



**SOCIAL HOUSING ASSESSMENT 2020: IMPORTANT INFORMATION REQUEST**

- Please complete the following form to update your application for social housing support with Fingal County Council.
- **In recognition of Covid 19, we would ask that your completed assessment form be returned by post if possible, in the enclosed pre-paid envelope, and no later than Wednesday 30<sup>th</sup> September 2020.**
- Fingal County Council would like to thank you in advance for your co-operation, and if you have any queries, please contact us **via 01 890 5902 / 01 890 5000.**
- Completed form to be **returned by post if possible** or at either of the following locations:-

-Fingal County Council, Civic Offices, Housing Allocations, Grove Road, Blanchardstown, Dublin 15. D15 W638  
 -Fingal County Council, County Hall, Main Street, Swords, Co. Dublin. K67 X8Y2

<b>Housing Application reference number</b>	
<b>Are you still interested in being on the Social Housing Support List? (tick box)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you have an application with any other local authority? (tick box)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes please give details.</b>	<b>Local Authority Name:</b> _____
<b>For Office Use Only</b>	
<p style="text-align: center;"><b>LOGGED</b></p> <p>Post _____ Swords _____</p> <p>Blanchardstown _____ Balbriggan _____</p> <p>Date: _____</p> <p>By: _____</p>	<p>Assessment Completed (Y/N) _____</p> <p>Eligible (Y/N) _____</p> <p>Date: _____</p> <p>By: _____</p>

**Your details – Main Applicant (please write in the following and tick where indicated) Please complete ALL Sections.**

Full name	
Email address	
Phone number	
PPSN: _____	Gender: Male ___ Female ___
Citizenship Status	Irish ___ EEA ___ Non EEA ___  If Non EEA please specify basis of stay in Ireland:- Refugee ___ Permission to reside ___ Subsidiary Protection Status ___ Current GNIB Stamp Number _____ Expiry Date _____
Civil status (please tick)	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Civil Partner <input type="checkbox"/> Separated <input type="checkbox"/> Cohabiting <input type="checkbox"/> Legally Separated <input type="checkbox"/> Other

**Employment status (please tick the box which applies to you)**

<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
<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"/>	

**Your partner /spouse's details (please write in the following and tick where indicated)**

Full name		
Email address		
PPSN: _____	Gender: Male ___ Female ___	
Citizenship Status	Irish ___ EEA ___ Non EEA ___  If Non EEA please specify basis of stay in Ireland:- Refugee ___ Permission to reside ___ Subsidiary Protection Status ___ Current GNIB Stamp Number _____ Expiry Date _____	
Phone number		
<b>Employment status (please tick the box which applies to you)</b>		
<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
<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"/>	

**Income details (please fill out the following about WEEKLY income for you and any other adult included on your application)**

Income types (per week)	Main Applicant	Spouse/partner	Any other household member in receipt of an income
Name			
Employment income	€	€	€
Self - employment income	€	€	€
Social welfare income	€	€	€
Social Welfare payments <i>(please write in names of the payments received e.g Job Seeker's Allowance/Working Family Payment/Back to Work/Disability etc)</i>			
Maintenance received	€	€	€
Any other income (including FIS)	€	€	€
Other income type (Eg pension received from outside of this State) <i>(Please write in where any other income is from)</i>			

**Please include details of ALL income you receive - ALL HOUSEHOLD MEMBERS**

Name	Relationship to Applicant	Date of Birth	PPSN	Nationality	Income type (if applicable)	Income Amount (Weekly)

