

**Cork County Council**  
**Housing Adaptation Grant for People with a Disability**

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

**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 without the prior approval of 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 Adaptation Grant for People with a Disability**

### **Conditions of Scheme**

#### **Types of Housing**

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.

#### **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, 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. **Please note that the applicant shall be responsible for service/maintenance costs of equipment, such as a stair lift, hoist, etc.**

Grant approval for extensions will only be approved if all less costly, and “fit for purpose” alternatives have been considered and eliminated, e.g. re-assignment of existing rooms, use of technology, etc.

Should an application be received from an applicant who requires grant aid for adaptations as a result of an accident/injury, they will be required to submit a letter from their solicitor confirming that should they receive compensation for their injuries, they will repay the full grant sum allocated under this Scheme.

Cork County Council will obtain an Occupational Therapist Report for all works. Applicants will be furnished with a copy of the Occupational Therapist Report for the purposes of seeking two itemised detailed quotations. Applications will be prioritised having regard to the Occupational Therapist Report and to the Prioritisation Scheme outlined below.

#### **Prioritisation Scheme.**

##### **Priority 1**

Persons 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.

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### **Priority 2**

Persons having severe difficulty in accessing their home environment and where the provision of facilities would reduce their level of dependency; 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**

Persons having minor difficulty accessing their home environment; independent but require special facilities to improve the quality of life.

**Works carried out without the prior written approval of 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 (to include the house owner) and the approved cost of works as assessed by Cork County Council.

The table below sets out the level of grant available, based on an assessment of income.

<b>Gross Maximum Household Income p.a.</b>	<b>% of Costs available</b>	<b>Maximum Grant Available For houses erected for more than 12 months</b>	<b>Maximum Grant available for houses erected for less than 12 months</b>
<b>€</b>	<b>%</b>	<b>€</b>	<b>€</b>
Up to €30,000	95%	30,000	14,500
€30,001 - €35,000	85%	25,500	12,325
€35,001 - €40,000	75%	22,500	10,875
€40,001 - €50,000	50%	15,000	7,250
€50,001 - €60,000	30%	9,000	4,350
In excess of €60,000	No grant is payable		

**Applicants shall pay the balance of the cost of works. The level of grant awarded will be reduced if the final cost of works is less than that estimated at the time of the allocation of the grant.**

**Grants are paid by cheque to the applicant. Applicants must have a bank/credit union account in order to lodge the cheque. An applicant may request that the contractor be paid directly. This request must be made in writing by the applicant when submitting the application form.**

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## Housing Adaptation Grant for People with a Disability

### 3. Household Income (to include the house owner)

Household income (to include house owners) is calculated as the annual gross income of all household members over 18 (or over 23 if in full time education) in the **previous tax year**.

In determining Gross 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 (if a disregard is not already made for this person);
- Child Benefit;
- Early Childcare Supplement;
- Family Income Supplement;
- Domiciliary Care Allowance;
- Respite Care Grant;
- Foster Care Allowance;
- Fuel Allowance;
- Carer's Benefit / Allowance (where the Carer's payment is made in respect of a person living in the property).

### 4. Evidence of Income

The following evidence of income as applicable must be included with your application:

- If you or any other member of your household is in receipt of **Social Welfare** or a **State Pension** a statement from Social Welfare stating weekly/annual payments, payment slip from Post Office, or a copy of a bank statement showing payments.
- If you or any other member of your household are in receipt of a **Pension from a previous employment** a **P21 Balancing Statement** must be submitted (P.21 is available on request from Revenue Commissioners at Tel. 1890222425). The name and address of previous employer (if applicable) for each member of your household should be listed on application form – Page 6.
- If you or any other member of your household are **self-employed or farming** Revenue Income Tax Assessment, together with a copy of full set of accounts for the previous tax year is required. In the case of retired farmers who have transferred their farm, documentary evidence must be submitted showing the transfer of farm and the registered owner of the property to which the application refers.
- If you or any other member of your household are **currently employed or a retired PAYE worker: P60 and a P.21 Balancing Statement** for the previous tax year (P21 Statement is available on request from Revenue Commissioners at Tel. 1890222425).

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- In the case of earnings from savings and investments, a certificate of interest, a dividend certificate, or a letter from the financial institution(s) indicating interest earned or stating that there are no earnings from savings.

*Evidence of household income (to include house owner should be submitted in respect of all members of the household (to include house owners). Applicants may be requested at a later date to submit documentary evidence from Revenue outlining their full income.*

### **5. Local Property Tax**

**Applicants must provide documentary evidence of compliance with the local property tax. We require ‘payments history’ as available to be printed from Revenue Site.**

### **6. Tax Requirements**

#### **Contractor**

In the case of contractor engaging in work for the Housing Adaptation Grant Scheme, contractor’s name, address and PPSN/Tax Reference Number must be submitted for tax clearance verification purposes. This documentation is to be submitted when you are requested by the Council to submit quotations for the works based on recommendations of an occupational therapist.

