

DATE RECEIVED

Affix date stamp here

Please tick as appropriate

1st Application

2nd Application

Received by _____

**NAME OF APPLICANTS
BLOCK CAPITALS**

a)

b)

**Comhairle Contae
Fhine Gall**
Fingal County
Council



**FINGAL COUNTY COUNCIL
APPLICATION FOR SOCIAL HOUSING
SUPPORT**

ACKNOWLEDGEMENT FOR HOUSING APPLICATION

Please fill in your name and address below.

Fingal County Council has received an application from:

Affix date stamp here

NAME: _____

ADDRESS: _____

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.

IMPORTANT

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY

- 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

Fingal County Council

Office Address

Grove Road
Blanchardstown
Dublin 15

Postal Address:

Main Street
Swords
Co. Dublin

Tel: 01-8905380

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] | <input type="checkbox"/> |
| Photographic identification [current passport or Irish driving licence] | <input type="checkbox"/> |
| Birth certificates for all household members | <input type="checkbox"/> |
| PPS Numbers for all household members | <input type="checkbox"/> |
| Marriage certificates for all applicants, where applicable | <input type="checkbox"/> |
| Proof of current address [utility bill, lease or rental statement] – for both spouse/partner, where applicable | <input type="checkbox"/> |
| 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.] | <input type="checkbox"/> |
| Evidence of income [please arrange to have the attached Certificate of Income HA1A & HA1B completed] | <input type="checkbox"/> |
| <i>Employed</i> | |
| - an up-to-date P60 and/or a minimum of 4 out of the last 6 payslips | <input type="checkbox"/> |
| <i>Self-Employed</i> | |
| - (i) a minimum of 2 years accounts with an Auditor's Report, or | <input type="checkbox"/> |
| - (ii) an Auditor's Report along with an up-to-date tax balancing statement and preliminary tax receipt | <input type="checkbox"/> |
| <i>Social Welfare Income</i> | |
| - 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 | <input type="checkbox"/> |
| Copy of separation/divorce agreement for both applicants, where applicable | <input type="checkbox"/> |
| [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 | <input type="checkbox"/> |
| [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 | <input type="checkbox"/> |
| HA2A & HA2B forms from the Revenue Commissioners | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> |

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]:

Any change to the application is to be notified by the applicant in writing e.g. change of address, addition to the family, change of income, using the prescribed form and documentary evidence e.g. birth cert, copy of Lease/rent book, revised income details etc.

Photographic identification and HPL1 form for all household members over 18 years of age (current passport or Irish driving licence)

Current Rent Allowance Receipt [if applicable]

Lease or Rent Book with landlord details [if applicable]

Copy of Access/Custody documentation, confirming overnight access – where Court Order is not in place, the prescribed form completed in the presence of a solicitor

Child benefit – evidence of same

Do you have a previous application with this Local Authority? YES NO

Do you have a current application with another Local Authority? YES NO

If 'Yes' please note you may only apply to one Local Authority and if your application for social support is successful you will be requested to provide written proof that your application with that Local Authority is now closed.

Have you ever been convicted of a crime or do you have charges pending with the Gardai? YES NO

If 'Yes' please give details:

PLEASE NOTE THAT IF YOU KNOWINGLY PROVIDE FALSE OR MISLEADING INFORMATION, THE COUNCIL MAY DEFER THE ALLOCATION OF A SOCIAL HOUSING SUPPORT

Current accommodation (you must include all persons who are living in your current accommodation.)

NUMBER OF BEDROOMS _____

DETAILS OF OTHER PERSONS RESIDING HERE :

	NAME(S)	AGE	SEX (M/F)	RELATIONSHIP	INCLUDED IN APPLICATION (Yes/No)
Bed 1	<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 50px;" type="text"/>
Bed 2	<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 50px;" type="text"/>
Bed 3	<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 50px;" type="text"/>
Bed 4	<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 50px;" type="text"/>
Bed 5	<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 50px;" type="text"/>

Please note Fingal County Council does not currently provide the following accommodation, as listed on Part 13 – Housing Requirements Single Rural Dwelling, Demountable Dwelling, Site for Private House

