

# **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 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 4 months.**

# Cork County Council Housing Aid for Older People

## Conditions of Scheme

### Types of Housing

Grants under the Housing Aid for Older People Scheme 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.

### Who Can Apply?

Applicants should generally be aged 66 years or over.

#### 1. Purpose of Grant

The Scheme of Housing Aid for Older People is available to assist **older people (generally aged 66 years or over) living in poor housing conditions to have necessary repairs or improvements carried out.**

The types of works grant aided under the scheme include:

- **re-roofing,**
- **re-wiring,**
- **dry lining, and**
- **provision of central heating (where none exists).**

**N.B. Central Heating:** - There is no grant available under this scheme for upgrading an existing central heating system. These grants are available from the Sustainable Energy Authority of Ireland at 1850 927000.

Applicants applying to carry out **rewiring** must enclose with their application, written confirmation from a qualified electrician stating the condition of the existing wiring.

Applicants applying to carry out **roof repairs/replacement** will be required to submit with their application, written confirmation from their insurance company that such repairs are not covered by their existing insurance policy.

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

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### **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 the 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</b>
Up to €30,000	95%	€8,000
€30,001 - €35,000	85%	€6,800
€35,001 - €40,000	75%	€6,000
€40,001 - €50,000	50%	€4,000
€50,001 - €60,000	30%	€2,400
In excess of €60,000	No grant is payable	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 when submitting the application form.**

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

Household Income (to include the house owner) 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 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;
- Foster Care Allowance;
- Fuel Allowance
- Carer's Benefit / Allowance (where the payment is made in respect of a person residing in the property).

## Cork County Council Housing Aid for Older People

### 4. Evidence of Household Income (to include the house owner)

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).
- 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 the house owner) should be submitted in respect of all household members). 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

In the case of contractors engaging in work for the Housing Aid for Older People Grant Scheme, the contractor's name, address and PPSN/Tax Reference Number must be submitted for verification of tax clearance purposes.

# **Cork County Council Housing Aid for Older People**

## **7. Prioritisation**

Applications will be prioritised on the basis of the type of work to be undertaken and on the urgency and necessity of the identified works.

Prioritisation shall be as follows:

### *Priority 1*

Persons leaving hospital/institutional care.

### *Priority 2*

Works involving repair of defective roofs and chimneys, and/or electrical works.

### *Priority 3*

Provision of central heating, where none exists, in essential living accommodation, i.e., kitchen, bedroom and bathroom.

### *Priority 4*

Dry lining, replacement of fascia & soffit.

## **8. Certificate of Doctor**

A Certificate from a Medical Doctor is required in all cases. (HOP2).

## **9. 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 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 your 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):** \_\_\_\_\_

\_\_\_\_\_

## Cork County Council Housing Aid for Older People

Evidence of Income for House Owner and that of his/her spouse must be submitted

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(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 documentary evidence of compliance attached: Yes \_\_\_\_\_

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: \_\_\_\_\_

Provide 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/Previous Occupation (of each person in the household)
1.				
2.				
3.				
4.				
5.				
6.				

## Cork County Council Housing Aid for Older People

**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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**Name and Address of proposed Contractors:**

**Contractor No. 1:** \_\_\_\_\_

**Contractor No. 1 PPSN/Tax Reference No.** \_\_\_\_\_

**Contractor No. 2:** \_\_\_\_\_

**Contractor No. 2 PPSN/Tax Reference** \_\_\_\_\_

**Estimated cost of works:**

*(Please submit 2 written itemised quotations 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**

### **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. 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 your 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.

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:

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### **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:** The form below should be completed for all applicants. Please specify clearly in block capital letters the precise nature and effects of the applicants illness/disability.

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

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

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

\_\_\_\_\_

**WHO SUFFERS FROM (in block capitals):** \_\_\_\_\_

\_\_\_\_\_

**NATURE AND DEGREE OF ILLNESS (in block capitals):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**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

## CHECK LIST

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

- ☐ Fully completed application form (HOP1) (**signed and dated**);
- ☐ Completed G.P. medical report (HOP2);
- ☐ Electrician's report if applying for Rewiring;
- ☐ Letter from Insurance Company if applying for Re-Roofing;
- ☐ PPSN/Tax Reference No. for each of your Contractors for tax clearance verification purposes.
- ☐ Evidence of Household Income (to include the house owner) from **ALL** sources;
- ☐ Certificate of Interest from Financial Institution(s) indicating level of interest earned in previous year for all household members.
- ☐ **Two written** itemised quotations detailing the cost of the proposed works.
- ☐ Documentary evidence of compliance with the Local Property Tax. We require 'payments history' as available to be printed from Revenue site.

**PPS Numbers must be quoted**

*If you require assistance in filling out this form, please contact the Housing Grants Office on 022 30421; 022 30415; 022 30465; 02230476 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.**