

**DUBLIN 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.

### **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.

Dublin City Council may require the provision of an Occupational Therapist Report in order to process a grant application.

### **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.

### **3. Household Income**

Household income is calculated as the property owner's annual gross income in the previous tax year, together with that of his or her spouse/partner, if applicable.

In the case of private rented accommodation, household income is calculated as the tenant's annual gross income in the previous tax year, together with that of his/her spouse, if applicable.

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 (where the Carer's payment is made in respect of the person for whom the application for grant aid is sought).

### **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 front page and a copy of the payment page of your pension book or P21 Balancing Statement for the previous tax year

*(Evidence of household income should be submitted in respect of the property owner and, if applicable, his/her spouse/partner)*

## **5. Tax Requirements**

In the case of any contractor engaging in work for the Mobility Aids Housing Grant Scheme a current Tax Clearance or a C2 Card 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;

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

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

\_\_\_\_\_

\_\_\_\_\_

**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:

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

**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 and Residential Services  
Home Grants  
Block 2 Floor 2  
Civic Offices, Wood Quay  
Dublin 8**

**Seirbhísí Tithíochta agus Cónaithe  
Deontais Tithíochta,  
Bloc 2 Urlár 2  
Oifigí na Cathrach, An Ché Adhmaid  
Baile Átha Cliath 8**

**T. 222 2195 F. 222 2617 E-mail: [homegrants@dublincity.ie](mailto:homegrants@dublincity.ie)**

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

\_\_\_\_\_

\_\_\_\_\_

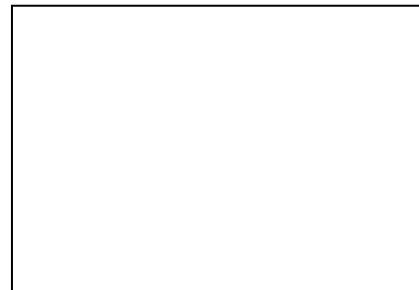
**NAME OF DOCTOR:** \_\_\_\_\_

**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.

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: \_\_\_\_\_