

**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

**Please note, modifications to the dwelling may be required to facilitate DPG adaptations. These may include removal of canopy's, porch doors and alterations to garden/patio area.**

**CERTIFICATE OF DOCTOR**

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

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Who suffers from: \_\_\_\_\_

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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: \_\_\_\_\_

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Name of Doctor (Block Capitals): \_\_\_\_\_

Address: \_\_\_\_\_

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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.*