HGD 1

WEXFORD COUNTY COUNCIL

HOUSING ADAPTATION GRANT

FOR PEOPLE WITH A DISABILITY

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

**NAME OF GRANT APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Works must not commence prior to receipt by Wexford County Council of the grant application and written approval from the Wexford County Council

The person for whom the grant is sought must occupy the house as his/her normal place of residence

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**Conditions of Scheme**

# Types of Housing

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# The Housing Adaptation Grant for People with a Disability 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 & Rental Subsidy schemes;

# 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 application is not owner occupied**

# 1. Purpose of Grant

The Housing Adaptation Grant for People with a Disability is available to assist in the carrying out of works which are reasonably necessary for the purposes of rendering a house more suitable for the accommodation of a person with a disability who has an **enduring** physical, sensory, mental health or intellectual impairment.

The types of works allowable under the scheme include the provision of access ramps, downstairs toilet facilities, stair-lifts, accessible showers, adaptations to facilitate wheelchair access, extensions, and any other works which are reasonably necessary for the purposes of rendering a house more suitable for the accommodation of a person with a disability.

To accept a grant application an Occupational Therapist Report is required for all work except for the conversion of an existing bathroom into walk-in shower facilities. In the case of bathroom conversions an Inspector may request a report after initial inspection.

N.B. In some cases an extension to a property will require Planning Permission or a Certificate of Exemption. In all cases where an extension is proposed, plans should be submitted with the application. Wexford Co Council will not be responsible for certifying the quality of the works or the compliance with Building Regulations or Planning Permission.

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Annual Household Income** | **Percentage of Cost of Works Available** | **Maximum Grant for houses erected for more than 12 months** | **Maximum Grant for houses erected for less than 12 months** |
|  |  |  |  |
| Up to €30,000 | 95% | €30,000 | €14,500 |
| €30,001 – €35,000 | 85% | €25,000 | €12,325 |
| €35,001 – €40,000 | 75% | €22,500 | €10,875 |
| €40,001 – €50,000 | 50% | €15,000 | €7,250 |
| €50,001 – €60,000 | 30% | €9,000 | €4,350 |
| In excess of €60,000 | No grant is payable |  |  |

### The amount of grant aid awarded to the applicant will not be calculated on the quotations submitted but rather on the recommendation made by Wexford Co Council’s Inspector. The applicant 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 income 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 where Care’s Benefit/Allowance is not being paid in respect of applicant;
* 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 household income should be submitted in respect of ALL household members:**

* In the case of PAYE workers, P60 or 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 for the previous tax year.
* 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.

**5. Tax Requirements**

In the case of any contractor engaging in work for the Housing Adaptation Grant Scheme for People with a Disability a current Tax Clearance issued by the Revenue Commissioners must be submitted with the estimate for the required works.

In the case of grant applications totalling €10,000 or more, the applicant must confirm that he/she holds a valid tax clearance certificate.

###### 6. Appeals Procedure

In processing applications under the Housing Adaptation Grant for People with a Disability, 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:

* Fully completed application form (HGD1);
* Completed G.P. Medical report (HGD2);
* Completed Tax Form (HGD3);
* Evidence of Household Income from all sources;
* Occupation Therapist’s report. (Unless applying only to change existing bathroom to walk-in shower)
* Evidence of compliance with Local Property tax.
* 2 Written itemised quotations detailing the cost of the proposed works.
* Copy of Contractors’ current Tax Clearance Certificate.
* Scaled drawing of proposed works, if applicable.
* Copy of Planning Permission, if applicable.

# It is recommended that smoke alarms be included in the proposed works

**You should submit a copy of your contractor’s invoice upon completion of the works.**

**All applicants are required to include with their grant application, proof that they are compliant with the local property tax**.

