



# **APPLICATION FORM**

**Alterations to Council-Owned  
Properties on Medical Grounds**

## Information

### Eligibility Criteria - tenancy (duration) and medical exceptions:

Applicants must have resided in the property for a minimum period of two years to request an alteration. Exceptions may be considered if medical circumstances have changed since the date of tenancy, supporting documentation must be provided.

### To complete your application:

- 1) You will need to complete and sign the Application Form.
- 2) You need to sign the Data Processing Form. The Council treat all the information and personal data you provide as confidential. We do this in line with the General Data Protection Regulation (GDPR) and Data Protection Legislation. To process your application, we may share your personal information with the Department of Housing, Local Government and Heritage, occupational therapists and contractors carrying out works to your property.
- 3) You need to have your doctor complete, sign and stamp the Doctor's Certificate.

### Please send the 3 completed documents to:

**Alterations to Council-Owned Properties on Medical Grounds,  
Dún Laoghaire-Rathdown County Council,  
Housing Department,  
Level 2,  
County Hall,  
Dun Laoghaire  
Co. Dublin  
A96 K6C9**

**Or you can submit scanned copies of these documents to  
[alterations@dlrcoco.ie](mailto:alterations@dlrcoco.ie)**

### To process an application for alterations, the Council requires the applicant to meet the following requirements:

- A clear rent account (or have a repayment plan in place for any arrears, with six months continued payments on the plan)
- No repossession proceedings ongoing for the property
- No transfer application to another property in place.

### Please answer the following:

- Have you applied previously for works to be carried out under the Disabled Persons Grant Scheme? Yes  No
- Have you applied to transfer to alternative accommodation? Yes  No
- Have you applied to purchase your house? Yes  No
- If it is not possible to carry out the required works to your dwelling, would you consider a transfer to alternative suitable accommodation? Yes  No

### Details of the applicant

<b>Name</b>	
<b>Address including Eircode</b>	
<b>Date of birth</b>	
<b>Email Address</b>	
<b>Contact Phone Number</b>	

### Details of person who is completing this application form (If different from the applicant)

<b>Name</b>	
<b>Address including Eircode</b>	
<b>Date of Birth</b>	
<b>Email Address</b>	
<b>Contact Phone Number</b>	
<b>Relationship to the applicant</b>	

**Details of all persons living in the property (including tenants)**

<b>Name</b>	<b>Date of Birth</b>	<b>Relationship to Tenant</b>

**Type of property**

<b>Mid-Terrace</b>	<b>End-Terrace</b>	<b>Detached</b>	<b>Semi-Detached</b>	<b>Other</b>

**Number and description of rooms in the property**

<b>No. of Bedrooms</b>	<b>No. of Living Rooms</b>	<b>No. of Bathrooms / W.C.</b>

	<b>Number of occupants in each room</b>
<b>Bedroom 1</b>	
<b>Bedroom 2</b>	
<b>Bedroom 3</b>	
<b>Bedroom 4</b>	

<b>Previous Alterations</b>			
<b>Have alterations been carried out at your property previously?</b>	<b>Yes</b>	<b>No</b>	<b>Unsure</b>

<b>If Yes, please provide details</b>	
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**Details of Works Required**

<b>What is the nature of the disability, injury, or illness?</b>		
<b>What works are required to assist the applicant?</b>	<b>How will these works assist the applicant</b>	

## **Doctor's Certificate**

Your Doctor must complete this section in order to apply for alterations to your Council-Owned property.

<b>Details of the person who the alterations are for</b>
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Please answer all of the following questions using BLOCK CAPITALS.

<b>Name</b>	
<b>Address</b>	
<b>Condition(s) person suffers from</b>	
<b>Nature and degree of disability or mobility problem:</b>	
<b>Is the applicant a full-time wheelchair user?</b>	

## Doctor's Certificate (Continued)

To help decide how urgent the application is, please tick  **one** of the appropriate box.

<b>Priority 1</b>	
The person is terminally ill or fully/mainly dependent on family or a carer; <b>or</b>	
Adaptations to the home would help them leave hospital/residential care.	
<b>Priority 2</b>	
The person is mobile, but they need help to access washing, toilet facilities, bedroom, and so on; <b>or</b>	
The person's ability to function independently would be harder without the adaptations.	
<b>Priority 3</b>	
The person is independent, but they need special facilities to improve their quality of life such as a separate bedroom or living space.	

### Details of Doctor

<b>Doctor's Name</b>	
<b>Address</b>	
<b>Eircode</b>	
<b>Email Address</b>	
<b>Phone Number</b>	

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



## **Applicant Declaration**

**I declare that the information and details I have given on this application are true and correct.**

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**Signature of applicant**

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**Date**

## Data Processing Consent Form

### Regarding the Information you provide:

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

The information you provide will enable Dún Laoghaire-Rathdown County Council to make a determination in relation to the approval of your Application for Alterations to Council Rented Dwelling for Persons with a Disability.

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

The information you provide 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 your Application for Alterations to Council Rented Dwelling for Persons With a Disability.

To progress your application, your contact details may be provided to Department of Housing, Local Government and Heritage. It may also be necessary to provide your contact details to Health Workers. For example, a general practitioner, hospital consultant, social worker, care worker, occupational therapist etc. If your application is successful, your contact details will be provided to Consultants, providers of specialist equipment and Contractors who are responsible for completing the works.

#### **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 Data Protection legislation. Dún Laoghaire-Rathdown County Council publish a Privacy and Data Protection Statement on their website: (<https://www.dlrcoco.ie/en/councildemocracy/governance/data-protection-andgdpr>).

#### **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 [alterations@dlrcoco.ie](mailto:alterations@dlrcoco.ie) quoting the application number, your name and detailing that you wish to withdraw your consent.

## Consent

I \_\_\_\_\_ consent to Dún Laoghaire Rathdown County Council processing the personal data and special category data submitted with this form for the purpose of the Awarding Authority making a determination in relation to the approval of an application, and to sharing this information with Health Workers, Building Consultants, Contractors and the Department of Housing, Local Government and Heritage for alterations to Council Rented Dwelling for Persons with a Disability.

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

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