#### **Applicant**

**In the case of grant applications seeking funding of €10,000 or more, the applicant must submit their PPSN/Tax Reference Number for tax clearance verification purposes.**

### **7. 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.

**Cork County Council**  
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**HGD 1**

**APPLICATION FORM**

**Works carried out without the prior approval of the Council will render the application VOID.**

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

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

\_\_\_\_\_

**Telephone No:** \_\_\_\_\_ **Mobile No:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **P.P.S. No:** \_\_\_\_\_

**Occupation(s) of *each member* of the household:**  
(to be completed in full on Page 7).

\_\_\_\_\_

**If Retired, State Previous Occupation(s) and name and address of previous employer(s) of *each member of household*:** \_\_\_\_\_

\_\_\_\_\_

**Do you or any member of the household receive a pension from employment?** Yes ☐ No ☐

**Amount of pension(s) from employment(s):** € \_\_\_\_\_ € \_\_\_\_\_

(If you and your spouse/partner, or any other person residing in the property, is in receipt of a pension in respect of previous employment, please submit evidence of same). You may be requested at a later date to submit confirmation from Revenue of your full income.

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

\_\_\_\_\_

**Relationship to applicant:** \_\_\_\_\_

**Are you the Applicant(s) the sole owner(s) of this property?** YES: ☐ NO: ☐

\* If the person for whom the grant is sought or their 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):** \_\_\_\_\_

\_\_\_\_\_

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**Evidence of Income of the House Owner and that of his/her spouse must be submitted. (Supporting documentation as evidence of ownership may be required at a future date).**

**Do you have earnings from savings?**    Yes ☐                      No ☐

**Earnings from savings: € \_\_\_\_\_**  
(Supporting documentation must be submitted).

**Gross Annual Household Income (to include the house owner): €**\_\_\_\_\_

*(N.B: Please refer to explanatory Note 3 above as evidence of income must be provided)*

**I declare the above amount is my household's (to include the house owner) only source of income and that earnings from savings have been declared:**

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

### Local Property Tax:

**Is proof of compliance with Local Property Tax attached:** Yes \_\_\_\_\_

**Is the person with the disability 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:** \_\_\_\_\_

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

**(Please note that the attached doctor's certificate must be completed by your G.P. and returned with this application form).**

**Provide details of ALL PERSONS living in property for which grant aid is sought (*including applicant and/or person with a disability*).**

<b>Name</b>	<b>Relationship to applicant</b>	<b>Date of birth</b>	<b>Gross Income (previous tax year)</b>	<b>Occupation/Previous Occupation (of each person in the household)</b>
<b>1.</b>				
<b>2.</b>				
<b>3.</b>				
<b>4.</b>				
<b>5.</b>				
<b>6.</b>				

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Number and description of rooms in the dwelling:

	Bedrooms	Living	Dining	Kitchen	Bathroom	Other
Upstairs						
Downstairs						

General description of proposed works:

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Estimated cost of work € \_\_\_\_\_

Amount of grant you are applying for: € \_\_\_\_\_

Balance of costs: € \_\_\_\_\_

How do you propose to fund the balance of costs: \_\_\_\_\_

**Payment of the balance of the cost of works:**

The level of grant awarded will be based on the applicant's income and the estimated cost of works, and in accordance with the terms of the Housing Adaptation Grant Scheme. The level of grant awarded will be reduced if the final cost of works is less than that estimated at the time of the allocation of the grant.

Please confirm that you are in a position to pay the balance of the cost of works and are aware that the level of grant will be reduced if the final cost of works is less than the original estimate on which the level of grant is based. Yes ☐ Signed: \_\_\_\_\_

Please confirm that you are in a position to lodge a cheque to a bank/credit union account should a grant be awarded to you (see Note 2, Page 3). Yes ☐ Signed: \_\_\_\_\_

If you are not in a position to lodge a cheque to a bank/credit union account, please submit a letter requesting that your appointed contractor be paid the grant sum directly.



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**Has a Housing Grant been paid previously in respect of the same premises or person?**

**Yes**   ☐

**No**   ☐

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

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HGD 2

**CERTIFICATE OF DOCTOR**

**HOUSING ADAPTATION GRANT SCHEME**

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

\_\_\_\_\_

**DESCRIPTION OF DISABILITY/MOBILITY ISSUE (in block capitals):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HOW LONG HAS THE APPLICANT SUFFERED FROM THIS ILLNESS?** \_\_\_\_\_

**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 Adaptation Grant for People with a Disability**

### **CHECK LIST**

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

- ☐ Fully completed application form (HGD1) (**signed and dated**).
- ☐ Completed G.P. Medical report (HGD2) (**signed and dated**).
- ☐ Documentary evidence of Household Income (to include house owner) from **ALL** sources;
- ☐ Certificate of Interest from Financial Institution(s) indicating level of interest earned on savings in previous year for all household members.
- ☐ PPSN/Tax Reference Number for tax clearance verification purposes, if grant sought is over €10,000.
- ☐ Documentary evidence of compliance with the Local Property Tax - we require 'payments history' as available to be printed from Revenue site.

*If you require assistance in filling out this form, please contact the Housing Grants Office at 022 30421; 022 30415; 022 30465; 022 30476 or 022 30492.*

**PLEASE RETURN FULLY COMPLETED FORM AND DOCUMENTATION TO THE HOUSING GRANTS OFFICE, CORK COUNTY COUNCIL, ANNABELLA, MALLOW, CO. CORK.**

**Or to your local Housing Office:**

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

**Social Housing Operations (South), Cork County Council, Floor 4, County Hall, Cork.**

**Social Housing Operations (North), Cork County Council, Annabella, Mallow, Co. Cork.**