MAG 1

WEXFORD COUNTY 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

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

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

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# 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;

# 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 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.

To accept a grant application Wexford County Council requires an Occupational Therapist Report 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.

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

**2. Level of Grant**

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

### 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;
* €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 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 Grant
* 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 Mobility Aids Housing Grant Scheme a current Tax Clearance issued by the Revenue Commissioners must be submitted with the estimate for the required works.

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

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

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 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. Y35WY93

Ph:053 9196004 or 0539196694

E-mail: postmaster@wexfordcoco.ie

Web Site: www.wexfordcoco.ie

MAG 2

CERTIFICATE OF DOCTOR

**MOBILITY AIDS HOUSING GRANT SCHEME**

I hereby certify that the proposed works\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ are necessary

(Please state the proposed works)

for the proper accommodation of:

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

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

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

**(PRINT IN BLOCK CAPITALS)**

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**DESCRIPTION OF MOBILITY PROBLEM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(PRINT IN BLOCK CAPITALS)**

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

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

**DOCTOR’S STAMP**

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

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

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

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

**PLEASE ENSURE CERTIFICATE IS STAMPED BY DOCTOR**

MAG 3

**Tax requirements in respect of Mobility Aids Housing Grant Scheme**

**TO BE COMPLETED BY APPLICANT**

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

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

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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_