



**IMPORTANT**  
**PLEASE READ THE FOLLOWING INFORMATION**  
**CAREFULLY**

1. If you are unsure about how to answer any of the questions in this application form, please ask an officer in the Housing Section of your Local Authority or your local Citizen's Information Centre to help you.
2. When filling out this form please make sure to write clearly so that your application can be processed as quickly as possible.
3. Make sure you have answered all of the questions fully where these are relevant to you. If you do not fully answer all the questions relevant to you, you might not get the correct priority for housing or else we may have to return the form to you and it would delay your application. Only fully completed applications will be processed.
4. This application cannot be completed without PPS Numbers for all members of the household included on the application form. 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 Local Office either by telephone or in person. Please note that you will need to have your own PPS Number to hand.
5. You must supply the relevant supporting documentation so that your application can be processed. Please use the checklist provided to make sure you have included everything which is needed to consider your application.
6. This application cannot be completed without documentary evidence of income details given in this application. In the case of applicants who are employed or self-employed, this can be in the form of a P60 for the previous tax year, a minimum of four out of the last six payslips or a minimum of 2 years accounts. Where applicants are in receipt of a social welfare payment, a statement from the Department of Social Protection is required. Please ask your housing authority which form of evidence they require.
7. The housing authority may request and obtain information from another housing authority, the Criminal Assets Bureau, An Garda Síochána, the Minister for Social Protection, the Health Service Executive [HSE], or an approved housing body in relation to occupants or prospective occupants of, or applicants for, local authority housing, and any other person the authority considers may be engaged in anti-social behaviour.
8. Any change in the details given, particularly any change of address or income, should be notified to the housing authority immediately so that your record can be updated.
9. Please ensure that you have supplied all the relevant information and supporting documentation to process your application. However, be advised that the housing authority may ask for further supporting documentation at a later stage.

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10. You may apply for social housing support to one housing authority only. This authority may be
- The housing authority for the area where your household normally resides, or
  - The housing authority for the area with which your household has a local connection, or
  - The housing authority that agrees, at its discretion, to assess your household for social housing support if you apply to it.
11. In determining if a household has a local connection to its area, the housing authority shall have regard to whether:
- a member of your household has resided for a continuous 5-year period at any time in the area concerned; or
  - The place of employment of any household member is in the area concerned or is located within 15 kilometres of the area; or
  - A household member is in full-time education in any university, college, school or other education establishment in the area concerned; or
  - Any household member with an enduring physical, sensory, mental health or intellectual impairment is attending an educational or medical establishment in the area concerned that has facilities or services specifically related to such impairment, or
  - A relative of any household member lives in the area concerned and has lived there for a minimum period of 2 years.
12. You should mark 'Not applicable' or '[N/A]' on sections which are not applicable to you or your household.

**FALSE OR MISLEADING INFORMATION MAY RESULT IN PROSECUTION.**

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

<b>Council Offices:</b>	<b>Address:</b>	<b>Telephone Number</b>
Offaly County Council	Charleville Road, Tullamore	Tel: 057-9357409
Tullamore Town Council	Acres Hall, Cormac Street, Tullamore	Tel: 057-9352470
Birr Town Council	Birr Civic Offices, Wilmer Road, Birr	Tel: 057-9124900

## APPLICATION FOR SOCIAL HOUSING SUPPORT

### CHECKLIST FOR APPLICANTS

**Applicants are strongly advised to submit their applications in person at this office as posted applications are frequently not completed correctly and have to be returned.**

**Please ensure that your application includes the following original documentation [an official translation into Irish or English is required, where appropriate]:**

Fully completed application form [including signed declarations] ☐

Photographic identification [current passport or Irish driving licence] ☐

Birth certificates for all household members ☐

PPS Numbers for all household members ☐

Marriage certificates for all applicants, where applicable ☐

Proof of current address [utility bill, lease or rental statement] – for both spouse/partner, where applicable ☐

Proof of citizenship or leave to remain in Ireland ☐

[Where applicable, evidence of having a Stamp 4 Immigration Stamp Endorsement on a passport for a period of 5 years should be provided.]