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

### Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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

**Name of person for whom grant aid is sought *(if different from Applicant):***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P.P.S. No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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)***

**Contact Details for all Correspondence:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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|  |  |  |  |  |  |  |

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

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

**I declare the above amount is my only source of income:**

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

Is the person with the disability residing at the address above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year the property was built \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Name and address of General Practitioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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***(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** | **Bathroom** | **Other** |
| **Upstairs** |  |  |  |  |  |  |
| **Downstairs** |  |  |  |  |  |  |

**General description of proposed works:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Estimated cost of works: € \_\_\_\_\_\_ Amount of grant you are applying for: € \_\_\_\_\_\_\_\_\_\_\_\_

***(Please submit 2 written itemised quotations in respect of the estimated cost of works)***

Balance of costs: € \_\_\_\_\_\_ How do you propose to fund the balance of costs: \_\_\_\_\_\_\_\_\_\_

If planning permission is required, please quote reference number and date of issue:

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

Has a Disabled Persons Grant or a Housing Adaptation Grant been paid previously in respect of the same premises or person? If yes, please give details:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**In the event that you are approved a grant for the proposed works please indicate below whom payment is to be issued to. Payment will be made by Cheque.**

|  |  |  |
| --- | --- | --- |
|  |  | **PLEASE TICK** |
| **Please make payment direct to:** | 1. **You the applicant** |  |
|  | 1. **Contact Correspondent** |  |
|  | 1. **Do you hold a current Bank Account** |  |

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

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

Housing Grants Department, Wexford County Council, Carricklawn, Wexford. Y35 WY93

Ph:053 9196004 or 0539196448 or 0539196694

E-mail: postmaster@wexfordcoco.ie

Web Site: www.wexfordcoco.ie

HGD 2

MEDICAL CERTIFICATE

HOUSING ADAPTATION GRANT FOR PEOPLE WITH A DISABILITY

# Definition of Disability:

In assessing this application Local authorities will have regard to the Disability Act 2005

which defines disability as follows:

*“disability”, in relation to a person, means a substantial restriction in the capacity of the person to carry on a profession, business or occupation in the State or to participate in social or cultural life in the State by reason of an enduring physical, sensory, mental health or intellectual impairment”.*

I hereby certify that the proposed works on the attached application form are necessary for the proper accommodation of:

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

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

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**WHO SUFFERS FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(PRINT IN BLOCK CAPITALS)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**NATURE AND DEGREE OF DISABILITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(PRINT IN BLOCK CAPITALS)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**YOU MUST INDICATE THE RELEVANT LEVEL OF DISABILITY APPLICABLE TO THIS APPLICANT BASED ON YOUR KNOWLEDGE/ASSESSMENT OF HIS/HER DISABILITY AND THE PROPOSED WORKS REQUESTED:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **(Please state the proposed works**)

Priority 1

Terminally ill or fully/mainly dependant on family or carer; or where alterations/adaptations would facilitate discharge from hospital or alleviate the need for hospitalisation in the future;

Priority 2

Mobile but needs assistance in accessing washing, toilet facilities, bedroom etc; or where without the alterations/adaptations the disabled person’s ability to function independently would be hindered;

Priority 3

Independent but requires special facilities to improve the quality of life, e.g. separate bedroom/living space.

**NAME OF DOCTOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOCTOR’S STAMP**

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE ENSURE CERTIFICATE IS STAMPED BY DOCTOR**

HGD 3

**Tax requirements in respect of Housing Adaptation Grant for People with a Disability**

**TO BE COMPLETED BY APPLICANT**

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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PPS No. or 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 Certificate. The application form for a Tax Clearance Certificate is available from the Revenue Commissioner’s website, [www.revenue.ie](http://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

### TO BE COMPLETED BY CONTRACTOR

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Income Tax No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tax District dealing with your tax affairs:\_\_\_\_\_\_\_\_\_\_\_\_

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.

Access No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tax Clearance Certificate No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### TO BE COMPLETED BY CONTRACTOR

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Income Tax No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tax District dealing with your tax affairs:\_\_\_\_\_\_\_\_\_\_\_\_

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.

Access No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tax Clearance Certificate No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_