:

Date of Grant : _____

Amount of Grant : _____

Details of the work(s) for which the Grant was paid:

DECLARATION

I/We declare that the information and particulars given by me/us on this application are true and correct, and I/we understand that the provision of any false or misleading statements may lead to this application being cancelled. The Council reserves the right to exclude an applicant from consideration for a Grant if he/she supplies false information or withholds relevant information on this form.

I/We certify that I/We have read the Conditions of the Scheme carefully and have noted the advice given.

I/we undertake to notify Cork County Council immediately should there be any change from the information provided, or in my/our circumstances.

I/we also authorise Cork County Council to make necessary enquiries either written or otherwise regarding my/our application to verify information given.

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

Cork County Council Housing Aid for Older People

HOP 2

CERTIFICATE OF DOCTOR

HOUSING AID FOR OLDER PEOPLE GRANT

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 medical grounds.

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 (in block capitals):

Level of Priority (please see overleaf): 1. _____ 2. _____ 3. _____

DOES THE APPLICANT REQUIRE A WHEELCHAIR : _____

IS THE APPLICANT IN HOSPITAL AND ARE WORKS REQUIRED TO BE COMPLETED IN ORDER TO FACILITATE THEIR RETURN HOME? YES NO

NAME OF DOCTOR: _____

DOCTOR'S STAMP

ADDRESS: _____

SIGNED: _____

DATE: _____



Cork County Council Housing Aid for Older People

Prioritisation on the basis of medical need.

Please see below 3 general levels of medial priority identified :

Priority 1

Persons who are totally incapable of accessing their home environment. 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 future.

Priority 2

Persons having severe difficulty in accessing their home environment, and the provision of facilities would reduce their level of dependency. 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

Persons having minor difficulty in accessing their home environment. Independent but requires special facilities to improve the quality of life e.g. separate bedroom/living space.

Cork County Council Housing Aid for Older People

CHECK LIST

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);
- Evidence of your Contractor's current Tax Clearance Certificate or C2 Card.
- Evidence of Income from all sources;
- One written itemised quotation detailing the cost of the proposed works.

PPS Numbers must be quoted

NOTE:

There is Standardised Means Testing, with effect from 1st November, 2007. All applications for grant aid under the Housing Aid for Older People shall be assessed on the basis of Income.

If you require assistance in filling out this form, please contact your local Housing Office as outlined below.

PLEASE RETURN FULLY COMPLETED FORM AND DOCUMENTATION TO YOUR LOCAL HOUSING OFFICE:

**Social Housing Operations (West), Cork County Council, Kent Street, Clonakilty, Co. Cork.
Tel: 023 8833328.**

**Social Housing Operations (South), Cork County Council, Floor 4, County Hall, Cork.
Tel: 021 – 4285501.**

**Social Housing Operations (North), Cork County Council, Annabella, Mallow, Co. Cork. Tel:
022 30454 / 022 30456 / 022 30458.**