Evidence of income [please arrange to have the attached Certificate of Income completed] ☐

*Employed*

- an up-to-date P60 and/or a minimum of 4 out of the last 6 payslips ☐

*Self-Employed*

- (i) a minimum of 2 years accounts with an Auditor's Report, or ☐

- (ii) an Auditor's Report along with an up-to-date tax balancing statement and preliminary tax receipt ☐

*Social Welfare Income*

- A recent statement from the Department of Social Protection of all social insurance benefits and social assistance payments, allowances and pensions that household members are receiving ☐

Copy of separation/divorce agreement for both applicants, where applicable ☐

[The agreement must identify

- The extent of maintenance being received or paid by the applicant
- The circumstances under which the maintenance payments can cease
- That no onerous conditions exist]

If there is no agreement, a letter from the applicant's solicitor must be included with the application ☐

[The letter should confirm

- That there is no formal separation agreement
- That there are no court proceedings pending under the family law legislation
- The position in relation to maintenance and other payments]

If you pay or receive maintenance, evidence of payments for previous 12 months, without interruption ☐

HPL1 form from the Revenue Commissioners ☐

If you or any member of your household previously owned land/property, documentation/affidavit should be provided as to how the proceeds from the sale of the land/property were disposed of ☐

If you are not resident in the local authority area where you are seeking housing support, please provide evidence of your local connection with that area ☐

## APPLICATION FOR SOCIAL HOUSING SUPPORT

### CHECKLIST FOR APPLICANTS [Continued]

**Applicants are strongly advised to submit their applications in person at this office as posted applications are frequently not completed correctly and have to be returned.**

**Please ensure that your application includes the following original documentation [an official translation into Irish or English is required, where appropriate]:**

If you or any member of your household was previously a local authority tenant, please provide a letter from the local authority where you or the household member resided setting out details in relation to the previous tenancy. This letter should include term of tenancy, reason for leaving, arrears, etc.

☐

If you wish to apply for a single rural house or demountable dwelling, please include necessary accompanying documentation

☐

If applying for support on the basis of medical grounds, please enclose

- Consultant's certificate specifying the nature of the medical condition or disability and noting whether the condition is degenerative
- Occupational therapist's report in respect of any specific accommodation requirements

☐☐

**Supporting documentation will have to be provided to the local authority****Housing Authority  
Reference No.:**Please answer ALL questions and place a tick (✓) in the boxes provided. Please use **BLOCK LETTERS**.**PART 1 – PERSONAL DETAILS****[Tick if Joint Application]** ☐

Please complete the following in respect of yourself and Applicant 2: spouse/partner (if applicable).

**APPLICANT****APPLICANT 2: SPOUSE/PARTNER****PLEASE STATE:**

	<b>Figures</b>	<b>Letters</b>	<b>Figures</b>	<b>Letters</b>
P.P.S. Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name(s)	<input type="text"/>		<input type="text"/>	
Surname	<input type="text"/>		<input type="text"/>	
Birth surname [if different]	<input type="text"/>		<input type="text"/>	
Current address	<input type="text"/>		<input type="text"/>	
How long have you lived at this address?	Years <input type="text"/>	Months <input type="text"/>	Years <input type="text"/>	Months <input type="text"/>
Mother's birth surname	<input type="text"/>		<input type="text"/>	
Telephone/Mobile No.	<input type="text"/>		<input type="text"/>	
Date of Birth [dd/mm/yy] [Attach birth certificates]	<input type="text"/>		<input type="text"/>	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Social Security No. [if applicable] with country it applies to	<input type="text"/>		<input type="text"/>	
E-mail address	<input type="text"/>		<input type="text"/>	
If you wish to receive information by e-mail, please tick	<input type="checkbox"/>		<input type="text"/>	

Please state relationship of Applicant 2 to Applicant.

**PART 2 – NATIONALITY DETAILS**

Please complete the following in respect of yourself and Applicant 2: spouse/partner (if applicable).

