

**Dublin City Council  
Housing, Social and Community Services**

**Grant Scheme for People with  
Disabilities**

**Scéim Deontas do Dhaoine faoi Mhíchumas**



**APPLICATION FORM**

**FOIRM IARRATAIS**

# Grant Scheme for People with Disabilities Scéim Deontas do Dhaoine faoi mhíchumas

ALL QUESTIONS ON THIS FORM MUST BE ANSWERED. PLEASE WRITE YOUR ANSWERS CLEARLY IN BLOCK CAPITAL LETTERS.

FAILURE TO ANSWER ALL QUESTIONS MAY INVALIDATE THE APPLICATION

Name of applicant: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_ PPS(RSI) No. \_\_\_\_\_  
\_\_\_\_\_

Address of house where work is to be done:  
\_\_\_\_\_

Is the disabled Person the registered owner of this house? \_\_\_\_\_

State if Tenant/Tenant-Purchase/Private: \_\_\_\_\_

Details of all persons living in the dwelling including applicant and/or disabled person.

NAME	DATE OF BIRTH	RELATIONSHIP TO APPLICANT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of rooms in dwelling	Livingroom	Dining	Kitchen	Bedrooms	WC	Bathroom	Other
Upstairs	_____	_____	_____	_____	_____	_____	_____
Downstairs	_____	_____	_____	_____	_____	_____	_____

Name of disabled person: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

PPS(RSI)No. \_\_\_\_\_

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

Nature of disability: \_\_\_\_\_

(Doctor's certificate at the end of this form must be completed)

How long has he/she been disabled? \_\_\_\_\_

Is the disabled person living at the above address? \_\_\_\_\_

How long has he/she been living at this address? \_\_\_\_\_

Previous address: \_\_\_\_\_

**Grant Scheme for People with Disabilities  
Scéim Deontas do Dhaoine faoi mhíchumas**

**Reason for moving to new address:  
(If you moved in the last two years)** \_\_\_\_\_

**Description of work required:** \_\_\_\_\_  
\_\_\_\_\_

**Why is it necessary?** \_\_\_\_\_  
\_\_\_\_\_

**Name and address of Occupational Therapist involved in your case (if any)?**  
\_\_\_\_\_

**Has any previous application for grant-aid or assistance been approved by a Local Authority for the APPLICANT or for the DISABLED PERSON at this or any other address? (Please give details)**  
\_\_\_\_\_

**Details of GROSS ANNUAL INCOME for each adult in household**

	<b>NAME</b>		<b>GROSS ANNUAL INCOME</b>
1.	_____	€	_____
2.	_____	€	_____
3.	_____	€	_____
4.	_____	€	_____

**How do you propose to fund the balance between the grant and the overall cost of the work?**  
\_\_\_\_\_

**I certify that the information listed above is correct to the best of my knowledge and that I have read and understand the note overleaf regarding inspections.**

**I hereby authorise Dublin City Council to contact any medical person e.g. Doctor, Consultant etc. involved in my case.**

**Signature of Disabled Person/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Grant Scheme for People with Disabilities Scéim Deontas do Dhaoine faoi mhíchumas DOCTORS CERTIFICATE

I HEREBY CERTIFY THAT:

Name:

Living at:

Suffers from:

What disability does this cause the patient?

---

---

In the event of prioritisation being necessary would you consider this application to be:  
(Tick relevant box)

Overall Priority  Priority  Routine

Details of work proposed by applicant \_\_\_\_\_

Recommendations (if any) in relation to this application

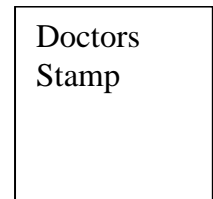
---

---

---

Signed: \_\_\_\_\_ (Block Capitals)

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



Date: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
\_\_\_\_\_

Form updated November 2004

**Loans, Sales and Grants Section  
Block 2  
Civic Offices, Wood Quay, Dublin 8.**

**An Rannóg Iasachtaí, Díolacháin agus Deontas  
Bloc 2  
Oifigí na Catharach, An Ché Adhmaid, BAC 8.**

**T. 222 2195, 222 2575    F. 2222583    E-mail: [loans.grants@dublincity.ie](mailto:loans.grants@dublincity.ie)**

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

**Cuirfear fáilte roimh chomhfhreagras I nGaeilge.  
Office Hours: Enquiries: 9.30am—4.00pm. Open through  
lunchtime.**