

CORK CITY COUNCIL
MOBILITY AIDS HOUSING GRANT SCHEME
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

**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

The Mobility Aids Housing Grant 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; and
 Accommodation occupied by persons living in communal residences.

N.B. Written permission to carry out adaptation works is required from Landlords/Housing agencies in cases where the applicant(s) are not owner occupiers.

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.

Purpose of Grant

The Mobility Aids Housing Grant is available to cover a basic suite of works to address mobility problems, primarily, but not exclusively, associated with ageing. The works grant aided under the scheme include:

- Grab-rails;
- Access ramps;
- Level access showers;
- Stair-lifts; and
- Other minor works deemed necessary to facilitate the mobility needs of a member of a household.

1. Occupational Therapist Report

Upon receipt of a **fully completed application form** (please reference checklist on page 5) Cork City Council will arrange for an Occupational Therapist to call, assess your requirements and make recommendations regarding appropriate necessary works.

An applicant may employ an Occupational Therapist privately if they wish. A maximum amount of €200.00 can be recouped by the applicant towards the Occupational Therapist Report upon production of an official receipt from the Occupational Therapist.

N.B. Applicants who do not proceed with the works following approval from Cork City Council WILL NOT be eligible to recoup the cost of the Occupational Therapist Report.

2. Level of Grant

The effective maximum grant is €6,000 or 100% of the approved cost of the works as assessed by Cork City Council, whichever is the lesser. The grant is available to households whose gross annual household income does not exceed €30,000.

N.B. All grant payments made by Cork City Council are net of vat. Applicants can claim a repayment of vat by completing a VAT 61A Form which can be requested from their Local Revenue Commissioners Office.

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 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 Grant
- 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 Mobility Aids Housing Grant Scheme a current Tax Clearance Certificate issued by the Revenue Commissioners must be submitted with the estimate for the required works.

In the case of all Mobility Aids Grant applications, the **applicant(s)** must submit a copy of their Tax Clearance details i.e. P.P.S.N Number & 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 Mobility Aids Housing Grant 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 (MAG 1);
- Completed G.P. Medical report (MAG 2);
- Completed Tax Form (MAG 3) & copy of a Tax Clearance Details **i.e. P.P.S.N Number & Tax Clearance Access Number**
- Evidence of Household Income from all sources;
- Evidence of compliance with Local Property Tax.
- Copy of a recent utility bill
- Contact telephone numbers – landline & mobile

N.B. All payments made to applicants will be via cheque or ETF (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 items listed above are included with the application.

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 adaptation 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 with the disability residing at the address above: _____

How long has s/he been living at this address: _____

Name and address of General Practitioner: _____

(Please note that the attached doctor's certificate must be completed by your G.P. and returned with this application form)

Details of all persons living in property for which grant aid is sought *(including applicant and/or person with a disability)*

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 2 written quotations 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 a Disabled Persons Grant, Housing Adaptation Grant or Mobility Aids Housing 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

CERTIFICATE OF DOCTOR

MOBILITY AIDS HOUSING GRANT 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 Mobility Aids Housing Grant 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 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 Mobility Aids 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 Mobility Aids Grants 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 Mobility Aids Grant 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: _____