**APPLICANT****APPLICANT 2: SPOUSE/PARTNER****PLEASE STATE:**

Place and/or Country of Birth	<input type="text"/>	<input type="text"/>
Usual language spoken	<input type="text"/>	<input type="text"/>
Citizenship status [attach proof of citizenship]	<input type="checkbox"/> Irish <input type="checkbox"/> Other EEA <sup>1</sup> <input type="checkbox"/> Non-EEA	<input type="checkbox"/> Irish <input type="checkbox"/> Other EEA <sup>1</sup> <input type="checkbox"/> Non-EEA
<b>If you are not an EEA national:</b>		
(i) basis of stay in Ireland [attach copy of residency permission]	<input type="text"/>	<input type="text"/>
(ii) date of entry to Ireland [dd/mm/yy]	<input type="text"/>	<input type="text"/>

<sup>1</sup>. Tick this box if you are a citizen of an EU member state, Iceland, Liechtenstein, Norway or Switzerland. The following countries are EU member states: Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Republic of Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and the United Kingdom.

Supporting documentation will have to be provided to the local authority

PART 3 – MARITAL DETAILS

Please complete the following in respect of yourself and Applicant 2: spouse/partner (if applicable).

	APPLICANT	APPLICANT 2: SPOUSE/PARTNER
Are you?	<input type="checkbox"/> Single	<input type="checkbox"/> Single
	<input type="checkbox"/> Married	<input type="checkbox"/> Married
	<input type="checkbox"/> Civil Partner	<input type="checkbox"/> Civil Partner
	<input type="checkbox"/> Cohabiting	<input type="checkbox"/> Cohabiting
	<input type="checkbox"/> Other	<input type="checkbox"/> Other
	<input type="checkbox"/> Widowed	<input type="checkbox"/> Widowed
	<input type="checkbox"/> Divorced	<input type="checkbox"/> Divorced
	<input type="checkbox"/> Separated	<input type="checkbox"/> Separated
	<input type="checkbox"/> Legally Separated	<input type="checkbox"/> Legally Separated
Date of Marriage [dd/mm/yy] [attach marriage certificate]	___/___/___	___/___/___

PART 4 – EMPLOYMENT DETAILS

Please complete the following in respect of yourself and Applicant 2: spouse/partner (if applicable).

	APPLICANT	SPOUSE/PARTNER
Employment Status	<input type="checkbox"/> Employed [Full-Time or Part-Time]	<input type="checkbox"/> Employed [Full-Time or Part-Time]
	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Self-Employed
	<input type="checkbox"/> Employed in Back to Work/FÁS Scheme	<input type="checkbox"/> Employed in Back to Work/FÁS Scheme
	<input type="checkbox"/> Unemployed [receiving social community/welfare benefit]	<input type="checkbox"/> Unemployed [receiving social community/welfare benefit]
	<input type="checkbox"/> Pensioner/Retired	<input type="checkbox"/> Pensioner/Retired
	<input type="checkbox"/> Lone Parent support only	<input type="checkbox"/> Lone Parent support only
	<input type="checkbox"/> Homemaker [no income]	<input type="checkbox"/> Homemaker [no income]
	<input type="checkbox"/> Student	<input type="checkbox"/> Student
	<input type="checkbox"/> Other	<input type="checkbox"/> Other
Employer's name [in the case of self-employed, give company name]	<div></div>	<div></div>
Address of employer [in the case of self-employed, please give company address]	<div></div>	<div></div>
Occupation	<div></div>	<div></div>
Employment status [e.g. permanent: full-time/part-time]	<div></div>	<div></div>
Date commenced present employment [dd/mm/yy]	___/___/___	___/___/___

**Supporting documentation will have to be provided to the local authority**

## **PART 5 – WEEKLY INCOME DETAILS**

Please complete the following in respect of yourself and Applicant 2: spouse/partner (if applicable).

