

APPLICATION FOR IMPROVEMENT WORKS TO LOCAL AUTHORITY HOUSE
FOR PERSON WITH A DISABILITY

APPLICANT DETAILS

APPLICANT NAME: _____

ADDRESS: _____

PHONE: _____

DATE OF BIRTH: _____ P.P.S.N: _____

NAME OF THE PERSON WHO THE GRANT IS FOR:

DESCRIPTION OF WORKS REQUIRED:

SIGNATURE OF APPLICANT: _____ DATE: _____

Completed application forms should be returned to:

Offaly County Council, Áras an Chontae, Charleville Road, Tullamore, Co. Offaly, R35 F893



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CERTIFICATE OF DOCTOR

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

NAME: _____

ADDRESS: _____

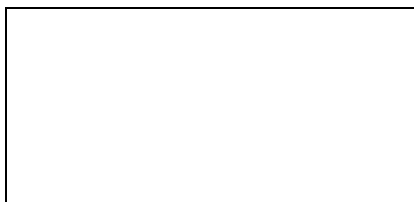
PLEASE COMPLETE THE FOLLOWING SECTION IN BLOCK CAPITALS

Condition(s) person suffers from:	
Nature and Degree of disability or mobility problem:	

NAME OF DOCTOR: _____

ADDRESS: _____

SIGNED: _____ DATE: _____



PLEASE ENSURE THIS CERTIFICATE IS STAMPED BY A DOCTOR.

