

IMPORTANT
PLEASE READ THE FOLLOWING INFORMATION CAREFULLY

1. All parts of the form must be properly completed and the declaration at the bottom of page 8 signed and all relevant supporting documentation must be provided. If this is not done **your application will be returned to you** thereby causing unnecessary delays.
2. If you are not aware of the PPS Numbers for any children for whom accommodation is sought, they can be obtained by contacting your local Social Welfare Office either by telephone or in person. Please note that you will need to have your own PPS Number to hand.
3. Assistance in the completion of the form is available in each of the Public Services Centres at the Citizen Information Units.
4. Please use the checklist below to ensure that you have supplied all the information to process your application. However, be advised that the Housing Authority may ask for further supporting documentation at a later stage.

[Completed form to be returned to address below]

Documentary evidence of income:

If employed, copy of current payslip and P60 for previous tax year. Yes No

If unemployed, copy of Payment Book or Post Office receipt. Yes No

Medical condition or disability:

Doctors/Consultants report outlining medical condition and/or disability. Yes No

Application for rural cottage:

Two site location and layout maps showing exact details of site location. Yes No

IF YOU REQUIRE ANY FURTHER DETAILS PLEASE CONTACT YOUR LOCAL HOUSING OFFICE

County Council Offices:

Genties Electoral Area	Gweedore Road	Dungloe	Tel: 074 95 61300
Inishowen Electoral Area	Malin Road	Carndonagh	Tel: 074 93 73700
Letterkenny Electoral Area	Neil T Blaney Road	Letterkenny	Tel: 074 91 94200
Milford Electoral Area	Main Street	Milford	Tel: 074 91 53900
Donegal Electoral Area	Drumlonagher	Donegal Town	Tel: 074 97 24400
Stranorlar Electoral Area	County House	Lifford	Tel: 074 91 72222

Town Council Offices:

Letterkenny Town Council	Neil T Blaney Road	Letterkenny	Tel: 074 91 94222
Bundoran Town Council	Civic Offices	Bundoran	Tel: 071 98 41230
Buncrana Town Council	St. Oran's Road	Buncrana	Tel: 074 93 20020

PART 3 - EMPLOYMENT STATUS / INCOME DETAILS

	Applicant	Spouse/ Partner
Employment Status:	<input type="checkbox"/> Employed (Full Time or Part Time) <input type="checkbox"/> Self Employed <input type="checkbox"/> Employed in Back to Work/ FÁS scheme <input type="checkbox"/> Unemployed (receiving social community/ welfare benefit) <input type="checkbox"/> Pensioner / Retired <input type="checkbox"/> Lone Parent support only <input type="checkbox"/> Homemaker (no income) <input type="checkbox"/> Student <input type="checkbox"/> Other	<input type="checkbox"/> Employed (Full Time or Part Time) <input type="checkbox"/> Self Employed <input type="checkbox"/> Employed in Back to Work/ FÁS scheme <input type="checkbox"/> Unemployed (receiving social community/ welfare benefit) <input type="checkbox"/> Pensioner / Retired <input type="checkbox"/> Lone Parent support only <input type="checkbox"/> Homemaker (no income) <input type="checkbox"/> Student <input type="checkbox"/> Other
Occupation:	<input type="text"/>	<input type="text"/>
Employer:	<input type="text"/>	<input type="text"/>
Place of Employment:	<input type="text"/>	<input type="text"/>

In the event that you are renting your present accommodation, please state:

Are you receiving SWA - Rent Supplement? No Yes, state amount per month:

Date Rent Supplement Payment commenced at current address:

What is your monthly contribution towards your rent?

Weekly Income

Weekly Deducions

Social Welfare	<input type="text"/>	PAYE	<input type="text"/>
Employment	<input type="text"/>	PRSI	<input type="text"/>
Rateable Valuation of Land	<input type="text"/>		<input type="text"/>
Gross Income	<input type="text"/>	Gross Deducions	<input type="text"/>
Net Weekly Income	<input type="text"/>		
Gross Annual Income	<input type="text"/>		

PART 4 - APPLICATION FOR ACCOMMODATION ON MEDICAL GROUNDS

In support of your application on Medical Grounds, please provide the following details:

The nature of the medical condition or disability:
(Doctor's / Consultants certificate to be submitted in support of application)