**PLEASE STATE GROSS WEEKLY INCOME FROM:**

[Each source of income should be supported by relevant documentation i.e. social welfare cert, P60, payslips]

	APPLICANT	APPLICANT 2: SPOUSE/PARTNER
Employment	€	€
Self-Employment	€	€
<b>Social Welfare</b> - Payment Type(s)		
- social welfare [Total]	€	€
Maintenance received [if applicable]	€	€
Other income sources	€	€
Please specify		
<b>Weekly Deductions</b>		
PAYE	€	€
PRSI	€	€
Universal Social Charge	€	€
Other [e.g. maintenance payments]	€	€
Please specify		

**Supporting documentation will have to be provided to the local authority**

**PART 6 – DETAILS OF OTHER HOUSEHOLD MEMBERS SEEKING ACCOMMODATION**  
**[i.e. excluding Applicant and Applicant 2: Spouse/Partner]**

**OTHER HOUSEHOLD MEMBER 1**

P.P.S. Number	<table><tr><td>Figures</td><td>Letters</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Figures	Letters	<input type="text"/>	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Figures	Letters						
<input type="text"/>	<input type="text"/>						
First name(s)	<input type="text"/>	Marital status	<input type="text"/>				
Surname	<input type="text"/>	Mother's birth surname	<input type="text"/>				
Birth surname (if different)	<input type="text"/>	Relationship with applicant	<input type="text"/>				
Date of Birth [dd/mm/yy] [Attach birth certificate]	<input type="text"/>	Citizenship	<input type="checkbox"/> Irish <input type="checkbox"/> Other EEA <sup>1</sup> <input type="checkbox"/> Non-EEA				
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				
Is the household member a dependant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the household member a joint applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

**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, please specify:	<input type="text"/>	
Weekly Income	€ <input type="text"/>	

**PART 6 – DETAILS OF OTHER HOUSEHOLD MEMBERS SEEKING ACCOMMODATION**  
**[i.e. excluding Applicant and Applicant 2: Spouse/Partner]**

**OTHER HOUSEHOLD MEMBER 2**

P.P.S. Number	<table><tr><td>Figures</td><td>Letters</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Figures	Letters	<input type="text"/>	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Figures	Letters						
<input type="text"/>	<input type="text"/>						
First name(s)	<input type="text"/>	Marital status	<input type="text"/>				
Surname	<input type="text"/>	Mother's birth surname	<input type="text"/>				
Birth surname (if different)	<input type="text"/>	Relationship with applicant	<input type="text"/>				
Date of Birth [dd/mm/yy] [Attach birth certificate]	<input type="text"/>	Citizenship	<input type="checkbox"/> Irish <input type="checkbox"/> Other EEA <sup>1</sup> <input type="checkbox"/> Non-EEA				
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				
Is the household member a dependant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the household member a joint applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

**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, please specify:	<input type="text"/>	
Weekly Income	€ <input type="text"/>	

**Please copy this sheet for further household members.**

<sup>1</sup>. Please see footnote 1. On page 5



**Supporting documentation will have to be provided to the local authority**

**PART 7 – APPLICATION FOR ACCOMMODATION ON MEDICAL OR DISABILITY GROUNDS**  
In support of your application on medical grounds, please provide the following details:

Name[s] of household members with a medical condition or disability.

The nature of the medical condition or disability and noting whether the condition is degenerative: [Consultant’s certificate to be submitted in support of application]

Where applicable, the type of accommodation [e.g. ground floor], and any specific adaptations required for the medical condition/disability: [Occupational therapist’s report to be submitted in support of application]

**Supporting documentation will have to be provided to the local authority**

**PART 8 – BASIS FOR APPLICATION TO OFFALY LOCAL AUTHORITIES**

Please indicate the basis for your application to Offaly Local Authorities as follows:  
[only one box should be ticked]

☐ Household is normally resident in the housing authority area.

OR

☐ Household has a local connection with the housing authority area.

Please specify the nature of the local connection [see point 11 of the Important Information at the beginning of the application form].

OR

☐ The housing authority should consider the application for social housing support for the following reason[s]:

**Supporting documentation will have to be provided to the local authority**

**PART 9 – CURRENT ACCOMMODATION**

**What is the problem with your current accommodation?**

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Unfit  | <input type="checkbox"/> Overcrowded                   | <input type="checkbox"/> Eviction/Notice to Quit | <input type="checkbox"/> Involuntary sharing facilities           |
| <input type="checkbox"/> Rent increase                                      | <input type="checkbox"/> Fire/other damage             | <input type="checkbox"/> Medical grounds         | <input type="checkbox"/> Parent/Family Home [involuntary sharing] |
| <input type="checkbox"/> Unable to provide accommodation from own resources | <input type="checkbox"/> Homeless [give details below] |  |   |
| <input type="checkbox"/> Other [give details]                               | <input type="text"/>                                   |  |   |

