



Comhairle Chontae na Gaillimhe
Galway County Council

HOUSING AID FOR OLDER PEOPLE

APPLICATION FORM

Please read the attached conditions prior to completing this form

All questions must be answered

Please write your answers clearly in block capital letters

The Housing Aid for Older People is available to assist older people living in poor housing conditions to have necessary repairs or improvements carried out

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

Housing Aid for Older People



Comhairle Chontae na Gaillimhe Galway County Council

Notes regarding this form and grant

1. Please read the attached Conditions prior to completing this Application Form. All questions must be answered and please write your answers clearly in block capital letters. Incomplete forms will be returned and applications will only be recorded as received once a fully completed application form has been submitted. **See application check list.**
2. Works must not commence prior to written approval from Galway County Council.
3. Works commenced without approval will not be funded under any circumstances.
4. The **grant approval is valid for 6 months only** from the date of written approval. If you are unable to complete works within the 6 month period you should notify the Council within this period and request an extension of time otherwise your grant approval will expire.
5. The person for whom the grant is sought must be the owner of the property. Two documents showing proof of residence must be submitted e.g. household bills, further proof of ownership may be requested.
6. Please note that it is a requirement of the above scheme that your contractor submits his/her current tax clearance certificate to this office for inspection before grant payment can be made.
7. 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 Council may refuse an application where it is considered the current living conditions are of a good standard.
8. Please note that this grant can be reduced or withdrawn if all information on the application form is not correct.
9. Please note that grant will not be paid until a fully itemised final invoice and receipt of payment for completed works is received and the Council is satisfied that all works have been completed.
10. Please note that the contractor is directly employed by the applicant and all matters relating to the contract and payments is a private matter. Council staff will not deal directly with any contractor in relation to these issues. Galway County Council does not guarantee the quality of or maintain any of the works carried out on your behalf by the contractor. This is a matter for applicants who may if they consider it necessary engage a suitably qualified person to oversee and/or sign off on the works.
11. Please include PPS numbers for all occupants of the household on the form.
12. Planning permission may be required depending on proposed works to be carried out to the dwelling. Applicant should consult with the Planning Office, Galway County Council
13. Evidence of compliance with Local Property Tax (LPT) is required to be submitted with application.
14. Energy Efficiency Works are not covered under this grant. If you require such works, contact the Sustainable Energy Association of Ireland on 1850 927000 or www.seai.ie

Housing Aid for Older People

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

Who can apply?

Applicant(s) should be **66 years** of age (or over) or be residing with a spouse or with another person 66 years of age (or over). Where in the opinion of the Council, genuine cases of hardship exist, the Council may consider the payment of a grant to individuals who are less than 66 years of age

The factors that will determine whether a person below the age of 66 would qualify include their current housing condition, their state of health and their ability to assist themselves. Where an applicant is citing ill health the attached certificate must be completed by your doctor. If you are attending a Consultant/Specialist regarding your medical condition a letter from your Consultant/Specialist should be provided outlining details of your medical condition and the necessity of improvement to your house.

Where the applicant is working with the Health Service Executive Occupational Therapist, a full report from the OT should be included.

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;**- 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.
- **Re-wiring:** Applicants applying to carry out rewiring must enclose with their application, written confirmation from a qualified electrician stating the condition of the existing wiring.
- **The provision of central heating, water and sanitary services:** grant aid is only available for these works if none already exists in the property
- **Repairs to/replacement of windows and doors:** grant aid will only be provided where existing window and doors in property are proven to be in poor condition.

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- **Dry-lining** only
- **Other** – any other repair or improvement works which in the opinion of the Council are considered reasonably necessary.

N.B. Energy Efficiency works are not covered under this grant scheme. Please contact Sustainable Energy Association of Ireland on 1850 927000 or w.w.w.seai.ie with regard to their ‘Better Energy Homes’ and ‘Warmer Homes Scheme’ in respect of any energy efficiency works.

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 Galway 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

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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 protection recipients, a statement from the Department of Social Protection 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.
- Where income is received from more than one source, documentation to support all incomes should be submitted.

(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 (LPT).

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.

