

**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: Estate Management

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.***