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

- |                                    |  |   |                                      |
|------------------------------------|--|---|--------------------------------------|
| <input type="checkbox"/> House     | <input type="checkbox"/> Mobile Home   | <input type="checkbox"/> Transitional Accommodation | <input type="checkbox"/> Hospital    |
| <input type="checkbox"/> Cottage   | <input type="checkbox"/> Maisonette    | <input type="checkbox"/> Tigin                      | <input type="checkbox"/> Institution |
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Day House     | <input type="checkbox"/> Bed and Breakfast          | <input type="checkbox"/> Refuge      |
| <input type="checkbox"/> Flat      | <input type="checkbox"/> Group Housing | <input type="checkbox"/> Hostel                     | <input type="checkbox"/> Prison      |
| <input type="checkbox"/> Caravan   | <input type="checkbox"/> Halting Bay   | <input type="checkbox"/> Sheltered Accommodation    | <input type="checkbox"/> None/Other  |

Description, e.g. semi detached, detached, terraced, bungalow, etc.

Please provide directions to your current accommodation.

**Please indicate the facilities available to your household in its current accommodation:**

- |  |  |   |                                 |   |                      |
|--|--|---|---------------------------------|---|----------------------|
| <input type="checkbox"/> Kitchen         | <input type="checkbox"/> Living room         | <input type="checkbox"/> Bathroom           | <input type="checkbox"/> Toilet | <input type="checkbox"/> Bedroom – specify number | <input type="text"/> |
| <input type="checkbox"/> Central Heating | <input type="checkbox"/> Water supply - COLD | <input type="checkbox"/> Water supply – HOT |                                 |   |                      |

**Nature of Current Tenure**

- |   |   |
|---|---|
| <input type="checkbox"/> Private Household<br><input type="checkbox"/> Owner-occupier<br><input type="checkbox"/> With parents<br><input type="checkbox"/> With relatives/friends | <input type="checkbox"/> Private Rented Accommodation [if you tick this box, please ensure that you complete the relevant sections hereunder]<br><input type="checkbox"/> without rent supplement<br><input type="checkbox"/> with rent supplement, state amount per week € <input type="text"/><br>Date rent supplement payment commenced at current address [dd/mm/yy] ____/____/____<br><input type="checkbox"/> Rental Accommodation Scheme<br><input type="checkbox"/> Emergency Accommodation/None<br><input type="checkbox"/> Other, give details <input type="text"/> |
| <input type="checkbox"/> Local Authority Rented Accommodation   |   |
| <input type="checkbox"/> Voluntary/Co-operative Rented Accommodation  |   |

**Rental Information**

- Tenancy start date, if renting [dd/mm/yy] \_\_\_\_/\_\_\_\_/\_\_\_\_ Weekly rent €
- Are you in arrears of rent? ☐ No ☒ Yes, state amount of arrears: €
- Have you received a notice to quit? ☐ No ☒ Yes, please state reason:

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

- |                    |                      |                 |                      |
|--------------------|----------------------|-----------------|----------------------|
| Landlord's Name    | <input type="text"/> | Agent's Name    | <input type="text"/> |
| Landlord's Address | <input type="text"/> | Agent's Address | <input type="text"/> |

**Supporting documentation will have to be provided to the local authority**

## **PART 10 – ACCOMMODATION HISTORY**

**Please give details of previous accommodation over last 5 years [if applicable]**

<b>Address</b>	<b>Nature of Tenure</b>	<b>Date at address</b>		<b>Reason for leaving</b>
		From	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"/> <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"/>
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<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

### **Information about any local authority/approved body/Rental Accommodation Scheme [RAS] accommodation**

Please provide details, including dates and duration of tenancy, of any dwelling or site provided by a housing authority, or an approved body, previously let or sold to the household or any household member at any time in the past. [A letter from the local authority where you or any member of your household was a tenant should be provided in relation to any previous tenancy]

Please provide details, including dates and duration of tenancy, of any dwelling previously let to the household or any household member under a **Rental Accommodation Scheme [RAS]** tenancy agreement at any time before the application is made.