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:	<div style="display: flex; justify-content: space-between;"> Figures Letters </div>	<div style="display: flex; justify-content: space-between;"> Figures Letters </div>
P.P.S. Number	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
First name(s)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Surname	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Birth surname [if different]	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Current address	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
How long have you lived at this address?	Years <input style="width: 30px;" type="text"/> Months <input style="width: 30px;" type="text"/>	Years <input style="width: 30px;" type="text"/> Months <input style="width: 30px;" type="text"/>
Mother's birth surname	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Telephone/Mobile No.	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date of Birth [dd/mm/yy] [Attach birth certificates]	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" 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 style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
E-mail address	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
If you wish to receive information by e-mail, please tick	<input type="checkbox"/>	Please state relationship of Applicant 2 to Applicant. <input style="width: 100%; height: 20px;" type="text"/>

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 style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Usual language spoken	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Citizenship status [attach proof of citizenship]	<input type="checkbox"/> Irish <input type="checkbox"/> Other EEA ¹ <input type="checkbox"/> Non-EEA	<input type="checkbox"/> Irish <input type="checkbox"/> Other EEA ¹ <input type="checkbox"/> Non-EEA
<i>If you are not an EEA national:</i>		
(i) basis of stay in Ireland [attach copy of residency permission]	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
(ii) date of entry to Ireland [dd/mm/yy]	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

¹. 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.

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"/> Married <input type="checkbox"/> Civil Partner <input type="checkbox"/> Cohabiting <input type="checkbox"/> Other	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Civil Partner <input type="checkbox"/> Cohabiting <input type="checkbox"/> Other
	<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Legally Separated	<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> 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	APPLICANT 2: 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
Employer's name [in the case of self-employed, give company name]	_____ _____	_____ _____
Address of employer [in the case of self-employed, please give company address]	_____ _____ _____	_____ _____ _____
Occupation	_____ _____	_____ _____
Employment status [e.g. permanent: full-time/part-time]	_____ _____	_____ _____
Date commenced present employment [dd/mm/yy]	_____ / _____ / _____	_____ / _____ / _____

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	€	€
Social Welfare - Payment Type(s)		
- social welfare [Total]	€	€
Maintenance received [if applicable]	€	€
Other income sources	€	€
Please specify		
Weekly Deductions		
PAYE	€	€
PRSI	€	€
Universal Social Charge	€	€
Other [e.g. maintenance payments]	€	€
Please specify		

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 border="1"> <tr> <td colspan="7">Figures</td> <td colspan="2">Letters</td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	Figures							Letters		<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"/>	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Figures							Letters															
<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"/>														
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]	<table border="1"> <tr> <td>__</td><td>__</td><td>/</td><td>__</td><td>__</td><td>/</td><td>__</td><td>__</td> </tr> </table>	__	__	/	__	__	/	__	__	Citizenship	<input type="checkbox"/> Irish	<input type="checkbox"/> Other EEA ¹	<input type="checkbox"/> Non-EEA									
__	__	/	__	__	/	__	__															
[Attach birth certificate]		Basis of Stay	<input type="checkbox"/> Refugee	<input type="checkbox"/> Leave to remain in Ireland	<input type="checkbox"/> Subsidiary Protection Status																	
Country of Birth	<input type="text"/>	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 border="1"> <tr> <td colspan="7">Figures</td> <td colspan="2">Letters</td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	Figures							Letters		<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"/>	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Figures							Letters															
<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"/>														
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]	<table border="1"> <tr> <td>__</td><td>__</td><td>/</td><td>__</td><td>__</td><td>/</td><td>__</td><td>__</td> </tr> </table>	__	__	/	__	__	/	__	__	Citizenship	<input type="checkbox"/> Irish	<input type="checkbox"/> Other EEA ¹	<input type="checkbox"/> Non-EEA									
__	__	/	__	__	/	__	__															
[Attach birth certificate]		Basis of Stay	<input type="checkbox"/> Refugee	<input type="checkbox"/> Leave to remain in Ireland	<input type="checkbox"/> Subsidiary Protection Status																	
Country of Birth	<input type="text"/>	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"/>

¹. Please see footnote 1. on page 5

PART 6A – 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 border="1"> <tr> <td colspan="6">Figures</td> <td colspan="2">Letters</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Figures						Letters		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Figures						Letters														
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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]	<input type="text"/> / <input type="text"/> / <input type="text"/>	Citizenship	<input type="checkbox"/> Irish	<input type="checkbox"/> Other EEA ¹	<input type="checkbox"/> Non-EEA															
[Attach birth certificate]		Basis of Stay	<input type="checkbox"/> Refugee	<input type="checkbox"/> Leave to remain in Ireland	<input type="checkbox"/> Subsidiary Protection Status															
Country of Birth	<input type="text"/>	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 6A – 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 border="1"> <tr> <td colspan="6">Figures</td> <td colspan="2">Letters</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Figures						Letters		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Figures						Letters														
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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]	<input type="text"/> / <input type="text"/> / <input type="text"/>	Citizenship	<input type="checkbox"/> Irish	<input type="checkbox"/> Other EEA ¹	<input type="checkbox"/> Non-EEA															
[Attach birth certificate]		Basis of Stay	<input type="checkbox"/> Refugee	<input type="checkbox"/> Leave to remain in Ireland	<input type="checkbox"/> Subsidiary Protection Status															
Country of Birth	<input type="text"/>	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"/>

