

Bray Town Council (Comhairle Baile Bhré)

**Housing Section,
Civic Offices,
Main Street,
Bray,
Co. Wicklow.**



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DISABLED PERSONS GRANTS SCHEME

HOUSING (MISCELLANEOUS PROVISIONS) ACT 1979

BRAY TOWN COUNCIL

APPLICATION

DISABLED PERSONS GRANTS SCHEME

Please use block capitals.

All questions must be answered by or on behalf of the Applicant.

Incomplete Application Forms will be returned.

Name of Applicant: _____

(Applicant is the Person with Disability).

Address of Applicant: _____

Date of Birth of applicant: _____

Phone Number / Contact Number: _____

Nature of disability: _____

(Please ensure that the form attached to the back of this application form is completed by your G.P. and returned with your completed application form – a letter from your G.P. may also be submitted if desired).

Please give a description of the proposed alterations: (simple plan/sketch can be submitted – detailed drawings should not be submitted at this stage as generally proposals need to be amended following the Occupational Therapist's assessment):

State how applicant's needs will be enhanced by the carrying out of this work.:

Has the applicant ever applied or received a Disabled Persons Grant in the past:

Yes _____ No _____ (if yes, please give details)

I hereby apply for a grant in accordance with the terms of the Disabled Persons Grants Scheme and on the basis of the information set out herein I authorise officers of the HSE (East Coast Area) to give relevant information to Bray Town Council.

Signature of Applicant or Guardian _____ Date _____

THIS FORM MUST BE COMPLETED BY THE TENANT OF THE HOUSE

Name of the Tenant of the House for which the grant is sought: _____

Telephone Number of Tenant of House: _____

Relationship of Tenant of House to Applicant: _____

Is the applicant (person with disability) normally residing at this Address? Yes _____ No _____
(If the applicant is not normally residing at the house the subject of the grant application please explain and give details of normal place of residence)

Has work ever been carried out on this dwelling previously under this scheme or any other scheme operated by the Council (i.e. Improvement Works In Lieu of Local Authority Housing, Essential Repairs Grants Scheme)?

If yes, please give full Details: _____

Household Details:

Name	Date of Birth	Sex (M/F)	Relationship to Person with Disability

Type of house (Please tick)

(a) Bungalow _____ (b) Terrace _____ (c) Semi-detached _____

(d) Two Storey _____ (e) Other _____

I hereby certify that in the event of a Disabled Persons Grant being approved in respect of this dwelling that the dwelling house will be used to accommodate the applicant.

Signed Tenant(s) of house: 1. _____ Dated: _____

2. _____ Dated: _____

Declaration in relation to Tax Affairs.

In addition to normal conditions for eligibility, the grant application cannot be approved without confirmation that the applicant's Tax Affairs are in order. (i.e. the applicant being over the age of 18)

P.P.S. Number of Applicant _____

Income Tax District _____

I hereby declare that to the best of my knowledge, my tax affairs are in order.

Signed _____

Dated _____

BRAY TOWN COUNCIL

Disabled persons grants scheme

**(THIS CERTIFICATE TO BE SIGNED BY A DOCTOR AND RETURNED
WITH COMPLETED APPLICATION FORM).
(You may also submit a letter from your G.P. if desired)**

I certify that the work proposed in this grant application is necessary for the purpose of rendering the house more suitable for the accommodation of:

(Name of Applicant) _____

Who is a member of the household at _____

and who suffers from _____

Is the applicant a fulltime Wheel Chair User? _____

Signed _____ Date _____

Name of Doctor (Capital Letters Please) _____

Address _____

