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Louth County Council currently operate 3 Housing Grant Schemes:

- Housing Adaptation Grants for People with a Disability
- Mobility Aid Grants for People with a Disability
- Housing Aid for Older People (aged 66 and over) with covers essential structural repairs to a house.

**HOUSING ADAPTATION/MOBILITY AIDS GRANT FOR PEOPLE WITH A DISABILITY**

**PURPOSE OF GRANT:**

The Housing Adaptation/Mobility Aids Grant for People with a Disability is available to assist in the carrying out of works which are reasonably necessary for the purposes of rendering a house more suitable for the accommodation of a person with a disability who has an enduring physical, sensory, mental health or intellectual impairment.

The types of works allowable under the scheme include the provision of access ramps, downstairs toilet facilities, stair-lifts, accessible showers, adaptations to facilitate wheelchair access, extensions, and any other works deemed necessary.

Extensions may only be considered when all less costly, and ‘fit for purpose’ alternatives have been eliminated e.g. use of technology, reassignment of existing rooms etc.

**PRIORITISATION:**

The following priority scheme is in place in order to ensure that available finances can be allocated to those in greatest need.

**Priority 1:** A person with severe mental or physical disability fully/mainly dependent on family or carer.

**Priority 2:** A person who is mobile but needs assistance in accessing washing/toilet facilities, bedrooms etc

**Priority 3:** A person who is independent but who may need special facilities to improve the Quality of their life e.g. requires special bedroom space.
HOUSING AID FOR OLDER PEOPLE

PURPOSE OF GRANT:

The Scheme of Housing Aid for Older People is available to assist older people living in poor housing conditions where works are deemed necessary to make the house habitable for the applicant or weather proof in extremely urgent cases. The types of works grant aided under the scheme may include:

- Roof repairs
- Re-wiring if current wiring poses a safety risk to occupants of household
- Repairs to/replacement of windows and doors if in very bad condition
- The provision of heating, water and sanitary services

Only essential repairs to make the property habitable will be considered.

PRIORITISATION:

Grant assistance will be on a priority basis, which will be determined from information supplied on the application form and following an inspection from a Council official.

CONDITIONS FOR HOUSING GRANTS SCHEMES

MAXIMUM LEVEL OF FUNDING AVAILABLE:

- Housing Adaptation Grant: 95% of cost up to a maximum of €30,000
- Mobility Aid Grant: 100% of cost up to a maximum of €6,000
- Housing Aid for Older People: 95% of cost up to a maximum of €8,000

MEANS TESTING:

The level of grant aid available shall be determined on the basis of gross household income and shall be between 30% - 95% of the grant items listed below.

<table>
<thead>
<tr>
<th>Gross maximum household income per annum</th>
<th>% of Grant available for Adaptation Grant</th>
<th>% of Grant available for Housing Aid for Older People</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to €30,000</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td>€30,001 - €35,000</td>
<td>85%</td>
<td>85%</td>
</tr>
<tr>
<td>€35,001 - €40,000</td>
<td>75%</td>
<td>75%</td>
</tr>
<tr>
<td>€40,001 - €50,000</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>€50,001 - €60,000</td>
<td>30%</td>
<td>30%</td>
</tr>
<tr>
<td>Over €60,000</td>
<td>No grant is payable</td>
<td>No grant is payable</td>
</tr>
</tbody>
</table>

The maximum grant available for a New House Build is €14,500 which is also means tested.
HOUSEHOLD INCOME

Household income is calculated as the property owner’s annual gross income in the previous tax year, together with that of his/her spouse/partner and all other adults living in the house i.e. those over 18 (or over 23 if in full-time education).

In the case of private rented accommodation, household income is calculated as the tenant’s annual gross income in the previous tax year, together with that of his/her spouse/partner, and adults living in the house, i.e. those over 18 (or over 23 if in full-time education).

In determining gross household income the local authority shall disregard the following income:

- €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 SOLAS 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
- Carer’s Benefit / Allowance
- Foster Care Allowance, and
- Fuel Allowance

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 Notice Of Assessment, 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. In the case of State Pensioners, a copy of the current pension book showing weekly pension payments
- In the case of a Private Pension please provide copy of current P60
EVIDENCE OF OWNERSHIP OF HOUSE:

Applicant must supply written evidence of ownership of the property such as copy of land registry folio or other title deeds, letter from lending institution confirming mortgage held on property, letter from solicitor confirming ownership.

If the disabled person is not the owner of the accommodation which is being adapted, it will be a requirement that the person intended to benefit must have a LEGALLY ENFORCEABLE RIGHT OF RESIDENCE in the property.

PROPERTY TAX:

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

CLAWBACK:

Louth County Council may apply a graduated claw-back whereby those receiving a grant of over €15,000 will be required to pay back the grant (or a portion on a sliding scale over 5 years), when grant aid is provided in respect of an extension and the house is sold within a five year period.

TAX CLEARANCE REQUIREMENTS:

In the case of grant applications totalling €10,000 or more, the applicant must supply a valid tax clearance certificate.

APPEALS PROCEDURE:

In processing applications under the Housing Adaptation Grant, Mobility Aids Grant or Housing Aid for Older People, 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 to the Director of Service Housing 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. A decision on an appeal will be notified to each applicant within 2 weeks of the decision being made.

