CORK CITY 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

Persons must be aged 66 or over to be eligible to apply for the Housing Aid for Older People Grant.
**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;
Private rented accommodation;
Accommodation provided under the voluntary housing Capital Assistance and Rental Subsidy schemes.

In certain circumstances applicants living in communal settings may be considered on a case by case basis.

**N.B.**  *Cork City Council tenants are not permitted to apply for this grant scheme.*

**Who can apply?**

Applicants should be 66 years of age (or over).

However, in certain circumstances and at the discretion of Cork City Council, 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, and the provision of central heating (where none exists). *Dry lining and window/door replacement can also be aided if deemed beneficial/ necessary by Cork City Council.*

**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 927000

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

<table>
<thead>
<tr>
<th>Gross maximum household income p.a.</th>
<th>% of costs available</th>
<th>Maximum Grant available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to €30,000</td>
<td>95%</td>
<td>€8,000</td>
</tr>
<tr>
<td>€30,001 - €35,000</td>
<td>85%</td>
<td>€6,800</td>
</tr>
<tr>
<td>€35,001 - €40,000</td>
<td>75%</td>
<td>€6,000</td>
</tr>
<tr>
<td>€40,001 - €50,000</td>
<td>50%</td>
<td>€4,000</td>
</tr>
<tr>
<td>€50,001 - €60,000</td>
<td>30%</td>
<td>€2,400</td>
</tr>
<tr>
<td>In excess of €60,000</td>
<td>No grant is payable</td>
<td>No grant is payable</td>
</tr>
</tbody>
</table>

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
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 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 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 Certificate issued by the Revenue Commissioners must be submitted with the estimates for the required works.

In the case of all Housing Aid for Older People Grant applications, the applicant 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.
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
- Letter from Insurance Company if applying for Re-Roofing
- Completed Tax Form (HOP 3) & a copy of a Tax Clearance Certificate for the applicant(s)
- Evidence of Household Income from all sources;
- 2 written itemised quotations detailing the cost of the proposed works. *Please ensure the contractor is vat registered and holds a valid Tax Clearance Certificate. Application forms will not be accepted if these are not provided.*
- Evidence of compliance with Local Property Tax.
- Copy of a recent utility bill.
- Contact telephone numbers – landline & mobile

**Application forms will not be accepted unless all the items listed above are included with the application.**
HOP 1

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:
________________________________________________________________________

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):

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to applicant</th>
<th>Date of birth</th>
<th>Gross Income (previous tax year)</th>
<th>Occupation (if applicable)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Number and description of rooms in the dwelling:

<table>
<thead>
<tr>
<th></th>
<th>Bedrooms</th>
<th>Living</th>
<th>Dining</th>
<th>Kitchen</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upstairs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Downstairs</td>
<td></td>
<td></td>
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</tbody>
</table>

General description of proposed works:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

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:

______________________________________________________________________________________

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:

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

Signature of Applicant: ___________________________ Date: _______________________

Completed applications forms should be returned to:

HOUSING LOANS & GRANTS OFFICE,
CORK CITY COUNCIL,
GROUND FLOOR,
CITY HALL,
CORK.

Ph: 021-4924512/ 021-4924169/ 021-4924591   E-mail: housing@corkcity.ie

Web Site: www.corkcity.ie

N.B. Cork City Council tenants are not permitted to apply for this grant scheme.
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: _________________________________________________________

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 all Housing Aid for Older People Grant applications, 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: _____________________________________________

C2 No:/Tax Clearance No: _________________________ Expiry Date: _____________________

In the case of all Housing Aid for Older People applications a contractor is required to produce a valid Tax Clearance Certificate. 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: _________________

Name of Contractor 2: _____________________________________________________________

Address: ________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Tel: __________________________

Income Tax serial number: __________________________________________________________

Tax District dealing with your tax affairs: _____________________________________________

C2 No:/Tax Clearance No: _________________________ Expiry Date: _____________________

In the case of all Housing Aid for Older People applications a contractor is required to produce a valid Tax Clearance Certificate. 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: _________________