

# ***DONEGAL COUNTY COUNCIL***

## **RECONSTRUCTION / REPAIR / IMPROVEMENT LOANS**

Loans are currently available for the reconstruction, repair and improvement of houses to applicants who satisfy the income limits as laid down by the Department of the Environment (see below for details) and in addition the Council must be satisfied that.

- (a) After the proposed works are carried out, the house will be fit for habitation in all respects.
- (b) the house is suitable for reconstruction, repair and improvement as the case may be.
- (c) the proposed works are essential for the purpose of providing suitable housing accommodation.

**Please note that at least one applicant must be under 55 years of age. (If you do not qualify for this reason, the Council will only consider your application if someone under 55 years of age is willing to make a joint application with you).**

### **INCOME LIMIT**

In the case of two income households a formula of 2½ times the principal earner, plus the other income applies. The product of this formula must not exceed €100,000.00 to qualify. A limit of €40,000.00 applies where there is only one earner.

### **AMOUNT**

- (a) A loan cannot exceed €38,000 (Offshore Islands €50,000) or 75% of the amount which in the opinion of the Council, the house, if sold in the open market on completion of the proposed works, might reasonably be expected to realise, whichever is the lesser.
- (b) A loan cannot exceed 90% of the estimated cost of the reconstruction, repair or improvement works that is, estimated gross cost and after deducting grants payable in respect of the improvement works.

### **INTEREST RATE**

A variable interest rate applies to all Reconstruction Loans.

### **REPAYMENT PERIOD**

Maximum repayment period will not exceed 15 years.

### **TITLE**

The title to the ownership of the house must be one which an ordinary mortgagee would be willing to accept, e.g. Fee simple, Fee farm, leasehold not less than 60 years unexpired.

### **PAYMENT**

Before any payment can be made the following conditions must be complied with:

- (a) the loan is secured by the completion of security documents by the Council's Solicitor at the borrower's expense.
- (b) the house is insured at the borrower's expense jointly in the names of the Donegal County Council and the borrower, for a sum not less than the full market value of the house, as determined by the Council.

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### **Application Form must be accompanied:**

- Application fee of €27.90.
- Income Tax Balancing Statement from Inspector of Taxes for last tax year.
- Income details:

**If employed:** P.60 for the previous tax year and current payslip together with completed Employers Certificate.

**If unemployed:** a letter from Department of Social Welfare stating amount of monies received for the previous tax year and amount received weekly.

**If self-employed:** audited accounts together with an auditor's report and evidence that the accounts have been agreed by the Inspector of Taxes.

- Maps of the proposed reconstruction work.
- Site location map.
- Copy of Planning Permission (form P.3) *if required*.
- Contractor's detailed quotation.
- Copy of Contractor's Tax Clearance Certificate or current C2 number.
- Certified evidence of your savings.

**When completed, your application should be forwarded to your local Public Information Service Centre at the following address:**

<b>Glenties Electoral Area, Gweedore Road, Dungloe</b>	<b>074 95 91300</b>
<b>Inishowen Electoral Area, Malin Road, Carndonagh</b>	<b>074 93 73700</b>
<b>Letterkenny Electoral Area, Neil T Blaney Road, Letterkenny</b>	<b>074 91 94200</b>
<b>Milford Electoral Area, Main Street, Milford</b>	<b>074 91 53900</b>
<b>Donegal Electoral Area, County House, Lifford</b>	<b>074 97 24400</b>
<b>Stranorlar Electoral Area, County House, Lifford</b>	<b>074 91 72222</b>

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FORM OF APPLICATION FOR A LOAN UNDER THE PROVISIONS OF THE HOUSING ACT, 1979 AND HOUSING REGULATIONS, 1980. IN RESPECT OF RECONSTRUCTION, REPAIR AND IMPROVEMENT OF DWELLINGHOUSES.

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Completed form together with relevant documents and application fee of €27.90 to be returned to your Local Public Service Centre

	<u>APPLICANT</u>	<u>SPOUSE</u>
1. NAME (Block Capitals)	_____	_____
2. Address	_____ _____	_____ _____
3. Date of Birth	_____	_____
4. Occupation	_____	_____
5. Name and Address of Employer	_____	_____
6. Applicant (s) income from profession or occupation for:		
(a) Income tax year ended 31 <sup>st</sup> December last	_____	_____
<b>(b) Any other source</b>	_____	_____
7. Name and Address of Bankers	_____	
8. Give particulars of property owned:		
(a) House _____ Rateable Valuation € _____		
(b) Business: Description _____ Rateable Valuation € _____		
(c) Land: Area _____ Rateable Valuation € _____		
9. Locality and description of house for which loan is required:	_____	

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10. State whether house which is the subject of this application is already the subject of a loan under the Housing Act, 1966.

\_\_\_\_\_

11. Have you full title to your house \_\_\_\_\_

12. Give short description of work proposed \_\_\_\_\_

\_\_\_\_\_

13. Estimated cost of work \_\_\_\_\_

14. Reference No. of approval under Planning Acts, 1963 & 1976:- \_\_\_\_\_

\_\_\_\_\_

15. Amount of Loan Required € \_\_\_\_\_

16. Period of repayment selected € \_\_\_\_\_

17. Have you applied for a grant € \_\_\_\_\_

18. Amount of grant allocated € \_\_\_\_\_

19. Give particulars of all dependants:

<b>ame</b>	<b>Age</b>	<b>Relationship to Applicant</b>	<b>Income (If any)</b>

**Signature of Applicant (s)** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ **Date** \_\_\_\_\_

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Where amount of loan is less than €10,000.00 please complete the following:

TAX NUMBER \_\_\_\_\_

NOTE: If on P.A.Y.E. your PRSI No. \_\_\_\_\_

**If self employed the reference number,  
On return of income** \_\_\_\_\_

**TAX DISTRICT DEALING WITH YOUR  
AFFAIRS:** \_\_\_\_\_

I hereby certify that to the best of my knowledge and belief, my tax affairs are in order:

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

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

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Where amount of loan is equal to or greater than €10,000.00 or more please complete the following:

TAX CLEARANCE NO: \_\_\_\_\_

DATE OF EXPIRY: \_\_\_\_\_

**(N.B. Tax Clearance Certificate must be enclosed. Application forms  
for Tax Clearance Certificates can be obtained from this office).**

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**EMPLOYERS CERTIFICATE**

**Employment Details**

1. Name of Employee: \_\_\_\_\_

2. Position held: \_\_\_\_\_

3. Full-time \ Part-time: \_\_\_\_\_

4. Temporary \ Permanent: \_\_\_\_\_

4. If position is temporary  
please state when  
employment is expected  
to terminate: \_\_\_\_\_

6. Normal **NETT Wage or Salary** € \_\_\_\_\_ per week

7. Overtime, Bonus, Commission € \_\_\_\_\_ per week

8. Any other Payments € \_\_\_\_\_ per week

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

**Dated:** \_\_\_\_\_

**Position in Company:** \_\_\_\_\_

**STAMP OF COMPANY REQUIRED HERE**



