

**MAYO 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

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; and

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

Who can apply?

Applicants should be 66 years of age (or over) and should be living on their own or with a spouse or with another person 66 years of age (or over).

However, in certain circumstances and at the discretion of the Local Authority, a lower age limit may apply.

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, re-wiring, heating, insulation (in cases where these works are not being grant aided or have been refused grant aid by SEAI) repairs to/replacement of windows and doors.

Central heating will be provided in properties where no central heating system currently exists. The most appropriate form of central heating system to be provided will be determined on a case by case basis. The needs and resources of the applicant, the condition of the property and value for money will be considered.

The installation of stoves in properties where an existing central heating system exists will not be funded. Grants will not be available to replace open fires with stoves or ranges.

Applicants applying to carry out **rewiring** must enclose with their application, written confirmation from a qualified electrician stating the condition of the existing wiring.

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 Mayo County Council. The table below sets out the level of grant available based on an assessment of household income.

A	B	C
Gross maximum household income p.a.	% of cost of works up to maximum available for income bracket	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 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;
- Child Benefit
- Early Childcare Supplement
- Family Income Supplement
- Domiciliary Care Allowance
- Respite Care Grant
- Foster Care Allowance
- Fuel Allowance
- Carer's Benefit / Allowance

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.
- In the case of social welfare recipients, a statement from Social Welfare 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 confirming Pension for the previous tax year.
- In the case of earnings from savings and investments, a certificate of interest or a dividend certificate.

(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 Tax Access Number 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.

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.

7. Checklist

Please ensure that the following documentation is included in the application for grant aid as all incomplete applications will be returned:

- Fully completed** application form (HOP1);
- Completed G.P. Medical Report (HOP2);
- Electrician's report if applying for Rewiring
- Completed Tax Form (HOP 3);
- Evidence of Household Income from all sources;
- Written itemised quotation detailing the cost of the proposed works;
- Evidence of compliance with Local Property tax.

Applicant: _____

Address: _____

Eircode: _____

Telephone No: _____ **Mobile No:** _____

Date of Birth: _____ **P.P.S. No:** _____

Occupation: _____

Name of contact person for whom grant aid is sought (if different from Applicant):

_____ **Contact number** _____

Relationship to applicant: _____

DATA PROTECTION DECLARATION

By signing this form, I give consent for the designated contact person listed below to make queries about my application on my behalf. I give consent for Mayo County Council to potentially pass on my personal data in relation to my application to this designated contact person.

Please note that only the designated contact person on this form can request information on your behalf. We cannot pass on any personal data to third parties without your prior consent.

For any Data Protection queries, please contact dataprotection@mayococo.ie.

Signed: _____

Name of the owner of the property to which the proposed repairs/improvement works are to be carried out:

Gross Annual Household Income: € _____
 (Please refer to explanatory note 3 below)

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: _____

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)

Number and description of rooms in the dwelling:

	Bedrooms	Living	Dining	Kitchen	Other
Upstairs					
Downstairs					

General description of proposed works:

Year of construction of dwelling: _____

Number of smoke alarms: _____

Number of carbon monoxide alarms: _____

Estimated cost of works: € _____
(Please submit a written quotation in respect of the 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 note that any grant paid by Mayo County Council will affect your tax credits if you are availing of the Home Renovation Incentive Scheme.

I, the applicant, hereby confirm that I (i) have not pursued a house insurance claim Payment, and (ii) have not received an insurance claim payment; nor do I intend to seek compensation from a House Insurance provider in respect of any of the works which are the subject of this Grant Application.

Signature of Applicant (1): _____

Signature of Applicant (2): _____

I, the applicant, hereby confirm that I have not sought or been awarded a grant from any other Body/Organisation in respect of the works for which I am now applying for grant aid

Signature of Applicant (1): _____

Signature of Applicant (2): _____

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

I accept that no liability howsoever arising shall attach to Mayo County Council from this application for grant assistance or any works carried out pursuant to it.

Signature of Applicant (1): _____ **Date:** _____

Signature of Applicant (2): _____ **Date:** _____

DATA PROTECTION DECLARATION

Please note that all information obtained by Mayo County Council is obtained and processed in accordance with the Data Protection Acts 1988, 2003 and 2018 alongside current EU GDPR Legislation. All information received will be stored, processed and used solely for the purpose in which it was given by the Data Subject, unless consent for use in another form has been clearly obtained.

We do not permit this information to be used for advertising or passed on to third parties, unless this has been specifically requested.

Please tick to confirm that you have read the above declaration

Completed applications forms should be returned to your local Municipal District office:

Ballina Municipal District Office

Ballina Civic Offices
Arran Place
Ballina
(096) 76100

Claremorris Municipal District Offices

Kilcoleman Road
Claremorris
(094) 9371508

Ballinrobe Housing Office

Kilmaine Road
Ballinrobe
(094) 9541111

West Mayo Municipal District Offices

Belmullet Civic Centre
Church Road
Belmullet
(097) 81004

Westport Housing Office

Altamont Street
Westport
(098) 50400

Castlebar Municipal District Office

Aras an Chontae
The Mall
Castlebar
(094) 9024444

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: _____

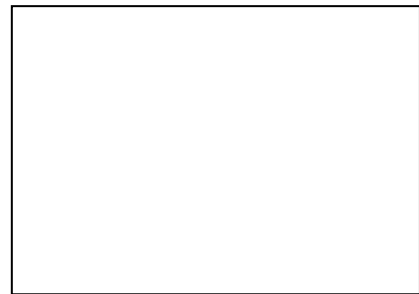
ADDRESS: _____

WHO SUFFERS FROM: _____
(PRINT IN BLOCK CAPITALS)

NAME OF DOCTOR: _____

DOCTOR'S STAMP

ADDRESS: _____



SIGNED: _____

DATE: _____

(PLEASE ENSURE CERTIFICATE IS STAMPED BY DOCTOR)

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.

In the case of a grant application totalling €10,000 or more, applicants are required to produce a valid Tax Clearance Certificate. The application form for a Tax Clearance Certificate is available from the Revenue Commissioner's website, www.revenue.ie. Alternatively applicants can request an application form from their local Revenue District.

Customer No: _____

Tax Clearance Certificate No: _____

TO BE COMPLETED BY CONTRACTOR

Name of Contractor 1: _____

Address: _____

_____ Tel: _____

Income Tax serial number: _____

Tax District dealing with your tax affairs: _____

Tax Clearance No/Access No: _____ Expiry Date: _____

In the case of payments totalling €10,000 or more a contractor is required to produce either a valid Tax Clearance 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: _____

TO ENABLE MAYO COUNTY COUNCIL STAFF MEMBERS TO LOCATE YOUR DWELLING FOR INSPECTION PURPOSES, PLEASE PROVIDE CLEAR DIRECTIONS (OR SUITABLE MAP) TO THE DWELLING.

See Guidelines below concerning the relevant details required:

- i. Indicate nearest local Landmark (e.g. Local Post Office; Church or School)

- ii. From this landmark, house is accessed by road leading

From: _____

To: _____

- iii. Indicate approximate distances: _____

Any Junctions/Turns Offs: _____

- iv. House is located on _____ side of the road.

- v. Description of House/Surrounds: _____
