

FINGAL COUNTY COUNCIL

HOUSING AIDS FOR OLDER PEOPLE GRANT SCHEME

APPLICATION FORM

**Comhairle Contae
Fhine Gall**
Fingal County
Council



Please read the attached conditions prior to completing this form

All questions must be answered

Please write your answers clearly in block capital letters

Works must not commence prior to receipt by the Local Authority of the grant application and written approval from the Local Authority

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

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; and

Houses being purchased from a local authority under the tenant purchase scheme.

Who can apply?

Applicants should be 66 years of age (or over) and should be living on their own or with a spouse or with another person 66 years of age (or over).

However, in certain circumstances and at the discretion of the Local Authority, a lower age limit may apply.

1. Purpose of Grant

The Scheme of Housing Aid for Older People is available to assist **older people 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, and the 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.

2. Level of Grant

The level of grant aid available shall be determined on the basis of gross household income and the approved cost of the works as assessed by Fingal County Council. The table below sets out the level of grant available based on an assessment of household income.

Gross maximum household income p.a.	% of costs available	Maximum Grant available
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

3. Household Income

Household income 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 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 with a disability for whom the application for grant aid is sought, is being cared for by a relative on a full-time basis;
- Child Benefit
- Early Childcare Supplement
- Family Income Supplement
- Domiciliary Care Allowance
- Respite Care Grant
- Foster Care Allowance
- Fuel Allowance
- Carer's Benefit / Allowance

4. Evidence of household income

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

- In the case of PAYE workers, P60 or P21 Balancing Statement for the previous tax year
- 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, a statement from Social Welfare stating weekly/annual payments or P21 Balancing Statement
- In the case of State Pensioners a copy of the payment card and a payment slip from An Post or P21 Balancing Statement for the previous tax year.
- In the case of earnings from savings and investments, a certificate of interest or a dividend certificate.

(Evidence of household income should be submitted in respect of all household members)

5. Tax Requirements

In the case of any contractor engaging in work for the Housing Aid for Older people Scheme a current Tax Clearance or a C2 Card issued by the Revenue Commissioners must be submitted with the estimates for the required works.

In the case of grant applications totalling €10,000 or more, the applicant must confirm that he/she holds a valid tax clearance certificate.

All applicants are required to include with their grant application, proof that they are compliant with the local property tax.

6. Appeals Procedure

In processing applications under the Housing Aid for Older People 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.

7. Checklist

Please ensure that the following documentation is included in the application for grant aid as all incomplete applications will be returned:

- ☐ Fully completed application form (HOP1);
- ☐ Completed G.P. Medical Report (HOP2);
- ☐ Electrician's report if applying for Rewiring
- ☐ Letter from Insurance Company if applying for Re-Roofing
- ☐ Completed Tax Form (HOP 3);
- ☐ Evidence of Household Income from all sources (including Social Welfare payments);
- ☐ 2 written itemised quotations detailing the cost of the proposed works;
- ☐ Evidence of compliance with Local Property tax.

Applicant: _____

Address: _____

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

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

Occupation: _____

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

Relationship to applicant: _____

Name of the owner of the property to which the proposed repairs/improvement works are to be carried out:

Gross Annual Household Income: € _____
(Please refer to explanatory note 3 below)

I declare the above amount is my only source of income:

Signed: _____

Is the person for whom the grant is sought residing at the address above: _____

How long has s/he been living at this address: _____

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 (<i>if applicable</i>)

Number and description of rooms in the dwelling:

	Bedrooms	Living	Dining	Kitchen	Other
Upstairs					
Downstairs					

General description of proposed works:

Estimated cost of works:

(Please submit a 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 of work to be carried out:

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:

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

Signature of Partner/Spouse: _____ **Date:** _____

Completed applications forms should be returned to:

Housing Grants Section
Fingal County Council
Grove Road
Blanchardstown
Dublin 15

Ph:08 890 5587

E-mail: housing@fingal.ie

Web Site: <http://www.fingal.ie/housing/social-housing/housing-grants/>

CERTIFICATE OF DOCTOR**HOUSING AID FOR OLDER PEOPLE SCHEME**

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

NAME: _____

ADDRESS: _____

WHO SUFFERS FROM: _____
(PRINT IN BLOCK CAPITALS)

DESCRIPTION OF MOBILITY PROBLEM: _____
(PRINT IN BLOCK CAPITALS)

NAME OF DOCTOR: _____

DOCTOR'S STAMP

ADDRESS: _____



SIGNED: _____

DATE: _____

(PLEASE ENSURE CERTIFICATE IS STAMPED BY DOCTOR)

Tax requirements in respect of Housing Aid for Older People Scheme

TO BE COMPLETED BY APPLICANT

Name of Applicant: _____

Address: _____

Income Tax Reference No*: _____

Tax District dealing with your tax affairs: _____

I hereby confirm that to the best of my knowledge my tax affairs are in order.

Signed: _____ Date: _____

- * In the case of persons paying income tax under PAYE, or those in receipt of social welfare payments, please quote your PPS Number;
In the case of self-employed persons please quote the number on your return of income.

In the case of a grant application totalling €10,000 or more, applicants are required to produce 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.

TO BE COMPLETED BY CONTRACTOR 1

Name of Contractor 1: _____

Address: _____

_____ **Tel:** _____

Income Tax serial number: _____

Tax District dealing with your tax affairs: _____

C2 No:/Tax Clearance No: _____ **Expiry Date:** _____

A contractor is required to produce either a valid Tax Clearance Certificate or C2 Certificate (which will be returned 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.

TO BE COMPLETED BY CONTRACTOR 2

Name of Contractor 2: _____

Address: _____

_____ **Tel:** _____

Income Tax serial number: _____

Tax District dealing with your tax affairs: _____

C2 No:/Tax Clearance No: _____ **Expiry Date:** _____

A contractor is required to produce either a valid Tax Clearance Certificate or C2 Certificate (which will be returned 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.