## **PART 11 – OTHER PROPERTY/LAND INFORMATION**

<b>Other Property</b>	<b>APPLICANT</b>	<b>OTHER HOUSEHOLD MEMBER</b>
Do you or any member of your household currently own or have a financial interest in 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 property, is it vacant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please state the address of the property or land:	<input type="text"/>	<input type="text"/>
Did you or any member of your household ever own or have a financial interest in 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', 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 [Please submit documentation/affidavit as to how the proceeds from the sale of land/property were disposed of.]	<input type="text"/>	<input type="text"/>
Any other relevant information	<input type="text"/>	<input type="text"/>

**Supporting documentation will have to be provided to the local authority**

**PART 12 – PUBLIC ORDER OFFENCES AND OTHER INFORMATION**

**Public Order Offences**

Under Section 14 of the Housing [Miscellaneous Provisions] Act 1997, a housing authority may refuse to allocate or defer the allocation of a dwelling to a person where the authority considers that the person is or has been engaged in anti-social behaviour or that an allocation to that person would not be in the interest of good estate management.

In the 5 year period prior to the date of this application, has **any member** of the household been convicted of an offence under the following statutory provisions?

**1. Criminal Justice (Public Order) Act 1994**

Section 5: Disorderly conduct in a public place

Section 6: Threatening, abusive or insulting behaviour in a public place

Section 7: Distribution or display in a public place of material which is threatening, abusive, insulting or obscene

Section 14: Riot

Section 15: Violent disorder, or

Section 19: Assault or obstruction of a peace officer or emergency services personnel

☐ Yes

☐ No

If 'Yes', please give details:

[including name, address and details of conviction]

**2. Sections 3,3A and 4 of the Housing [Miscellaneous Provisions] Act, 1997: subject of an excluding order or interim excluding order**

☐ Yes

☐ No

If 'Yes', please give details:

[including name, address and details of excluding order/interim excluding order]

**3. Section 117 of the Criminal Justice Act 2006: failure to comply with a behaviour order.**

☐ Yes

☐ No

If 'Yes', please give details:

[including name, address and details of conviction]

**4. Section 257F of the Children Act 2001[ No. 24 of 2001]: failure to comply with a behaviour order.**

☐ Yes

☐ No

If 'Yes', please give details:

[including name, address and details of conviction]

**Other Information**

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:

Period of occupancy:

From [dd/mm/yy]: To [dd/mm/yy]:

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 the reason why it happened:  
[if you need more space, attach another page]

**Supporting documentation will have to be provided to the local authority**

**PART 13 – HOUSING REQUIREMENTS**

**Please indicate type of social housing support for which you are applying:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Rented Local Authority Accommodation | <input type="checkbox"/> Single Rural Dwelling – [see below]                  | <input type="checkbox"/> Demountable Dwelling – [see below]                          |
| <input type="checkbox"/> Rental Accommodation Scheme          | <input type="checkbox"/> Improvement works in lieu of local authority housing | <input type="checkbox"/> Extension to LA House                                       |
| <input type="checkbox"/> Voluntary/Co-operative Housing       | <input type="checkbox"/> Special Needs Housing                                | <input type="checkbox"/> Transfer – include rent account number <input type="text"/> |
| <input type="checkbox"/> Traveller Halting Site Bay           | <input type="checkbox"/> Traveller Group Housing                              | <input type="checkbox"/> Bungalow type accommodation                                 |
| <input type="checkbox"/> Site for Private House               |   |  |

**Single Rural Houses**

Name and Address of Owner of Proposed Site  
[incl. townland]

Exact Location of Proposed Site

Note: The site to be transferred must be clear of any burdens, financial or otherwise. The following must be provided:

1. Legal evidence of a right of way for the authority to the lands from the nearest public road.
2. Details of all lands in your ownership, including title documentation or a signed affidavit from a solicitor confirming that the lands are registered in your ownership or the ownership of the person providing the site.
3. A written declaration of intention to transfer the site to the housing authority free of charge.
4. A written acceptance from you [or the owner of the lands] that the final decision on the location of the proposed cottage on the lands, subject to you qualifying for social housing support, is at the sole discretion of the housing authority.
5. Any other documents, such as site location/layout maps, requested by the authority in connection with the application.

