

**Comhairle Contae
Fhine Gall**
Fingal County
Council



**APPLICATION FOR ALTERATIONS TO COUNCIL RENTED DWELLING FOR PERSON
WITH A DISABILITY**

Name of Tenant(s): _____

Address: _____

Telephone No: _____

Rent Account No: * _____

* Note: It not the practice of Fingal Co. Council to approve alterations where accounts are in arrears, or where there is not substantial compliance with an arrangement to repay arrears. Nor is it practice to proceed with alterations where there are instances of anti-social behaviour.

Details of all persons residing in dwelling (including tenant/s):

NAME	DATE OF BIRTH	RELATIONSHIP TO APPLICANT

Number and description of rooms in dwelling:

	Bedrooms	Bathroom	Living	Dining	Kitchen	Other
Upstairs						
Downstairs						

Name of disabled person(s): _____

Relationship to tenant(s): _____

Date of birth of disabled person: _____

How long has he/she been disabled: _____

Nature of disability: _____

Details of treatment being received (if any): _____

Occupation: _____

General description of work required and why it is necessary: _____

Were any alterations carried out at your council rented home to date, if yes, please give details of same.

Signature(s) of Tenant(s)

Date

CERTIFICATE OF DOCTOR

I hereby certify that the proposed works outlined in this attached application are for the proper accommodation of:

Who suffers from: _____

Signed: _____

Date: _____

IN RELATION TO PROVISION OF STAIR LIFTS ONLY PLEASE COMMENT ON:

Ability to transfer Safely: _____

Cognitive Function to safely use Stair Lift: _____

Medium Term Prognosis and Utility of Stair Lift Meeting Needs: _____

Name of Doctor (Block Capitals): _____

Address: _____

Doctors Official Stamp:

PLEASE NOTE APPLICATION FORM IS INVALID UNLESS STAMPED

Send to: Housing Construction Department
 Disabled Persons Grant Section
 Fingal County Council
 Grove Road
 Blanchardstown
 Dublin 15.

NOTE: *An Occupational Therapist's report is also required to be submitted with this application before works can be approved.*