Where the household lives (please write in the following or tick where indicated)	
<b>Current address</b> *Must be completed	
Previous address	
Please tick the box which best describes your current living arrangement:	
<input type="checkbox"/> With parents	<input type="checkbox"/> <b>*Private rented accommodation:</b> *Must tick box below
<input type="checkbox"/> With relatives/friends	<input type="checkbox"/> With Rent Supplement
<input type="checkbox"/> Owner-occupier	<input type="checkbox"/> Without Rent Supplement
<input type="checkbox"/> Rental Accommodation Scheme or HAP <b>with the Council</b>	<input type="checkbox"/> Emergency Accommodation/None
<input type="checkbox"/> Other, please give details _____	
If you are renting, the start date of your tenancy: (dd/mm/yy)	
Landlord's name	
Landlord's phone number	
How much rent do you pay a <b>month</b> ?	€ _____ per <b>month</b>
How much rent supplement do you get each month (if any)?	€ _____ per <b>month</b>
What type of accommodation do you live in at present? (please tick the box below which describes your current accommodation)	
<input type="checkbox"/> House	<input type="checkbox"/> Mobile Home
<input type="checkbox"/> Cottage	<input type="checkbox"/> Maisonette
<input type="checkbox"/> Apartment	<input type="checkbox"/> Day House
<input type="checkbox"/> Flat	<input type="checkbox"/> Group Housing
<input type="checkbox"/> Caravan	<input type="checkbox"/> Halting Bay
<input type="checkbox"/> Transitional Accommodation	<input type="checkbox"/> Hospital
<input type="checkbox"/> Tigin	<input type="checkbox"/> Institution
<input type="checkbox"/> Bed and Breakfast	<input type="checkbox"/> Refuge
<input type="checkbox"/> Hostel	<input type="checkbox"/> Prison
<input type="checkbox"/> Sheltered Accommodation	<input type="checkbox"/> None/Other
What facilities do you have in your current accommodation? (please tick the boxes which apply)	
<input type="checkbox"/> Kitchen	<input type="checkbox"/> Living room
<input type="checkbox"/> Central Heating	<input type="checkbox"/> Water supply - COLD
<input type="checkbox"/> Bathroom	<input type="checkbox"/> Water supply - HOT
<input type="checkbox"/> Toilet	
How many <b>bedrooms</b> are there in your current property? (please write in number)	
How many <b>bedrooms</b> are available to you and the members of your household?	
If you share a house give details of how many rooms are shared,	

shared cost of rent etc	
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### Areas of Choice

Please confirm your area/s of choice in which you wish to be considered for social housing support. You may choose a **maximum** of 3 area's and this **includes** any referral made to another Dublin local authority on your behalf.

All housing area's carry equal priority so you should **only select an area if you would consider an offer of accommodation in this area.**

Balbriggan

Blanchardstown

Swords

Howth/Malahide

### Disability and/or Medical Information

Name 1: \_\_\_\_\_

Please describe the disability or medical condition

If someone in the household has a disability, please indicate if the disability falls into any of the following categories (*you may tick more than one*)

•Intellectual disability  Yes  No

•Mental health disability  Yes  No

•Physical disability  Yes  No

•Sensory disability  Yes  No

Due to the disability or medical condition are there any particular requirements needed in a home? (*please tick*)  Yes  No

If Yes, please describe the particular requirements (E.g. wheelchair access needed)

**If there are multiple persons in the household with a disability/medical condition please provide details on a separate page using the above table as a guide for the information required.**

### Other property/land (*please write in the following or tick where indicated*)

Do you or any member of the household own property or land in Ireland or any other country? (*please tick*)  Yes  No

If so, does this include a residential property which is vacant?  Yes  No

Address of the property or land owned (*please write in*)

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## DECLARATION

Once you have finished filling out this form, please read this declaration carefully and sign and date it.

### Collection and Use of Data

The housing authority will use the data which you have supplied to 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 Housing, Planning & 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 form 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 on my/our application.

<b>Signature of Main Applicant</b>	
<b>Print full name (BLOCK CAPITALS)</b>	
<b>Signature of Joint Applicant</b>	
<b>Print full name (BLOCK CAPITALS)</b>	
<b>Date (dd/mm/yy)</b>	