**Demountable Dwelling**

Name and Address of Owner of Proposed Site [incl. townland]

Exact Location

The following must be provided:

1. Letter from owner of site confirming that he/she is willing to allow a demountable unit to be placed on the land.
2. Copy of site map.

**Supporting documentation will have to be provided to the local authority**

**PART 14 – AREAS OF CHOICE**

**Please tick the areas, within the housing authority, where you would accept an offer of accommodation.**

A maximum of 3 areas of choice may be ticked from the following list of areas of choice. Please note that listing of areas of choice on the application form is not a priority listing, i.e. all areas of choice specified on the form are deemed to be of equal priority.

**[It should be noted that you are committed to these areas of choice for a period of 12 months].**

Offaly County Council

- |  |   |                                    |
|--|---|------------------------------------|
| <input type="checkbox"/> Ballycumber   | <input type="checkbox"/> Tullamore Town | <input type="checkbox"/> Birr Town |
| <input type="checkbox"/> Banagher      |   |                                    |
| <input type="checkbox"/> Belmont       |   |                                    |
| <input type="checkbox"/> Bracknagh     |   |                                    |
| <input type="checkbox"/> Clara         |   |                                    |
| <input type="checkbox"/> Cloghan       |   |                                    |
| <input type="checkbox"/> Clonbullogue  |   |                                    |
| <input type="checkbox"/> Cloneygowan   |   |                                    |
| <input type="checkbox"/> Crinkle       |   |                                    |
| <input type="checkbox"/> Daingean      |   |                                    |
| <input type="checkbox"/> Edenderry     |   |                                    |
| <input type="checkbox"/> Ferbane       |   |                                    |
| <input type="checkbox"/> Geashill      |   |                                    |
| <input type="checkbox"/> Kilcormac     |   |                                    |
| <input type="checkbox"/> Killeigh      |   |                                    |
| <input type="checkbox"/> Kinnitty      |   |                                    |
| <input type="checkbox"/> Leamonaghan   |   |                                    |
| <input type="checkbox"/> Moneygall     |   |                                    |
| <input type="checkbox"/> Mountbolus    |   |                                    |
| <input type="checkbox"/> Mucklagh      |   |                                    |
| <input type="checkbox"/> Portarlinton  |   |                                    |
| <input type="checkbox"/> Pullough      |   |                                    |
| <input type="checkbox"/> Rahan         |   |                                    |
| <input type="checkbox"/> Rhode         |   |                                    |
| <input type="checkbox"/> Shannonbridge |   |                                    |
| <input type="checkbox"/> Shinrone      |   |                                    |
| <input type="checkbox"/> Tober         |   |                                    |
| <input type="checkbox"/> Walsh Island  |   |                                    |

Tullamore Town Council



Birr Town Council

**Supporting documentation will have to be provided to the local authority**

**PART 15 – OTHER INFORMATION**

Please provide any other information which you might consider relevant to your application.  
[if you need more space, attach another page]



## APPLICATION FOR SOCIAL HOUSING SUPPORT

### DECLARATION

**Please read this declaration carefully and sign and date it when you are satisfied that you understand it. Please note that an application will only be accepted when this declaration has 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, in conjunction with the Department of the Environment, Heritage & Local Government, process this data for research purposes including forward planning in relation to the assessment of housing needs.

The housing authority may, for the purpose of its functions under the Housing Acts of 1966 - 2009, request and obtain information from another housing authority, the Criminal Assets Bureau, An Garda Síochána, The Department for Social Protection, the Health Service Executive [HSE] or an approved housing body, in relation to occupants or prospective occupants of, or applicants for, local authority housing, and 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 are true and correct.

I/we undertake to notify the Housing Authority of any change in my/our household circumstances (e.g. address, household 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 am/are aware that the furnishing of false or misleading information is an offence liable to prosecution.

