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**DÚN LAOGHAIRE RATHDOWN COUNTY COUNCIL**

**HOUSING AID FOR OLDER PEOPLE**

**APPLICATION FORM**

**The Housing Aid for Older People Grant will only be a contribution toward the total cost of the works. Any shortfall between the amount of grant offered, and the works invoiced is to be met by the applicant.**

**Please read the attached conditions prior to completing this form**

**All questions must be answered**

**Please write your answers clearly in block capital letters**

**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).

### **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 only works grant aided under this scheme are re-roofing, re-wiring, and the provision of central heating (where none exists).

### **N.B. Central Heating:-**

**There is no grant available under this scheme for upgrading an existing central heating system. These grants are available from the Sustainable Energy Authority of Ireland at 1850 927 000.**

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

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.

**Works must not commence prior to receipt by Dún Laoghaire Rathdown County Council of the grant application and the Council's written provisional approval.**

Such provisional approval is subject to (i) the availability of funds (ii) completion of works to the Council's satisfaction (iii) a Clear Service Charges Account (Domestic Waste & Domestic Water Charges) (iv) Compliance with Building Regulations and (v) obtaining appropriate permission under the relevant planning legislation, if required.

### **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 Dun Laoghaire Rathdown County Council. The table below sets out the level of grant available based on an assessment of household income.

| <b>Gross maximum household income p.a.</b> | <b>% of costs available</b> | <b>Maximum Grant Available</b> |
|--|-----------------------------|--------------------------------|
| 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         |                                |

### **3. Household Income**

Household income is calculated as the annual gross income of the registered property owner together with that 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
- Family Income Supplement
- Domiciliary Care Allowance
- Respite Care Grant
- 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 a Tax Balancing Statement (P21) for the previous tax year is required. This can be obtained from the Office of the Revenue Commissioners, Telephone: 1890 33 34 25;
- 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 welfare recipients, a statement from Social Welfare stating weekly/annual payments.
- In the case of State Pensioners receiving a Contributory State Pension and/or a Private Pension a (P21) Tax Balancing Statement (available from the Revenue Commissioners 1890 33 34 25) for the previous tax year is required. If however there are no records available a letter from the Revenue Commissioners confirming this is required.
- In the case of State Pensioners receiving a Non Contributory State Pension a letter from the Department of Social Protection outlining type and amount of payment must be submitted alternatively the receipt from An Post may be submitted.

***(Evidence of household income should be submitted in respect of ALL members of the household)***

## **5. Tax Requirements**

In the case of any contractor engaging in work for the Housing Aid for Older People Scheme a current Tax Clearance Certificate issued by the Revenue Commissioners must be submitted with the estimates for the required works. Alternatively the contractor can give permission to the local authority to confirm his/her tax clearance status by quoting the registration number and tax clearance certificate number, which appears on the Tax Clearance Certificate.

In the case of grant applications totalling €10,000 or more, both the applicant and contractor must submit 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.

## **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 and data processing consent form (HOP1);
- Completed G.P. Medical Report (HOP2) (If required);
- Electrician's report if applying for Rewiring
- Letter from Insurance Company if applying for Re-Roofing
- Completed Tax Form (HOP 3);
- Evidence of Household Income from all sources (See conditions of scheme No. 3 & 4 above);
- Two written itemised quotations on Company headed paper, signed and dated, detailing the cost of the proposed works; The quotes should give details of items of work, together with quantities and costs for each, and labour costs;
- Evidence of Identity and Age (i.e. copy of either a Birth Certificate, Passport or Driving Licence);
- Drawings are required for applications concerning roof or structural repairs;
- Where relevant, indicate structural repairs/improvements. Describe internal/external wall(s) if removed or constructed.
- Tax Clearance Certificates must be submitted for each Contractor; Alternatively the contractor can give permission to the local authority to confirm his/her tax clearance status by quoting the registration number and tax clearance certificate number, which appears on the Tax Clearance Certificate.
- In the case of grant applications totalling €10,000 or more a Tax Clearance Certificate is required for the property owner. This can be obtained from the Office of the Revenue Commissioners, Lansdowne House, Telephone: 1890 33 34 25 or can be applied for online at [www.revenue.ie](http://www.revenue.ie);
- Evidence of compliance with Local Property Tax. Contact the Revenue Commissioners on Telephone: 1890 200 255 or [www.revenue.ie](http://www.revenue.ie) Postal address: LPT Box 1, Limerick;
- Please complete the attached EFT (Electronic Fund Transfer) form, it will enable us to pay you;
- It is recommended that the following mains connected alarms, complete with battery back up are installed during the suite of works: -
  - (i) 2 smoke alarms – one hall, one landing
  - (ii) Heat detectors in kitchen & rooms with open fires
  - (iii) Carbon Monoxide detectors/alarms (BS EN 50291 Type A) in prominent place adjacent to boiler & other combustion appliances, including fireplaces.

