

**KILKENNY COUNTY COUNCIL  
HOUSING AID FOR OLDER PEOPLE SCHEME  
APPLICATION FORM**

**NOTE: Applicant must be over 66 years of age at the date of making the application.**



Please read the attached conditions prior to completing this form

**Incomplete forms will be returned**

All questions must be answered

Please write your answers clearly in block capital letters

**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 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.**

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

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

**EIRCODE:**

**Are you a tenant of Kilkenny County Council:**      Yes   ☐      No   ☐

**If yes, how long:** \_\_\_\_\_

**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):**

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Relationship to applicant: \_\_\_\_\_

**Name of the owner(s) of the property to which the proposed works are to be carried out:**

**Is the person for whom the grant is sought residing at the address above:** \_\_\_\_\_

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

**Do you live alone:** Yes ☐ No ☐

**Should you wish to nominate a representative other than persons named above to liaise with Kilkenny County Council in regard to your application, please provide details:**

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

**Address:**

Tel. No. \_\_\_\_\_

**In nominating this person, you are agreeing that Kilkenny County Council can share your personal details with above named person.**

**Consent**                      **YES** ☐                      **NO** ☐

**Details of all persons living in property for which grant aid is sought (*including applicant*):**

<b>Name</b>	<b>Relationship to applicant</b>	<b>Date of birth</b>	<b>Gross Income (previous tax year)</b>	<b>Occupation (<i>if applicable</i>)</b>

**Number and description of rooms in the dwelling:**

	<b>Bedrooms</b>	<b>Living</b>	<b>Dining</b>	<b>Kitchen</b>	<b>Other</b>
<b>Upstairs</b>					
<b>Downstairs</b>					

**Current heating system:**

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**Are your windows double glazed:** Yes ☐ No ☐

**Does the proposed development consist of work to a protected structure/listed building and/or its curtilage or proposed protected structure and/or its curtilage?** Yes ☐ No ☐

**Does the proposed development consist of works to the exterior of a structure which is located within an architectural conservation area (ACA)?** ☐ ☐

**Has an Essential Repairs Grant, Special Housing Aid for the Elderly Grant or Housing Aid for Older People Grant been paid previously in respect of the same premises or person? If yes, please give details:**

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**General description of proposed works:**  
(Repair works only to be covered under this scheme, see conditions of scheme attached for more details)

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**Estimated cost of works:** € \_\_\_\_\_  
(Please submit 2 written quotations in respect of the estimated cost of works)

**Amount of grant you are applying for:** € \_\_\_\_\_

**Balance of costs:** € \_\_\_\_\_

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

**Gross Annual Household Income:** € \_\_\_\_\_  
(Income for all household members must be included i.e. all adults over 18 living in the house)

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

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

**You are required to include with this application, proof that you are compliant with the local property tax.**

I consent to the collection, processing and storage of the data provided by me to Kilkenny County Council and the sharing of this data with relevant agents for the purposes of processing my application for a grant.

I agree that Kilkenny County Council when processing my application may contact other Government Departments including Department of Social Protection, Health Service Executive and Revenue Commissioners to confirm the information provided.

Any personal information which you provide may be shared/exchanged with other Council Departments, Governments Departments/Agencies and Occupational Therapists in accordance with the law and will be used by Kilkenny County Council and other Agencies to carry out our legal obligations, for the detection of fraud or for the prevention of crime.

Kilkenny County Council will treat all information and personal data you give us as confidential. We will retain your data for no longer than is necessary for the purpose this grant application and in accordance with the Council's Retention Policy.

**I hereby declare that the foregoing particulars are correct and true and I undertake to notify Kilkenny County Council of any change in my circumstances/household income. I hereby consent to my data being processed, shared and stored by Kilkenny County Council for the purposed outlined above.**

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

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

**Housing Grants Section, Kilkenny County Council, Johns Green House, John's Green, Kilkenny**

**CERTIFICATE OF DOCTOR****HOUSING AID FOR OLDER PEOPLE SCHEME**

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

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

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

\_\_\_\_\_

\_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**IMPORTANT: THIS SECTION MUST BE COMPLETED**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NATURE OF CONDITION AND HOW THIS IS AFFECTED BY THE CONDITION OF THE APPLICANTS HOME:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DOCTOR'S STAMP**



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

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

## **Conditions of Scheme**

### **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 structural repairs or improvements, re-wiring, repairs to/replacement of windows and doors, the provision of heating, water and sanitary services.

**N.B. Central Heating**:- There is no grant available under this scheme for upgrading an existing central heating system. 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. E.C.T.I Certificates and Record Sheet are requested when works are complete.

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.

Applicants applying for **replacement boilers** must submit with their application, written confirmation from a registered and tax compliant contractor that the gas/oil boiler is broken beyond repair and cannot work again.

### **2. Level of Grant**

The level of grant aid available shall be determined on the basis of gross household income and shall be between 30% - 95% of the approved cost of the works. The table below sets out the level of grant available based on an assessment of household income.

<b>Gross maximum household income p.a.</b>	<b>% of costs available</b>	<b>Maximum Grant available</b>
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

### **3. Local Property Tax**

All applicants are required to include with their grant application, proof that they are compliant with the Local Property Tax i.e. A Statement from Revenue showing all Local Property Tax is paid up to date or that the property qualifies for an exemption. (This is available from Revenue Online).

### **4. Tax Requirements**

In the case of contractors, the contractor's name, address, tax reference number and tax district, and the number and expiry date of a certificate of authorisation issued to the contractor by the Revenue Commissioners must be submitted i.e. tax clearance certificate.

## **5. Household Income**

Household income is calculated on the annual gross income in the previous tax year of the registered property owner together with all household member 18 years or over (or 23 years or over if in full-time education).

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;
- Carer's Benefit / Allowance (where the Carer's payment is made in respect of whom the application for grant aid is sought).

## **6. Evidence of household income**

The following evidence of income must be included with all applications:

- 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. In the case of State Pensioners, a copy of the current pension receipt slip or if paid through Bank, copy of page from Bank Statement will suffice.
- In the case of earnings from savings and investments, a certificate of interest or a dividend certificate.

## **7. 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.

## **CHECKLIST ✓**

**Unnecessary delays can occur in processing applications due to part or not all the requested information being provided by the applicant. To avoid delays please read the following:-**

**Please tick ✓**

- ☐ **Have you completed all sections of the application form**
- ☐ **Have you attached Proof of Income of all household members 18 years or over**
- ☐ **Please ensure that your Doctor has completed Section HOP 2 of this Application Form**
- ☐ **Please submit 2 Estimates for the works required which form part of the application. Estimates being provided should detail full breakdown of all elements of the work required. Each element should be costed separately.**
- ☐ **Please ensure that Registered Contractors, with up to date public liability insurances and up to date Tax Clearance Certificate quote for the works.**
- ☐ **Proof of payment of Local Property Tax.**
- ☐ **Electricians report if applying for re-wiring**
- ☐ **Letter from Insurance Company if applying for re-roofing**

**Funding of works under the Housing Aid for the Older Person Grant Scheme is not always guaranteed and is subject to funding being available from Central Government**

**Works must not commence prior to receipt by Kilkenny County Council of the grant application and written approval from the Council. Works carried out without the prior approval of the Council will render the application VOID**

**If you require assistance in filling out this form please contact:**

**Housing Grants Section,  
Housing Department,  
Kilkenny County Council,  
John's Green House,  
John's Green,  
Kilkenny.  
056 7794975 OR 056 7794978**