Signed: [Applicant]  Date: [dd/mm/yy]    \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

Signed: [Applicant 2:  Date: [dd/mm/yy]    \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
Spouse/Partner]

			<b>Housing Application Certificate of Income Form</b>
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NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

REFERENCE NUM: \_\_\_\_\_

PLEASE INSERT PHONE NO: \_\_\_\_\_

FORM 1 – Please List Spouse/ Partner & All Occupants of Household who are part of our application						
Surname	First Name	Date of Birth	PPS Number	Relationship to Applicant	Gross Weekly Income per Week	Employer Name & Address

I declare the above information to be correct:

Signed: \_\_\_\_\_ (Applicant)

Date: \_\_\_\_\_

Note: Certificate of Income should be submitted for all occupants of the household, whether from Employment/ Social Welfare or other. In the case of self-employed the most recent Notice of Assessment should be submitted

**FAILURE TO DECLARE ALL HOUSEHOLD INCOME WILL RESULT IN YOUR REMOVAL FROM  
OFFALY COUNTY COUNCIL’S HOUSING LIST**

Housing Authority  
Reference No.:



Please use **BLOCK LETTERS**.

## FORM 2 – Section A

### EMPLOYMENT DETAILS (Employed Person including Community Employment/ Back to Work Scheme)

Name & Address: \_\_\_\_\_ PPS Number: \_\_\_\_\_

Is employed by me as \_\_\_\_\_

Weekly Deductions from wages for:

**R.S.I.** is € \_\_\_\_\_ Only employee's share of P.R.S.I. should be shown

**Income TAX** € \_\_\_\_\_ If No Income TAX is payable, insert "Nil" **U.S.C.** € \_\_\_\_\_

**Gross Weekly Wage** € \_\_\_\_\_ **From (Date):** \_\_\_\_\_

Please note that Gross weekly wage should be inclusive of shift allowances and bonus payments but should not include overtime.

**GROSS ANNUAL INCOME:** € \_\_\_\_\_ **FOR YEAR ENDING 31<sup>ST</sup> DECEMBER 2010**

Is Employment

Permanent ☐ Temporary ☐ Part-Time ☐ Community Employment ☐ Back to Work Scheme ☐

Commencement Date: \_\_\_\_\_

Certified Correct: (Employers Signature) \_\_\_\_\_

Date: \_\_\_\_\_

Employers Name: \_\_\_\_\_

Address: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Employers Official Stamp and Registration No.

## FORM 2 - Section B

If applicants are in receipt of any other Income (i.e. Family Income Supplement) please confirm Amount and Source.

Name: \_\_\_\_\_ € \_\_\_\_\_ per week Source: \_\_\_\_\_

Name: \_\_\_\_\_ € \_\_\_\_\_ per week Source: \_\_\_\_\_

Are you in receipt of Family Income Supplement? Yes ☐ No ☐

If Yes please state amount per week €

To be certified by Employer, Social Welfare Officer or Community Welfare Officer.

Signed: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

**Housing Authority  
Reference No.:**



Please use **BLOCK LETTERS**.

**FORM 3 – Section A**

**Unemployed Person**

Name: \_\_\_\_\_ PPS Number: \_\_\_\_\_

Address: \_\_\_\_\_

Has been in receipt of \_\_\_\_\_ For self and \_\_\_\_\_ Dependents

Since \_\_\_\_\_ The current rate of payment (including Pay Related Benefit, where applicable) at

\_\_\_\_\_ Of \_\_\_\_\_ 2011 is

€ \_\_\_\_\_ Flat Rate

€ \_\_\_\_\_ Qualified Adult

€ \_\_\_\_\_ Children

€ \_\_\_\_\_ Family Income Supplement

€ \_\_\_\_\_ Fuel

€ \_\_\_\_\_ Living Alone Allowance

€ \_\_\_\_\_ Reduction due to means/ overpayment

Reason for Reduction

€ \_\_\_\_\_ Total

€ \_\_\_\_\_ Maintenance

Official Stamp

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Form 3 – Section B**

If applicants are in receipt of any other Income please confirm Amount and Source

Name: \_\_\_\_\_ € \_\_\_\_\_ per week Source: \_\_\_\_\_

Name: \_\_\_\_\_ € \_\_\_\_\_ per week Source: \_\_\_\_\_