**The Building Inspector retains the right to request further information when required.**



**Applicant:** \_\_\_\_\_

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

**Telephone No:** \_\_\_\_\_ **Mobile No:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **P.P.S. No:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Name of person for whom grant aid is sought:**  
\_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

**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 above)*

**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 he/she been living at this address:** \_\_\_\_\_

**Details of ALL persons living in property for which grant aid is sought (*including applicant*):**

| <b>Name</b> | <b>Relationship to applicant</b> | <b>Date of birth</b> | <b>Gross Income (previous tax year)</b> | <b>Occupation (if applicable)</b> |
|-------------|----------------------------------|----------------------|---|-----------------------------------|
|             |                                  |                      |   |                                   |
|             |                                  |                      |   |                                   |
|             |                                  |                      |   |                                   |
|             |                                  |                      |   |                                   |
|             |                                  |                      |   |                                   |
|             |                                  |                      |   |                                   |
|             |                                  |                      |   |                                   |
|             |                                  |                      |   |                                   |

**Number and description of rooms in the dwelling:**

|                   | <b>Bedrooms</b> | <b>Living</b> | <b>Dining</b> | <b>Kitchen</b> | <b>Other</b> |
|-------------------|-----------------|---------------|---------------|----------------|--------------|
| <b>Upstairs</b>   |                 |               |               |                |              |
| <b>Downstairs</b> |                 |               |               |                |              |

**General description of proposed works:**

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**Estimated cost of works:** € \_\_\_\_\_  
(Please submit **two** 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:**

\_\_\_\_\_

**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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The Council in approving a Housing Aid for Older People Grant will accept no responsibility whatsoever for the condition of the property or for the satisfactory completion of the works carried out. Inspections carried out by the Council in relation to works in progress and on completion are intended solely for the information of the Council in determining the grant.**

# Data Processing Consent Form

## The Information you provide:

### **Data Processing - What we use it for:**

The information provided will enable Dún Laoghaire-Rathdown County Council to make a determination in relation to the approval of a Housing Aid for Older People Grant

### **Data Retention - How long will we hold on to the information provided:**

The information provided will be held on file in line with Dún Laoghaire-Rathdown County Council's Data Retention Policy.

### **Data Security - Who has access to this information?**

Dún Laoghaire-Rathdown County Council take appropriate security measures against unauthorised access to, or alteration, disclosure or destruction of the data and against its accidental loss or destruction. Dún Laoghaire-Rathdown County Council undertake to ensure that the information provided will only be accessed by the minimum amount of personnel that is required to make a determination in relation to the approval of a Housing Aid for Older People Grant.

### **Processing of Sensitive Personal Data/Special Categories of Data**

Dún Laoghaire-Rathdown County Council is committed to protecting the rights and privacy of individuals in accordance with the Data Protection legislation. Dún Laoghaire-Rathdown County Council publish a Privacy and Data Protection Statement on their website (<https://www.dlrcoco.ie/en/council-democracy/governance/data-protection-and-gdpr>).

### **Explicit Consent**

The information you are providing with this form relates to 'sensitive personal data/special categories of data' as defined in Data Protection legislation, (e.g. Data relating to health) and explicit consent from the data subject in relation to this information is required in order to process your application.

Should you wish to withdraw your consent please email [housinggrants@dlrcoco.ie](mailto:housinggrants@dlrcoco.ie) quoting the application number, your name and detailing that you wish to withdraw your consent.

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## Consent

I \_\_\_\_\_ consent to Dún Laoghaire Rathdown County Council processing the sensitive personal data/special category of data submitted with this form for the purpose of the Awarding Authority making a determination in relation to the approval of a Housing Aid for Older People Grant.

I understand that I can withdraw my consent at any time.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## **DECLARATION**

**An applicant may be excluded from consideration for a Housing Aid for Older People Grant if he/she supplies false information or withholds relevant information.**

**I/We undertake to inform Dún Laoghaire Rathdown County Council of any changes in circumstances since the date of application.**

**I/We hereby declare that the foregoing information is correct and I/We apply to Dún Laoghaire Rathdown County Council for a Housing Aid for Older People Grant.**

**I/We hereby authorise Dún Laoghaire Rathdown County Council to make any official enquiries necessary to process this application.**

**Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_**

**Signature of Spouse/Partner: \_\_\_\_\_ Date: \_\_\_\_\_**

**Completed applications forms should be returned to:**

**Dun Laoghaire Rathdown County Council,    or  
Housing Department,  
Private Grants Section,  
County Hall,  
Marine Road,  
Dun Laoghaire,  
Co. Dublin.**

**Dundrum Local Office,  
Dundrum Office Park,  
Main Street,  
Dundrum,  
Dublin 14.**

**Telephone: 01 205 4700 (extn. 4109) or DDI: 01 205 4847**

**E-mail: [housinggrants@dlrcoco.ie](mailto:housinggrants@dlrcoco.ie)**

**Web Site: [www.dlrcoco.ie](http://www.dlrcoco.ie)**

**TO BE COMPLETED BY GENERAL PRACTITIONER (only if required)**

**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:** \_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE No.:** \_\_\_\_\_

**DOCTOR'S STAMP:**



**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 Details. Applicants should submit their tax reference number and access number below.

Tax Reference No: \_\_\_\_\_

Access No: \_\_\_\_\_

**TO BE COMPLETED BY CONTRACTOR 1**

**Name of Contractor 1:** \_\_\_\_\_

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

**Telephone:** \_\_\_\_\_

**Income Tax serial number:** \_\_\_\_\_

**Tax District dealing with your tax affairs:** \_\_\_\_\_

In the case of payments totalling €10,000 or more a contractor is required to produce a valid Tax Clearance details. The contractor gives permission to the local authority to confirm his/her tax clearance status by quoting the tax reference number and access number.

**Tax Reference No:** \_\_\_\_\_

**Access No:** \_\_\_\_\_

**TO BE COMPLETED BY CONTRACTOR 2**

**Name of Contractor 2:** \_\_\_\_\_

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

**Telephone:** \_\_\_\_\_

**Income Tax serial number:** \_\_\_\_\_

**Tax District dealing with your tax affairs:** \_\_\_\_\_

In the case of payments totalling €10,000 or more a contractor is required to produce a valid Tax Clearance details. The contractor gives permission to the local authority to confirm his/her tax clearance status by quoting the tax reference number and access number.

**Tax Reference No:** \_\_\_\_\_

**Access No:** \_\_\_\_\_