



HA2/T

## Application for a Grant for the Renewal/Repair of Thatching Roofs (of a House)

Department of Housing, Local Government and Heritage, Government Offices, Ballina, Co. Mayo. F26 E8N6

Telephone: (096) 24333 Email: [thatch@housing.gov.ie](mailto:thatch@housing.gov.ie)

### IMPORTANT

- Please read the Explanatory Memorandum HA2T fully before completing this application form.
- Ensure that all questions are answered in full and in BLOCK CAPITALS. Incomplete or unsigned application forms will be returned to applicants.
- Work must **NOT** start before the Department's Inspector calls. If work has already started your application cannot be considered.

1.	Applicant's Full Name (BLOCK LETTERS)	<hr/>						
2.	Postal Address	<hr/> <hr/> <hr/>						
	Email Address	<hr/>						
	Telephone No.	Home _____	Work _____	Mobile _____				
3.	(a) Address of house to which application relates	<hr/> <hr/>						
	Eircode (required)	<hr/>						
	(b) Owner's Name	<hr/>						
	(c) Owner's Address	<hr/> <hr/>						
	If the applicant is not the owner, has the owners' written consent been obtained?	<hr/>						
	<b>Please attach copy of the owner's consent.</b>							
4.	Details of work to be undertaken:	<hr/> <hr/> <hr/>						
5.	Is the house 10 or more years old?	<table border="1"><tr><td>Yes</td><td><input type="checkbox"/></td><td>No</td><td><input type="checkbox"/></td></tr></table>			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					

6. Was the renewal/repair of thatch included in any grant paid in respect of this house in the last 7 years?

Yes		No	
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If yes, give details

(a) By whom paid

(b) Amount

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(c) When paid

7. On completion of the works, will the house referred to at 3(a) be used as a normal place of residence

Yes		No	
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8. Are you making an application for a grant to any other body, e.g. Roinn na Gaeltachta, Local Authority, Bord Failte, National Heritage Council. etc.

Yes		No	
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If yes please give details

9. (a) Applicant's PPS Number

(b) Medical Card Number (if applicable)

(c) Medical Card Expiry Date

**I confirm that to the best of my knowledge my tax affairs are in order.**

Date:

Signature:

(Applicant)

Sketch showing how to get to house from nearest town/village, showing approximate distances and showing the nearest prominent feature such as a church, school, etc.