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7. Regulations

1. The applicant must be ages 66 years or over at the time of applying
2. Grant application cannot be considered where the works have commenced prior to receipt by the Council of the application for a grant.
3. The Council reserves the right to refuse a grant in any particular case
4. The elderly person **must occupy the house** as his/her normal place of residence
5. Provisional approval for grant applications under the scheme will be valid for a period of 6 months from date of issue, during which time the Council must be notified of commencement of works. All works must be completed and grant claimed within this period.
6. No other grant can be claimed for the work
7. When work is complete the applicant shall return the 'Conditions of Payment', itemised invoice(s) and current tax clearance certificate(s) of contractor(s). A final inspection may not be carried out before payment is made on the grant. You are requested to tick box below stating your preference for either a final inspection to be made by a Local Authority Inspector or the submission of photographic evidence of approved works carried out. Please select your preference.

a) **Provide Photographic evidence of the works carried out**

If you select this option it is necessary to provide photographic evidence of any works that have been approved for grant aid and submit them to Galway County Council together with a completed signed statement certifying that the approved works are now complete. This statement must be witnessed by a Commissioner of Oaths or a Peace Commissioner. This form will be forwarded to you after the 'conditions of payments' is received.

b) **An inspector to call to inspect the works**

If you select this option please note you may have to wait for a period before an inspector is available to inspect the approved works carried out. This may cause delays in receiving your final approval and thus delays in payment of your grant.

8. **N.B. Approval of grants shall be made subject to the necessary finances being available to the Council.**



Housing Aid for Older People

Application Form

HOP1

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:

Have you complied with Local Property Tax (LPT) requirement:
(See 'Conditions of Scheme', no. 5)

Yes No

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HOP 1
Office Use Only
Date Rec'd

Initials: _____



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 (if applicable)

Gross Annual Household Income: € _____
(See 'Conditions of Scheme' no. 3 & 4)

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: _____

Number and description of rooms in the dwelling:

	Bedrooms	Living	Dining	Kitchen	Other
Upstairs					
Downstairs					



Housing Aid for Older People

HOP 1
Office Use Only
Date Rec'd

Initials: _____

General description of proposed works (See 'Conditions of Scheme' no.1):

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:

***Please provide written confirmation from a Financial Institution that you have sufficient funds to cover balance of costs*

Has an Essential Repairs Grant, Special Housing Aid for the Elderly Grant or Housing Aid for Older People Grant or any other grant been paid previously in respect of the same premises or person? If yes, please give details:

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

Completed applications forms should be returned to:

**Housing Grants,
Galway County Council, County Hall, Prospect Hill, Galway**
☎: + 353 91 509301 ✉: housinggrants@galwaycoco.ie

www.galway.ie / www.gaillimh.ie



Initials: _____

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: _____

ADDRESS: _____

Doctor's Stamp

SIGNED: _____

DATE: _____



HOP 3 Office Use Only Date Rec'd <hr/> Initials:
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HOP 3 – Applicant

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.

Customer No: _____ Tax Clearance Certificate No: _____



HOP 3 - Contractor

TO BE COMPLETED BY CONTRACTOR:

(i) In the case of payments exceeding €650 applicants are required to provide the following details in respect of each contractor.

Name of Contractor 1:

Address:

Tel: _____

Income Tax serial number: _____

Tax District dealing with your tax affairs: _____

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

(ii) In the case of payments totalling €10,000 or more 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.

Customer No: _____ **Tax Clearance Certificate No:** _____



HOP 3 - Contractor

TO BE COMPLETED BY CONTRACTOR:

- (i) *In the case of payments exceeding €650 applicants are required to provide the following details in respect of each contractor.*

Name of Contractor 2:

Address: _____

Tel: _____

Income Tax serial number: _____

Tax District dealing with your tax affairs: _____

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

- (ii) *In the case of payments totalling €10,000 or more 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.*

Customer No: _____ **Tax Clearance Certificate No:** _____

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CHECKLIST

Please ensure that the following documentation is included with the application for grant aid:

- Fully completed application form (HOP1)
- Completed G.P. Medical Report & Doctor's stamp (HOP2)
- Completed Tax Form (HOP 3)
- Electrician's report if applying for Rewiring
- Letter from Insurance Company if applying for Re-Roofing
- Evidence of Household Income from all sources
- Two written itemised quotations detailing the cost of the proposed works
- Evidence of compliance with Local Property tax e.g. receipt for payment of LPT
- Proof of PPS no. i.e. Copy of social welfare/medical card, revenue letter etc.
- Copy of Birth Certificate and/or Photo identification i.e. Copy of passport/Driver's license
- Copy of two utility bills i.e. Electricity provider, telephone provider etc.
- Letter from a financial institution or evidence of savings as proof of balance of funding for works
- Under 'Conditions of Scheme' ;- no. 7, please ensure you have selected either 7(a) or 7(b)
- Photographs to support your application

Completed applications forms should be returned to:

**Housing Grants,
Galway County Council, County Hall, Prospect Hill, Galway**

☎: + 353 91 509301

✉: housinggrants@galwaycoco.ie

www.galway.ie / www.gaillimh.ie