The type of accommodation required
(e.g. ground floor), and any specific adaptations:

PART 5 - PARTICULARS OF ALL THOSE SEEKING RE-HOUSING
Complete the following excluding applicant and spouse / partner

PPS Number	<input type="text"/>	Gender (M/F)	<input type="text"/>
First Name(s)	<input type="text"/>	Marital Status	<input type="text"/>
Family Name	<input type="text"/>	Mother's Maiden Name	<input type="text"/>
Birth Surname	<input type="text"/>	Relation to Applicant	<input type="text"/>
Date of Birth (dd/mm/yy)	<input type="text"/>	Citizenship	<input type="checkbox"/> Irish <input type="checkbox"/> EU <input type="checkbox"/> Non-EU
Country of Birth	<input type="text"/>	Basis of Stay	<input type="checkbox"/> Refugee <input type="checkbox"/> Leave to Remain in Ireland <input type="checkbox"/> Subsidiary Protection Status
Any serious health problems? - give details <input type="text"/>			
Is the resident a student?		<input type="checkbox"/> No <input type="checkbox"/> Yes	Is the resident a joint applicant?
Is the resident a dependant?		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Employment Status:			
<input type="checkbox"/> Employed (Full Time or Part Time)	<input type="checkbox"/> Unemployed (receiving social community/ welfare benefit)	<input type="checkbox"/> Homemaker (no income)	
<input type="checkbox"/> Self Employed	<input type="checkbox"/> Pensioner / Retired	<input type="checkbox"/> Student/Child	
<input type="checkbox"/> Employed in Back to Work/ FÁS scheme	<input type="checkbox"/> Lone Parent support only	<input type="checkbox"/> Other	
Weekly Income	<input type="text"/>	Gross Annual Income	<input type="text"/>
Source of Income		<input type="text"/>	

PPS Number	<input type="text"/>	Gender (M/F)	<input type="text"/>
First Name(s)	<input type="text"/>	Marital Status	<input type="text"/>
Family Name	<input type="text"/>	Mother's Maiden Name	<input type="text"/>
Birth Surname	<input type="text"/>	Relation to Applicant	<input type="text"/>
Date of Birth (dd/mm/yy)	<input type="text"/>	Citizenship	<input type="checkbox"/> Irish <input type="checkbox"/> EU <input type="checkbox"/> Non-EU
Country of Birth	<input type="text"/>	Basis of Stay	<input type="checkbox"/> Refugee <input type="checkbox"/> Leave to Remain in Ireland <input type="checkbox"/> Subsidiary Protection Status
Any serious health problems? - give details <input type="text"/>			
Is the resident a student?		<input type="checkbox"/> No <input type="checkbox"/> Yes	Is the resident a joint applicant?
Is the resident a dependant?		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Employment Status:			
<input type="checkbox"/> Employed (Full Time or Part Time)	<input type="checkbox"/> Unemployed (receiving social community/ welfare benefit)	<input type="checkbox"/> Homemaker (no income)	
<input type="checkbox"/> Self Employed	<input type="checkbox"/> Pensioner / Retired	<input type="checkbox"/> Student/Child	
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Weekly Income	<input type="text"/>	Gross Annual Income	<input type="text"/>
Source of Income		<input type="text"/>	

PPS Number	<input type="text"/>	Gender (M/F)	<input type="text"/>
First Name(s)	<input type="text"/>	Marital Status	<input type="text"/>
Family Name	<input type="text"/>	Mother's Maiden Name	<input type="text"/>
Birth Surname	<input type="text"/>	Relation to Applicant	<input type="text"/>
Date of Birth (dd/mm/yy)	<input type="text"/>	Citizenship	<input type="checkbox"/> Irish <input type="checkbox"/> EU <input type="checkbox"/> Non-EU
Country of Birth	<input type="text"/>	Basis of Stay	<input type="checkbox"/> Refugee <input type="checkbox"/> Leave to Remain in Ireland <input type="checkbox"/> Subsidiary Protection Status

Any serious health problems? - give details

Is the resident a student? No Yes Is the resident a joint applicant? No Yes

Is the resident a dependant? No Yes

Employment Status:

- | | | |
|---|---|--|
| <input type="checkbox"/> Employed (Full Time or Part Time) | <input type="checkbox"/> Unemployed (receiving social community/ welfare benefit) | <input type="checkbox"/> Homemaker (no income) |
| <input type="checkbox"/> Self Employed | <input type="checkbox"/> Pensioner / Retired | <input type="checkbox"/> Student/Child |
| <input type="checkbox"/> Employed in Back to Work/ FÁS scheme | <input type="checkbox"/> Lone Parent support only | <input type="checkbox"/> Other |

Weekly Income Gross Annual Income Source of Income

PPS Number	<input type="text"/>	Gender (M/F)	<input type="text"/>
First Name(s)	<input type="text"/>	Marital Status	<input type="text"/>
Family Name	<input type="text"/>	Mother's Maiden Name	<input type="text"/>
Birth Surname	<input type="text"/>	Relation to Applicant	<input type="text"/>
Date of Birth (dd/mm/yy)	<input type="text"/>	Citizenship	<input type="checkbox"/> Irish <input type="checkbox"/> EU <input type="checkbox"/> Non-EU
Country of Birth	<input type="text"/>	Basis of Stay	<input type="checkbox"/> Refugee <input type="checkbox"/> Leave to Remain in Ireland <input type="checkbox"/> Subsidiary Protection Status

Any serious health problems? - give details

Is the resident a student? No Yes Is the resident a joint applicant? No Yes

Is the resident a dependant? No Yes

Employment Status:

- | | | |
|---|---|--|
| <input type="checkbox"/> Employed (Full Time or Part Time) | <input type="checkbox"/> Unemployed (receiving social community/ welfare benefit) | <input type="checkbox"/> Homemaker (no income) |
| <input type="checkbox"/> Self Employed | <input type="checkbox"/> Pensioner / Retired | <input type="checkbox"/> Student/Child |
| <input type="checkbox"/> Employed in Back to Work/ FÁS scheme | <input type="checkbox"/> Lone Parent support only | <input type="checkbox"/> Other |

Weekly Income Gross Annual Income Source of Income

PART 6 - CURRENT ACCOMMODATION

How would you categorise the nature of your current accommodation? (i.e. reason for applying)

- Unfitness Overcrowding Eviction / Notice to Quit Involuntarily sharing facilities
 Rent Increase Fire / other damage Parent / Family Home (involuntarily)
 Unable to provide accommodation from own resources Other, including homeless (give details below)

What type of accommodation are you in now? Tick box and add description.

- House / Cottage Day House Tigin Hospital / Institution
 Apartment / Flat Group Housing Bed and Breakfast Refuge
 Maisonette Halting Bay Hostel Prison
 Caravan / Mobile Home

Description: e.g. semi detached, detached etc.

Nature of Tenure

- Private Household (e.g. no formal Landlord/Tenant Relationship, family home etc.) Private Rented Accommodation (if you tick this box, please ensure that you the relevant sections under part 3 above)
 Local Authority Rented Accommodation Emergency Accommodation
 Voluntary / Co-operative Other (give details below)
 Tenant purchaser of a local authority dwelling
 Rental Accomodation Scheme

Have you received a notice to quit? No Yes, state reason:

Are you in arrears of rent? No Yes, state amount of arrears:

Has anyone been previously rehoused out of this house No Yes

Tenancy start date if renting (dd/mm/yy) Weekly Rent

NOTE: Please indicate name and address of either the landlord or agent as applicable

Landlord's Name

Agent's Name

Landlord's Address

Agent's Address

Please indicate the facilities available to you and your dependants in your current accommodation:

- Kitchen Living Room Bathroom Toilet Bedroom (specify number _____)
 Central Heating Water Supply - Cold Water Supply - Hot

PART 7 - ACCOMMODATION HISTORY

Please give details of last 5 years. (Current and Previous if applicable)

Address	Owned or Rented	Date at address	Reason for Leaving
<input type="text"/>	<input type="text"/> from <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/> from <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	
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<input type="text"/>	<input type="text"/> from <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	

