

## Scheme for Persons with a Disability

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**Application for subsidy on adaptation works for persons with a disability to render their residence adequate for their needs**

File No.

### IMPORTANT NOTICE

Anyone who makes a false declaration will be disqualified for a period of five (5) years from benefiting from any scheme issued with the approval of the Minister responsible for Housing.

Notwithstanding anything contained in the foregoing provisions of this Scheme, the Authority shall have the right and this at its absolute discretion, to refuse any application. In the case that the application is refused, the administrative charges are not refunded. Therefore it is requested and strongly advised that applicants read the conditions of the scheme.

### Application will only be accepted if:-

1. It is filled and signed by each applicant;
2. the application for assistance under this Scheme must be made by both spouses jointly in case of married couples, two persons who have entered into a Civil Union under the Civil Union Act who are not legally or *bona fide de facto* separated;
3. a payment of €20 by cash, cheque or money order addressed to the Chairman, Housing Authority is attached;
4. the necessary documents stipulated in Section 6 of the application are produced.

**The personal information submitted in this application is protected and will be only utilised according to the Data Protection and Privacy.**

The personal information provided in this application form will be strictly utilised by the Authority for the processing of this application and will be only processed according to the Data Protection Act (CAP 440). Applicants have the right to access or verify the information held about them by requesting this in writing at the above address.

**Price: €1.00**

## SECTION 1

## PERSONAL INFORMATION ABOUT APPLICANT

1a) Name and Surname:

Address:

ID Card Number::

Date of Birth:

Telephone No.:

Mobile No.:

Email:

Civil Status:

1b) Name and Surname:

Address:

ID Card Number::

Date of Birth:

Telephone No.:

Mobile No.:

Email:

Civil Status:

**Bank Account details where the subsidy is to be deposited: BICC / SWIFT CODE:**

IBAN:

[illegible]

## SECTION 2

## PERSONAL INFORMATION ABOUT THE DISABLED PERSON

2a) Name and Surname:

Address:

ID Card Number::

Date of Birth:

Telephone No.:

Mobile No.:

Civil Status:

## Nature of Disability

(attach certificates as indicated in Section 8)

2b) Other Information

i. Date of marriage / Civil Union (in case of married couple / two persons who have entered into a Civil Union under the Civil Union Act or separated / annulled / divorced):

.....

ii. Date of death of spouse (in case of widows/ers)

.....

iii. Name of Spouse (in case of widows/ers)

.....

**SECTION 3**

**INFORMATION ABOUT THE PROPERTY IN WHICH WORKS WILL BE CARRIED OUT**

3a) Applicant is requested to mark [✓] indicating the title of the property:

Owner ☐

Tenant ☐

Emphyteuta ☐

Government Property ☐

Joint Office Property ☐

Private Property ☐

If applicant is not the owner and does not pay rent (has no title on property) ☐

3b) Address of property:

.....

.....

Name of Landlord and ID Card No.:

.....

Landlord's Address:

.....

.....

Applicant has been living in premises since

.....

3c) The property is a

House ☐

Apartment ☐

Maisonette ☐

**SECTION 4**

**WORK REQUESTED \***

Applicant is requested to tick [✓] works being requested:

i. Works related to access to residence and in residence ☐

ii. Works in bathroom and Walkin Shower ☐

iii. Works in kitchen ☐

iv. Works related to Water / Electricity services ☐

v. Works related to building conversion / extension ☐

vi. Lifts - Stair-lift / Platform lift / Passenger lift (Home Lift) ☐

\* The above works are explained in detail in the conditions of the Scheme attached to the application form.

## SECTION 5

## DECLARATION

I, the undersigned, declare that I have read, agreed and accepted all the conditions of the Government Gazette related to my application, which conditions form an integral part of my declaration and which conditions I was given a copy of together with my application form.

I also declare that the information given in the application is correct and true. I understand that I will forfeit the right to any subsidy under this Scheme and will not be entitled to the charges paid if incorrect information is given.

I understand and accept that the Authority will not assume any responsibilities leading to damages and damages occurring to the property and to third party properties during the processing of the application, during the works and after the works are completed under this scheme. All risks and responsibilities shall always be directed to the undersigned applicant.

Signature of Applicant

Signature of Applicant

Date:

Date:

## SECTION 6

## LIST OF DOCUMENTS TO BE ATTACHED TO APPLICATION

### List of documents and certificates which need to be produced together with application (where applicable)

- i) Photocopy of valid ID Card from both sides of each applicant and of children over the age of 18 living with them.
- ii) Photocopy of valid Disability Card from both sides issued by the National Commission Persons with Disability.
- iii) In case of separated/annulled/divorced applicants, these are to produce a copy of the final judgement of the competent court that pronounces the separation or a copy of the contract of separation.
- iv) In case of *bone fide de facto* separated persons, these are to produce proof and/or official documentation to substantiate this. It shall be discretionary on the Housing Authority to decide whether the documents submitted suffice the *de facto* separation.
- v) Copy of deed of rental agreement and latest rental receipts or copy of deed of acquisition.
- vi) Quotation of works and apparatus if application is for the installation of a lift or stairlift.
- vii) Certificate attached marked Section 8 (Medial Certificate).
- viii) Power of Attorney to sign agreements on behalf of applicants (if applicable).
- ix) Bank statement showing applicant's IBAN.

**APPLICATIONS HAVING MISSING DOCUMENTS SHALL NOT BE ACCEPTED**

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 E-mail: customer.care.ha@ha.gov.mt • Website: <http://www.housingauthority.gov.mt>

**SECTION 7**
**FORM WHICH NEEDS TO BE FILLED BY MEDICAL DOCTOR OR CONSULTANT**

7a) Applicant's Name & Surname: \_\_\_\_\_

7b) ID Card Number: \_\_\_\_\_

7c) Medical Condition of Applicant (description of applicant's disability and medical condition - diagnosis):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7d) Clearly describe how this medical condition is causing a disability and how it is presently effecting the mobility of the applicant and his/her day to day functions:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7e) Explain how this condition can affect the applicant in the future especially in his/her mobility and day to day functions:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7f) Will applicant be confined to a wheelchair? YES ☐ NO ☐

7g) Applicant's medical condition is TEMPORARY ☐ PERMANENT ☐

\_\_\_\_\_

Rubber Stamp and Signature of Medical Doctor / Consultant

Date: