

**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: _____

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: *If you have an Occupational Therapist please submit an Occupational Therapist's report with this form.*