HOP 1

WEXFORD COUNTY 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

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

**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 Wexford County Council of the grant application and written approval from 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

# Grants under the Housing Aid for Older People Scheme may be paid, where appropriate, in respect of works carried out to:

# Owner occupied housing; and

# Houses being purchased from a local authority under the tenant purchase scheme.

**Who can apply?**

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

# 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).

Wexford Co. Council will not be responsible for certifying the quality of the works or the compliance with Building Regulations or Planning Permission.

**Applications for Windows and Doors will be considered on a case by case basis.**

**IMPORTANT – Please note**

**Central Heating:- There is no grant available under this scheme for upgrading an existing central heating system.**

**Insulation:- There is no grant available under this scheme for External Wall Insulation, Cavity Wall Insulation, Dry lining, Attic\Roof Insulation. 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 Wexford County 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 |

### 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 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;
* 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 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.

**5. Tax Requirements**

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

###### 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 Tax Form (HOP 3) – This must be signed and completed as a declaration that your tax affairs and the contractor’s tax affairs are in order
* Electrician’s report if applying for Rewiring
* Letter from Insurance Company if applying for Re-Roofing
* Specifications, if applying for windows
* Evidence of Household Income from all sources;
* Evidence of compliance with Local Property tax.
* 1 written itemised quotation detailing the cost of the proposed works.
* Copy of Contractor’s current Tax Clearance Certificate.

**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, date of birth & PPSN of person for whom grant aid is sought *(if different from Applicant):***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_D.O.B.\_\_\_\_\_\_\_\_\_\_\_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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**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** | **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 1 written itemised quotation 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 Department, Wexford County Council, Carricklawn, Wexford.

Ph:053 9196004 or 0539196694

E-mail: postmaster@wexfordcoco.ie

Web Site: [www.wexfordcoco.ie](http://www.wexfordcoco.ie)

HOP 3

**Tax requirements in respect of Housing Aid for Older People Grant Scheme**

**TO BE COMPLETED BY APPLICANT**

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

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

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

PPS 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1.** In the case of persons paying income tax under PAYE, or those in receipt of social welfare payments, please quote your PPS Number

**2.** 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

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