

Application for financial assistance
to people with a disability to
render their property accessible
for their needs

SCHEME FOR FINANCIAL ASSISTANCE FOR PERSON WITH A DISABILITY

With effect from 1st April 2025

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 Housing Authority shall have the right to refuse any application.

Application will only be accepted if:-

1. It is completed and signed by all applicants;
2. The application for assistance under this Scheme must be made by both spouses jointly in case of married couple, two persons who have entered into a Civil Union and who are not legally or *bone fide de facto* separated;
3. A payment of €20 cash or money order addressed to the Chairman Housing Authority
4. The necessary documents stipulated in Section 5 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 586 of 2018 amended by XII of 2021 & LN 212 of 2023). Applicants have the right to access or verify the information held about them by requesting this in writing to the Housing Authority.

SECTION 1 – PERSONAL INFORMATION ABOUT APPLICANT

1a) Name & Surname: _____

Address: _____

ID Card Number : _____ Date of birth _____

Telephone/Mobile: _____ Civil Status:- _____

Email: _____

1b) Name & Surname: _____

Address: _____

ID Card Number : _____ Date of birth _____

Telephone/Mobile: _____ Civil Status:- _____

Email: _____

Bank Account details where the subsidy is to be deposited

BICC & Swift Code: _____

IBAN:

[illegible]

SECTION 2 – PERSONAL INFORMATION ABOUT THE DISABLED APPLICANT

2a) Name & Surname:

Address: _____

ID Card Number : _____ Date of birth _____

Telephone/Mobile: _____ Civil Status:- _____

Email: _____

2b) Nature of Disability

SECTION 3 – INFORMATION ABOUT THE PROPERTY IN WHICH WORKS WILL BE CARRIED OUT

3a) Applicant is requested to indicate 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) The property is: House ☐ Apartment ☐ Maisonette ☐

Section 4 – WORKS REQUESTED

Applicant is requested to insert YES or NO for works being requested:

- | | | |
|------|---|----------------------|
| i. | Works in bathroom and Walkin Shower | <input type="text"/> |
| ii. | Lifts / Stairlift / Platform Lift / Passenger Lift (Home Lift | <input type="text"/> |
| iii. | Sensory Items | <input type="text"/> |
| iv. | Mobility Accessories - bath-boards, grab rails, hoists, lifting aids, shower chairs, swing away grab rails, toilet raiser | <input type="text"/> |

SECTION 5 – 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.
- ii) Photocopy of valid Disability Card from both sides issued by the CRPD
- iii) In case of separated/annulled/divorced applicants, they 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 for the *de facto* separation.
- v) Copy of deed or rental agreement together with the latest rental receipts or a copy of the deed of acquisition
- vi) Quotations of work and apparatus if application is for the installation of a lift/stairlift/platform lift.
- vii) Certificate attached marked Section 7 (Medical Certificate)
- viii) In case of works related to lift installation in a private property, Power of Attorney to sign deeds on behalf of applicants

APPLICATIONS HAVING MISSING DOCUMENTS SHALL NOT BE ACCEPTED

SECTION 6 - DECLARATION

I/We declare that:-

- a) I /we have read, understood, agreed and accepted all the conditions of the Scheme published in the Government Gazette related to the application, which conditions form an integral part of my/our declaration and which conditions I/we was/were given a copy of together with the application form;
- b) the information given in the application is correct and true. I/We understand that I/we will forfeit the right to any grant under this Scheme if incorrect information is given. In such case, we will not be entitled to a refund of the Administration fees paid;
- c) I/we shall assume all responsibility for all damages which occurred or which may occur 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 assumed in full by me/us, the undersigned. The Authority shall not be responsible in any manner.
- d) I/We agree to use and occupy the property for which the grant has been awarded exclusively as my/our ordinary residence for a minimum of ten years from the date of the final payment for the works completed under this scheme. In the event of non-compliance, I/we commit to reimbursing the grant as outlined in the scheme's conditions.
- e) I/We agree not to transfer the property on which a grant has been issued under this scheme under any title *inter vivos*, whether by sale or any other means, before ten years have passed from the final payment for the work completed under this scheme. If this condition is not met, I/we commit to refunding the grant as specified in the scheme's conditions.
- f) I/we understand and accept that the Authority may carry out an inspection at our premises at any time after benefitting from the grant. If from an inspection carried out at my/our residence it transpires that I/we did not carry out all or part of the works for which we were given the grant, the Authority will have the right to ask for the full refund of the grant given to me/us under this Scheme and I/we shall be obliged to refund the grant in full.

Signature & Name of Applicant

ID Card Number:

Signature & Name of Applicant

ID Card Number:

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 disability and medical condition – [diagnosis])

7d) Clearly describe how this medical condition is causing a disability and how it is presently affecting 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 conditions is TEMPORARY ☐ PERMANENT ☐

.....
 Rubber Stamp and Signature of Medical Doctor / Consultant

.....
 Date