



APPLICATION FOR LEAD WATER SERVICE CONNECTION REPLACEMENT GRANT SCHEME
The Scheme applies to Resident Home Owners only

(PLEASE READ REVERSE SIDE OF THIS FORM BEFORE COMPLETING YOUR APPLICATION)

PART 1 : APPLICANTS DETAILS:

PART 2 – SPOUSE/PARTNER’S DETAILS

Applicants Name: _____
 Address: _____
 Telephone: _____
 P.P.S.N.

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 Martial Status: Married Separated Single Other
 (Please tick relevant box)
 Are you the owner of the above residence? _____

Name: _____
 P.P.S.N.

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PART 3: DETAILS OF CHILDREN RESIDING WITH YOU:

NAME	DATE OF BIRTH

PART 4: DETAILS OF WEEKLY INCOME FOR YOURSELF & YOUR SPOUSE/PARTNER/OTHERS FROM THE FOLLOWING:

SOURCE	YOURSELF €	SPOUSE/PARTNER €	OTHER ADULTS RESIDING WITH YOU €	DETAILS
Social Welfare Payments				
Pension (Private)				
Wages/Salary				
Any other sources e.g. Investments, Property, keep paying guests/students etc. PLEASE SPECIFY				

PART 5: WORKS - Laying of new water service connection pipe from stopcock to kitchen sink tap –

PROPOSED METHOD OF WORKS (see reverse for examples)	Proposed start date of works	Name & Address of Contractor(s)	Estimated cost of works

CONTRACTORS’ DETAILS: C2 Cert No(s): _____

Note:

- It is the applicant’s responsibility to ensure that the works carried out are in accordance with the Building Regulations
- Galway City Council shall not guarantee or maintain any of the works carried out on your behalf by the contractors.

PART 6: DECLARATON

I _____ of _____
 DO SOLEMNLY AND SINCERELY DECLARE, THAT THE FOREGOING STATEMENTS AND PARTICULARS IN THIS APPLICATION FORM FOR LEAD WATER SERVICE CONNECTION REPLACEMENT GRANT ARE TRUE AND CORRECT IN EVERY DETAIL TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, AND I MAKE THIS SOLEMN DECLARATION, CONSCIENTIOUSLY BELIEVING THE SAME TO BE TRUE AND CORRECT BY VIRTUE OF THE STATUTORY DECLARATION ACT, 1938.
 I understand that the City Council may make any enquiries that it considers necessary to establish my eligibility for a grant, and that the City Council’s decision is final.
 APPLICANT’S SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

Household Income: € _____ Income Limit € _____ Recommended Yes No
 Signed: _____ Date: _____ Grant Ref. No. _____
 Administrative Officer

Part 7: To be completed by Department of Social Welfare

CERTIFICATE OF SOCIAL WELFARE BENEFIT

OFFICIAL STAMP

Name _____

Address _____

PPS No. _____



This is to certify that Mr./Mrs./Ms. _____ is in receipt of:

_____ from _____ to _____ at a rate of _____ per week.

Date of commencement: _____ Signed: _____ Date: _____

INSTRUCTIONS FOR COMPLETING THIS APPLICATION FORM

(Please use BLOCK CAPITAL LETTERS)

PART 1: Enter your name, address, telephone, PPSN (Personal Public Service Number), your marital status and state Residential status.

PART 2: Enter the name of your spouse/partner and his/her PPSN.

PART 3: List the names and birth date of your dependants residing with you.

PART 4: Enter the weekly income for yourself, your spouse/partner and other adults in the household. Verification of income must be provided as outlined hereunder:

Evidence of Household Income:

- For PAYE workers, a P60 or Balancing Statement for the previous tax year.
- If you are finished working, copy of your P45.
- For social welfare recipients, a statement from Social Welfare stating weekly/annual payments and the date payment commenced (**PART 7** above).
- In case of State Pensioners, a copy of the 2nd page and 3rd last page of the current pension book will suffice.
- In case of Private pension, verification of this income must be provided.
- If you or your spouse /partner is in receipt of Community Employment, Back to Work Scheme, FÁS or income from employment, you should attach a recent payslip to the application form.
- If you, or a member of your household, are in third level education, we require a letter from the college/university confirming this.

PART 5: Enter the details of proposed method of works – either A, B, or C as appropriate –

(A) Laying new water service connection pipe from stopcock chamber at property boundary to rear of property by directional drill method.

(B) Laying new water service connection from rear of property (following 1 above) to the kitchen sink tap and connection thereto.

(C) Laying new water service connection pipe from stopcock chamber at property boundary to the kitchen sink tap and connection thereto.

Enter proposed start date of works, Name and address of contractor, estimated cost of works and Contractors C 2 Certificate number.

PART 6: Read and sign the declaration verifying the information recorded

Final date for receipt of Applications is Wednesday, September 30th 2009

Please return to : Water Section, Transportation & Infrastructure Department, Grammar School Annex, Galway City Council, City Hall, College Road, Galway. (091)894310