

CORK CITY COUNCIL
ONCE OFF ADAPTATION WORKS FOR SPECIAL NEEDS
LOCAL AUTHORITY TENANTS
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

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

Conditions of Scheme

Purpose of Scheme

The Once off Adaptation Works for Special Needs Local Authority Tenants scheme 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.

1. Occupational Therapist Report

Upon receipt of a **fully completed application form** (please reference checklist on page 3) Cork City Council will arrange for an Occupational Therapist to call, assess your requirements and make recommendations regarding appropriate necessary works.

2. Tax Requirements

In the case of all Once off Adaptation Works for Special Needs Local Authority Tenants applications, the **applicant(s)** must submit a copy of their Tax Clearance details i.e. **P.P.S.N Number & Tax Clearance Access Number**.

3. Appeals Procedure

In processing applications under the Once off Adaptation Works for Special Needs Local Authority Tenants, 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.

4. Checklist

Please ensure that the following documentation is included in the application for adaptation works:

- Fully completed application form (CCC-01);
- Completed G.P. Medical report (CCC-02);
- Completed Tax Form (HGD3) & a copy of applicants Tax Clearance details. **Please provide the document from the revenue which states your P.P.S.N Number and Tax Clearance Access Number**
- Copy of a recent utility bill.
- Contact telephone numbers – landline & mobile

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:

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:

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:

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

HOUSING ADAPTATION GRANT FOR PEOPLE WITH A DISABILITY

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

NAME: _____

ADDRESS: _____

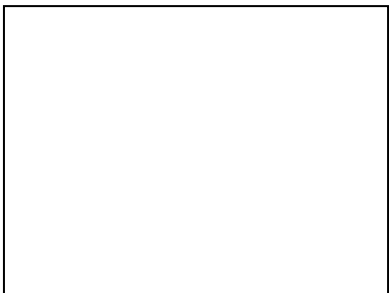
WHO SUFFERS FROM: _____
(PRINT IN BLOCK CAPITALS)

NATURE AND DEGREE OF DISABILITY: _____
(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 Once off Adaptation Works for Special Needs
Local Authority Tenants**

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 Once off Adaptation Works for Special Needs Local Authority Tenant 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: _____