

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.

Works must not commence prior to receipt by Cork City Council of the grant application and the issue of a written approval letter from Cork City Council.

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.

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

N.B. The amount of grant aid awarded to the applicant(s) will not be calculated on the quotations submitted but rather on the recommendations made by Cork City Council's Building Control Officers. The applicant(s) will have to contribute to the cost of the works.

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 and details of the source funds for these earnings.

(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(s) must submit a copy of their Tax Clearance details **i.e. P.P.S.N Number and Tax Clearance Access Number**.

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 (HGD3) & a copy of applicants Tax Clearance details. **Please provide the document from the revenue which states your P.P.S.N. Number and Tax Clearance Access Number**
- 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. **Please provide a Statement of your Local Property Payment History. (on www.revenue.ie, LPT section, click on “Your Payment History” and print your details**
- Completed Supplier Application Form (page 12);
- Copy of a recent utility bill;
- Contact telephone numbers – landline & mobile.

N.B. All payments made to applicants will be via EFT (Electronic Funds Transfer) Please ensure the applicant has a bank account or credit union account in their name. If a joint application is made, please ensure that applicants have a joint bank/credit union account.

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

Please be advised that Cork City Council does not have a list of approved or affiliated Contractors for the Disabled Persons Grant Scheme. Any Contractor holding themselves out as such is doing so without the approval of Cork City Council and without any authority to do so.

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

Applicant: _____

Address: _____

Eircode: _____

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*):

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:

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
T12 T997**

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 and authorise Cork City Council to access my Tax Clearance Certificate details on-line using the below P.P.S.N Number and Tax Clearance Access Number as provided to me by the Revenue Commissioners.

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 submit their Tax Clearance details i.e. Tax Clearance Reference number and Tax Clearance Access number. Applicants are also required to submit a copy their Tax Clearance Acknowledgement letter as provided to them by the Revenue Commissioners Office.

P.P.S.N. No: _____ Tax Clearance Access 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: _____ 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 Access No: _____

Name of Contractor 2: _____

Address: _____

_____ Tel: _____

Income Tax serial number: _____

Tax District dealing with your tax affairs: _____

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 Access No: _____



CORK CITY COUNCIL

Supplier Set up Application Form
Grant Applicant

PART A – SUPPLIER DETAILS

SUPPLIER NAME: _____

ADDRESS: _____

PPS NO. _____

NATURE OF BUSINESS: GRANT APPLICANT

PHONE NO. _____ Email address for remittances = _____

PART B- SUPPLIER TYPE

Grant/Refund

VAT RATE = 0%

GRANT APPLICANTS HAVE A 0% VAT RATE.

PART C – BANK DETAILS

Please note copy of top section of bank statement (do not include transaction details) showing name and account details must accompany this form

Name and address of Bank: _____

Bank Account Name: _____

Sort Code: _____ Account No. _____

BIC/swift: _____

IBAN: _____

Signed _____ Date _____

Print Name _____

Internal use only

Return to: Name: _____ EMAIL ADDRESS =
Department: _____
Address: _____