



**Housing Adaptation Works to a Local Authority
Dwelling Application Form**

Please answer all the following questions using BLOCK CAPITALS.

Details of who the grant is for:

Name

Address

Eircode

Date of Birth PPS Number

Email Address

Contact Phone Number

Please tell us the number of different rooms in the home:

	Bedrooms	Bathrooms	Living	Dining	Kitchen	Other
Upstairs						
Downstairs						

List the details of the work you want to get done in your home:

Details of all people living in the household:

In the table below, please include the details of all people living in the household.

Please include the person who the grant is for (if it applies)

Name	Date of birth DD/MM/YYYY	Relationship to the person who the grant is for

Nature of condition:

How long has the applicant been suffering from the condition?

How long has the applicant been living at this address?

Previous address:

Has any previous application for alterations to any dwelling been approved by a Local Authority for the above applicant?

Is your Rent Account in Arrears

Yes No

Amount of Arrears (if applicable): € _____

If your rent account is in arrears, have you made a formal agreement with Kildare County Council to reduce the arrears:

Yes No

Doctor's Certificate

Your Doctor must complete this section:

Housing Adaptation Works to a Local Authority Dwelling

Details of the person who the grant is for

Please answer all the following questions using BLOCK CAPITALS

Name

Address

Condition(s)
Person suffers
from

Nature and
degree of
disability or
mobility
problem

Are they a full-time wheelchair user?

Yes

No

Doctor's Certificate (continued)

To help decide how urgent the application is, please tick the appropriate box:

Priority 1:

- The person is terminally ill or fully/mainly dependent on family or a carer; or
- Adaptations to the home would help them leave hospital/residential care, or reduce the need for hospitalisation in the near future.

Priority 2:

- The person is mobile, but they need help to access washing, toilet facilities, bedroom, and so on; or
- The person's ability to function independently would be harder without the adaptations.

Priority 3:

- The person is independent, but they need special facilities to improve their quality of life such as a separate bedroom or living space.

Details of Doctor:

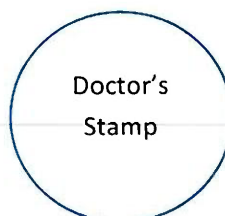
Name of Doctor

Address

Phone

Signed: _____

Date: _____



What adaptation works are requested in the dwelling?

(Please tick as appropriate)

Level Access Shower	
Ramp	
Stairlift	
Grab Rails	
Door Widening	
Hoist	
Door Entry System	
Deaf Alarms	
Other Alterations	

Please note the Department of Housing, Local Government and Heritage guidance for the approval of house extensions outlines that, extensions should only be carried out where no alternative option is available. Local Authorities must explore alternative options including transfers within stock (own stock or long term leased properties), transfers to an available and suitable unit with the Approved Housing Body sector or the use of judicious acquisitions. They further note that an **extension is a last resort**, and they must carry out **works in lieu** or exhaust all other options before an extension is granted.

Have you applied for a transfer? _____

Ref No: _____

Data Protection

By law, applicants must provide certain personal data in this form, so we can do our work. We treat all information and personal data provided as confidential. We do this in line with the General Data Protection Regulation and Data Protection legislation.

To process this application, please note that we may share your personal data (information) within Kildare County Council Housing Department, with the Department of Housing, Planning and Local Government and with occupational therapists.

You can read the details of our Data Protection Policy and Privacy Statements on your local authority website. The policy explains how and why we will use personal data and provide information about your rights as a data subject. The policy is also available in paper format if you request it from your local authority office.

Declaration

I acknowledge and accept that in the event of me wishing to purchase this house, the net cost of the work updated in accordance with the terms of the sales scheme current at the time will be added to the cost of the house itself.

I declare that the information and details I have given on this application are true and correct. I authorise Kildare Council to contact any medical person, doctor, consultant etc. involved in my case.

Signature: _____

Date: _____

Completed application forms should be returned to:

Housing Grants Section
Kildare County Council
Aras Chill Dara
Devoy Park
Naas
Co. Kildare

If you have any queries, please phone 045 980480 or email
housinggrants@kildarecoco.ie

Appeals

In processing applications under the Housing Adaptions Works, the Local Authority (LA) recognises that some applicants may be dissatisfied with the LA's decision. The LA 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, together with supporting medical evidence.
- Medical evidence shall consist of the following: OT Report, GP Letter, Hospital Consultants Letter, Social Worker Letter.
- A decision on an appeal will be notified to each applicant in due course.