PART 8 - OTHER INFORMATION

	Applicant	Spouse/ Partner
Have you or your spouse/partner:		
Ever been a tenant of a local authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Previously applied for Local Authority Housing or any other social housing options? e.g. shared ownership, affordable etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'yes' please indicate:		
Name of Local Authority:	<input type="text"/>	<input type="text"/>
Reference Number (if applicable):	<input type="text"/>	<input type="text"/>
Address at that time:	<input type="text"/>	<input type="text"/>
Reason for Leaving:	<input type="text"/>	<input type="text"/>
When did you leave the family home	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other Property		
Do you or your dependants presently own property / land in Ireland or any other country?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you or any of your dependants ever own property / land in Ireland or any other country?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'yes' to either of the above please state the address of the property or land:	<input type="text"/>	<input type="text"/>
Amount you received on the disposal of any property or land?	<input type="text"/>	<input type="text"/>
Any other relevant information	<input type="text"/>	<input type="text"/>

Are you presently in a relationship? Yes No

If seperated/divorced, do you have a legal seperation? Yes No

Are you in receipt of maintenance? Yes No

Have you, or any of the other persons listed on this application form, ever been convicted or have charges pending in respect of matters relating to Anti-social Behaviour or any Public Offences? Yes No

If 'yes', give details:

Do you require bungalow-type accommodation?

Yes No

Have you, or any of the other persons listed on this application form, ever squatted in a Local Authority dwelling?

Yes No

If 'yes', please state address and dates of occupancy:

Address:

Dates of occupancy:

From:

Day Month Year

To:

Day Month Year

Have you, or any of the other persons listed on this application form, ever been evicted from previous accommodation:

Yes No

If 'yes', please give details of eviction and reason why it happened: *If you need more space, please attach another page.*

Any other information which you might consider relevant to your application: *If you need more space, please attach another page.*

HOUSING REQUIREMENTS

Please indicate type of housing assistance for which you are applying:

<input type="checkbox"/> Standard Housing	<input type="checkbox"/> Single Rural Dwelling	<input type="checkbox"/> Demountable Dwelling
<input type="checkbox"/> Voluntary Housing	<input type="checkbox"/> Improvement Works in lieu of Local Authority Housing	<input type="checkbox"/> Extension
<input type="checkbox"/> Traveller Group Housing	<input type="checkbox"/> Special Needs Housing	<input type="checkbox"/> Transfer - include rent account No. <input type="text"/>
<input type="checkbox"/> Bay in permanent residential caravan park		

List areas where you wish to be re-housed (in order of preference).

1.

2.

3.

Where your application is for a single rural dwelling / demountable housing / improvement works in lieu of rehousing, please state:

Name and Address of owner of proposed site:

(Owner of site must be willing to transfer site free of charge to the relevant Housing Authority).

Nearest Town or Village

Distance to Site from same

Exact location of Site:

N.B. Two site location and layout maps MUST be submitted with an application for a rural cottage to assist the Housing Authority in coming to an early decision on your application.

DECLARATION

Please read this declaration carefully and sign and date it when you are satisfied that you understand it. Please note that applications will only be accepted when they have been signed.

Collection and Use of Data

The Housing Authority will use the data which you have supplied to assess and administer your housing application. Data may be shared with other public bodies for the purpose of the prevention or detection of fraud. The Housing Authority may also process this data for research purposes including the forward planning in the assessment of housing needs in conjunction with the Department of the Environment, Heritage & Local Government.

The Housing Authority may, for the purpose of its functions under the Housing Acts of 1966 - 1998, request and obtain information from another Housing Authority, the Criminal Assets Bureau, An Garda Síochána, The Department for Social and Family Affairs, a Health Board or a Voluntary Housing Body approved for the purposes of Section 6 of the Housing (Miscellaneous Provisions) Act, 1992, in relation to occupants or prospective occupants of, or applicants for, local authority housing, and of any other person the authority considers may be engaged in anti-social behaviour.

Declaration

I / We Declare that the information and particulars given by me / us on this application form are correct and I / we undertake to notify the Housing Authority of any change in my / our circumstances (e.g. address, family composition, employment, medical conditions etc.)
I / We also authorise the Housing Authority to make whatever enquiries it considers necessary to verify details of my / our application.
I / We accept that the furnishing of false or misleading information is an offence liable to prosecution and will disqualify my / our application from being considered for re-housing for a period of two years.

Signed: (Applicant 1)

Date: (dd/mm/yy)

Signed: (Applicant 2)

Date: (dd/mm/yy)