¹. Please see footnote 1. on page 5

PART 6B – 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 border="1"> <tr> <td colspan="7">Figures</td> <td colspan="2">Letters</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Figures							Letters		<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"/>	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Figures							Letters															
<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"/>														
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]	<input type="text"/> / <input type="text"/> / <input type="text"/>	Citizenship	<input type="checkbox"/> Irish	<input type="checkbox"/> Other EEA ¹	<input type="checkbox"/> Non-EEA																	
[Attach birth certificate]		Basis of Stay	<input type="checkbox"/> Refugee	<input type="checkbox"/> Leave to remain in Ireland	<input type="checkbox"/> Subsidiary Protection Status																	
Country of Birth	<input type="text"/>	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 6B – 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 border="1"> <tr> <td colspan="7">Figures</td> <td colspan="2">Letters</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Figures							Letters		<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"/>	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Figures							Letters															
<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"/>														
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]	<input type="text"/> / <input type="text"/> / <input type="text"/>	Citizenship	<input type="checkbox"/> Irish	<input type="checkbox"/> Other EEA ¹	<input type="checkbox"/> Non-EEA																	
[Attach birth certificate]		Basis of Stay	<input type="checkbox"/> Refugee	<input type="checkbox"/> Leave to remain in Ireland	<input type="checkbox"/> Subsidiary Protection Status																	
Country of Birth	<input type="text"/>	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.

¹. Please see footnote 1. on page 5

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]

--

PART 8 – BASIS FOR APPLICATION TO FINGAL COUNTY COUNCIL

Please indicate the basis for your application to Fingal County Council 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]:

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

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"/> |

PART 10 – ACCOMMODATION HISTORY

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

Address	Nature of Tenure	Date at address		Reason for leaving
		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"/>	<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

Other Property	APPLICANT	OTHER HOUSEHOLD MEMBER
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"/>

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]

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

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.

PART 14 – AREAS OF CHOICE ².

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].

South Dublin County Council

- North of the Naas Road
- South of the Naas Road

Dublin City Council

- Area B:
Artane, Priorswood, Coolock, Donnycarney, Killester, Raheny, Darndale, Kilmore, Baumont, Donaghmede, Edenmore, Marion, Clontarf, Kilbarrack
- Area D:
Ballymun, Poppintree
- Area E:
Ashtown, Blackhorse Ave., Santry, Whitehall, Cabra, Finglas, Glasnevin
- Area H:
Ballybough, Phibsborough, Dorset St./Dominick St., East Wall, North Strand, Summerhill, Sherrif St.

Fingal County Council

- Balbriggan
- Blanchardstown
- Malahide / Howth
- Swords

Dublin City Council

- Area J:
Ballyfermot, Bluebell, Chapelizod, Inchicore.
- Area K:
Crumlin, Walkinstown, Kimmage, Drimnagh
- Area L:
Clabgrassil, Coombe/Maryland, Kilmainham, Charlemount, York St., Rialto, James St., Ushers Quay, Dolphin's Barn
- Area M:
City Quay, Ringsend, Irishtown, Donnybrook, Mount St., Pearse St.

Dun Laoghaire Rathdown County Council

- Ballinteer / Ballyogan
- Ballybrack / Shankill
- Blackrock / Stillorgan
- Dun Laoghaire / Dalkey

Dublin City Council

- Area N:
Ranelagh, Harold's Cross, Rathmines, Terenure
- Area P:
Church St., Ormond Quay, North King St., O'Deavaney Gardens, Chancery St.,

² A household applying to Dublin City Council or to a County or Town Council, and which is either normally resident in that authority's functional area or has a local connection with it, must specify at least one area in that functional area in which it would accept an offer of social housing support. Such a household may also specify areas of choice in the functional areas of other housing authorities in the county concerned [including Dublin City Council but not Cork, Galway, Limerick or Waterford City Councils]. In this context, such a household applying to a Tipperary housing authority may specify areas of choice in other housing authority functional areas across the county.