FIRE DETECTION AND CARBON MONOXIDE ALARM SYSTEMS

If you are approved for a grant, you are required to have a Fire Detection and Alarm System (Smoke & Heat Alarms) and Carbon Monoxide Alarm(s) installed in your home. The Alarm Systems must be interlinked, mains wired with integral battery back-up. The Alarm Systems is to be designed, installed and commissioned by a competent person. The Alarm Systems should be quoted for by your contractor, the cost of same will be included in your grant allocation. On completion the contractor must certify the works, a copy the certificate is to be forwarded to Louth County Council.
IMPORTANT NOTES PLEASE READ CAREFULLY

• It is likely that only Priority 1 Applications will be approved for funding.

• All forms must be returned with Proof of Income of all occupants, Proof of Ownership of house and proof of compliance with Property Tax.

• All applicants who are successful in getting a grant of over €10,000 MUST produce a Tax Clearance Certificate in their name.

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

• Works must not commence prior to written approval from Louth County Council.

• A grant application cannot be considered where the works have commenced prior to application.

• When work is complete the applicant must return the “Cert of Completion Form” to the Housing Section to arrange for an inspection of the works.

• All works must be completed in accordance with recommendations as issued from Louth County Council or no grant will be paid.

• REGULATIONS & BY-LAWS: The Contractor is to conform to the provisions of all Acts passed or adopted by the Oireachtas of Ireland which may in any way affect the works, and observe all orders, rules or regulations and By-Laws of the Municipal Authorities or Companies with whose system the structures are connected.

• Home owners should be aware of their responsibilities under Safety, Health and Welfare at Work (Construction) Regulations 2013

• All works to comply with the current Irish Building Regulations and all subsequent amendments of the same, all current Codes of Practice and applicable standards.

• Evidence of Planning Permission or Certificate of Exemption under the Planning Acts may be required in the case of a new extension to a property.

• The council reserves the right to refuse a grant in any particular case and approval of grants shall be made subject to the necessary finances being available from Louth County Council.

• All questions MUST be answered in full.

• Any incomplete forms WILL BE RETURNED.
Tear off the attached form and when completed forward it to:

Grants Section,
Housing Office,
Louth County Council,
County Hall,
Millennium
Centre, Dundalk,
Co. Louth.

If you have any queries, call us on:

Tel: 042 933 5457 / Fax: 042 933 4549
LoCall No: 1890 202 303
APPLICATION FORM

Type of Grant you wish to apply for:
Housing Adaptation Grant / Mobility Aids Grant for people with a disability: ☐
Housing Aid for Older People: ☐

Name of Applicant for whom grant is sought: .................................................................

Address: ..................................................................................................................................
...............................................................................................................................................

D.O.B..............................................................P.P.S. No.................................................................

Contact Number(s): ..................................................................................................................
Contact Person if different from above: ......................................................................................

Name of owner of property to which the proposed works are to be carried out:
...........................................................................................................................................................

Is the house: Privately Owned ☐ Rented Dwelling ☐ Council Dwelling ☐

Is the person permanently residing at this address?. Yes ☐ No ☐

Details of ALL persons living in the property:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Applicant</th>
<th>Date of Birth</th>
<th>Gross Income, including any private pensions (previous tax year)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

House Description:

Bungalow ☐ Two Story ☐

Kitchen ☐ Living Room ☐ Bathroom ☐ Toilet ☐

Bedroom (Specify number) ☐ Central Heating ☐ Water supply - cold & Hot ☐

Give a brief description of proposed works: ..............................................................................
........................................................................................................................................................
........................................................................................................................................................

Has any grant been paid previously in respect of the same premises or persons from a Local Authority, HSE or other? Yes ☐ No ☐ If yes, please give details .................................................................
TO BE COMPLETED BY DOCTOR *(Please use Block Capitals)*

In order to process this application it is essential that Louth County Council is provided with the necessary medical information. We would be grateful for your response to the following;

Diagnosis:..(Please Print)........................................................................................................................................................................
........................................................................................................................................................................................................
........................................................................................................................................................................................................

Prognosis..(Please Print)........................................................................................................................................................................
........................................................................................................................................................................................................
........................................................................................................................................................................................................

Does the Client suffer from any of the following?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epilepsy / blackouts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confusion / Dementia</td>
<td></td>
<td></td>
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<tr>
<td>Severe Dizziness</td>
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<tr>
<td>Visual Problems</td>
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</table>

Additional Information (Please Print)

NAME OF DOCTOR:.................................................................

ADDRESS:...........................................................................

SIGNED:..............................................................(Doctor)

DATE:..............................................................................

Before returning this form, please *pay particular attention* to all important Notes as outlined in the booklet

I Herely certify that all information given in this application form is correct:

Signed:............................................................................(Applicant) Date:.................................

Please ensure that the following documentation is included with your application form:

- Application completed in full with ALL parts completed  (Please Tick)
- Fully completed Medical Certificate signed and stamped by Doctor  (Please Tick)
- Evidence of Household Income  (Please Tick)
- Evidence of Ownership of house  (Please Tick)
- Proof of compliance with Local Property Tax  (Please Tick)