

# Cork County Council Mobility Aids Housing Grant

## MOBILITY AIDS HOUSING 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 Mobility Aids Housing Grant

## Conditions of Scheme

### Types of Housing

The Mobility Aids Housing Grant 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;

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 Mobility Aids Housing Grant is available to cover a basic suite of works to address mobility problems, primarily, but not exclusively, associated with ageing. The works grant aided under the scheme include:

- Grab-rails;
- Access ramps;
- Level access showers;
- Stair-lifts; and
- Other minor works deemed necessary to facilitate the mobility needs of a member of a household.

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

**Cork County Council may obtain an Occupational Therapist Report if deemed necessary.**

Applications will be prioritised in accordance with the Prioritisation Scheme outlined below.

#### 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.**

#### 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.**

## Cork County Council Mobility Aids Housing Grant

### 2. Level of Grant

The effective maximum grant is €6,000 or 100% the cost of the works, whichever is the lesser. The grant is available to households (to include the house owner) whose gross annual household income does not exceed €30,000. **Applicants shall pay the balance of the cost of works, should the cost of works exceed €6,000. 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.

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

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

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;
- €5,000 where the person for whom the application for grant aid is sought, is being cared for by a relative on a full-time basis (if disregard is not already made for this person);
- Child Benefit;
- Early Childcare Supplement;
- Family Income Supplement;
- Domiciliary Care Allowance;
- Respite Care Grant;
- Foster Care Grant;
- Fuel Allowance;
- Carer's Benefit / Allowance (where the Carer's payment is made in respect of the person residing in the property).

### 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.

## Cork County Council Mobility Aids Housing Grant

- 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 or 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 Mobility Aids Housing Grant Scheme, the contractor's name, address and PPSN/Tax Reference Number must be submitted for tax clearance verification purposes.

### 7. Appeals Procedure

In processing applications under the Mobility Aids Housing Grant 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.

Cork County Council Mobility Aids Housing Grant

MAG1

**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 6).

\_\_\_\_\_

**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 from 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) 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): \_\_\_\_\_  
\_\_\_\_\_

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

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

## Cork County Council Mobility Aids Housing Grant

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): € \_\_\_\_\_  
 (please refer to explanatory note 3 as evidence of income must be provided)

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

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

### Local Property Tax

Is documentary evidence of compliance 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)

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 Mobility Aids Housing Grant

**Number and description of rooms in the dwelling:**

	<b>Bedrooms</b>	<b>Living</b>	<b>Dining</b>	<b>Kitchen</b>	<b>Bathroom</b>	<b>Other</b>
<b>Upstairs</b>						
<b>Downstairs</b>						

**General description of proposed works:**

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**Name and Address of proposed Contractor:**

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

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

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

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

**Estimated cost of works:** € \_\_\_\_\_  
*(Please submit two 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 Mobility Aids Housing Grant

### 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 :

\_\_\_\_\_  
\_\_\_\_\_

### 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 Mobility Aids Housing Grant**

**MAG 2**

**CERTIFICATE OF DOCTOR**

**MOBILITY AIDS HOUSING 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 MOBILITY PROBLEM (in block capitals):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**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 Mobility Aids Housing Grant

Prioritisation on the basis of medical need.

Please see below 3 general levels of medical priority identified :

## 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.**

## 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.**

## Cork County Council Mobility Aids Housing Grant

### **CHECK LIST**

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

- Fully completed application form (MAG 1) (**signed and dated**);
- Completed G.P. Medical report (MAG 2);
- PPSN/Tax Reference Number 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.
- Documentary evidence of compliance with the Local Property Tax. We require 'payments history' as available to be printed from Revenue site.
- Two** written itemised quotations detailing the cost of the proposed works;

**PPS Numbers must be quoted**

*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 FORMS & 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.**