A household applying to

(a) a City Council other than Dublin City Council, or

(b) a housing authority that agrees to consider its application, even though the household is not normally resident in, and has no local connection with, its functional area,

may specify areas that are in the functional area of the housing authority of application only.

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]

². A household applying to Dublin City Council or to a County or Town Council, and which is either normally resident in that authority's functional area or has a local connection with it, must specify at least one area in that functional area in which it would accept an offer of social housing support. Such a household may also specify areas of choice in the functional areas of other housing authorities in the county concerned [including Dublin City Council but not Cork, Galway, Limerick or Waterford City Councils]. In this context, such a household applying to a Tipperary housing authority may specify areas of choice in other housing authority functional areas across the county.

A household applying to

(a) a City Council other than Dublin City Council, or

(b) a housing authority that agrees to consider its application, even though the household is not normally resident in, and has no local connection with, its functional area,

may specify areas that are in the functional area of the housing authority of application only.

[iii] [Insert name of housing authority of application]

[iv] [Insert name of one housing authority in the county concerned in which a household may specify an area of choice [Where there are more than two housing authorities in the county concerned, the local authority should expand this table]].

[v] [Insert name of area of choice]

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:
Spouse/Partner]

Date: [dd/mm/yy]

__ __/ __ __/ __ __

HA1A Form / First Applicant

THIS FORM MUST BE COMPLETED BY YOUR **EMPLOYER** AND RETURNED WITH EVERY APPLICATION

APPLICANT'S NAME	<input type="text"/>
ADDRESS	<input type="text"/>
Employer's Name	_____
Address	_____
In relation to the above named, I wish to confirm that the following information is correct:	
Commencement date of work	<input type="text"/>
Present Income	<input type="text"/>
Weekly/Annual	
Position held?	<input type="text"/>
Is employment full time or casual?	<input type="text"/>
Is employment permanent or temporary?	<input type="text"/>
Date employee made permanent?	<input type="text"/>
Will the applicant be employed by you for the foreseeable future?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Employer's Signature	<input type="text"/>
Date	<input type="text"/>
EMPLOYER'S STAMP	

HA1B Form / Second Applicant

THIS FORM MUST BE COMPLETED BY YOUR **EMPLOYER** AND RETURNED WITH EVERY APPLICATION

APPLICANT'S NAME

ADDRESS

Employer's Name

Address

In relation to the above named, I wish to confirm that the following information is correct:

Commencement date of work

Present Income

Weekly/Annual

Position held?

Is employment full time or casual?

Is employment permanent or temporary?

Date employee made permanent?

Will the applicant be employed by you for the foreseeable future?

YES

NO

Employer's Signature

Date

**EMPLOYER'S
STAMP**

HA2A Form / First Applicant

IMPORTANT THIS FORM MUST BE COMPLETED BY YOU AND CERTIFIED BY THE INSPECTOR OF TAXES BEFORE YOU RETURN SAME WITH YOUR COMPLETED FORM TO THE COUNCIL

YOUR FULL NAME (BLOCK LETTERS)	<input type="text"/>
PREVIOUS NAME (IF ANY)	<input type="text"/>
PRESENT ADDRESS	<input type="text"/>
PREVIOUS ADDRESS (IF ANY)	<input type="text"/>
PPS NUMBER (PRSI NUMBER)	<input type="text"/>

TO BE COMPLETED BY INSPECTOR OF TAXES

I hereby certify, in accordance with my records and to the best of my knowledge, that the above named person has not previously claimed income tax relief in respect of interest paid on money borrowed to purchase or build a dwelling.

SIGNED

DATE

OFFICIAL STAMP

HA2B Form / Second Applicant

IMPORTANT THIS FORM MUST BE COMPLETED BY YOU AND CERTIFIED BY THE INSPECTOR OF TAXES BEFORE YOU RETURN SAME WITH YOUR COMPLETED FORM TO THE COUNCIL

YOUR FULL NAME (BLOCK LETTERS)	<input type="text"/>
PREVIOUS NAME (IF ANY)	<input type="text"/>
PRESENT ADDRESS	<input type="text"/>
PREVIOUS ADDRESS (IF ANY)	<input type="text"/>
PPS NUMBER (PRSI NUMBER)	<input type="text"/>

TO BE COMPLETED BY INSPECTOR OF TAXES

I hereby certify, in accordance with my records and to the best of my knowledge, that the above named person has not previously claimed income tax relief in respect of interest paid on money borrowed to purchase or build a dwelling.

SIGNED DATE

OFFICIAL STAMP