



NAME (block capitals)

TAKEN IN BY:

FINGAL COUNTY COUNCIL

PERMISSION TO RESIDE APPLICATION FORM

Fingal County Council
Allocations Section
Housing Department
Grove Road
Blanchardstown
Dublin 15
Telephone No: 8905380

DATE RECEIVED:



Permission for person(s) to reside at Fingal County Council dwellings

Application to be completed & returned to:

Fingal County Council
Housing Allocations
Grove Road
Blanchardstown
Dublin 15

Note: Permission to reside at Fingal County Council dwellings will be refused, if the person for whom the permission is sought is involved in Anti-Social Behaviour or if the presence of that person would cause overcrowding.

Check list:	Received (please Tick)
1. Birth Certificates for all persons for whom permission is sought	
2. PPS No. for all applicants.	
3. Photographic identification for all persons for whom permission is sought	
4. Income for all persons for whom permission is sought (P60, Payslips, Social Welfare Receipts)	
5. Completed Tax form (attached overleaf) for all persons over 18 years of age & get stamped by revenue office.	
6. Proof of previous address(s).	
7. Proof of citizenship or leave to remain in Ireland i.e. Letter from Department of Justice, Equality and Law Reform outlining the terms and conditions of your stay 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) plus GNIB card.	
8. Marriage Certificates (If applicable)	
9. If you are residing in a RAS dwelling proof of the Landlord's consent is required	

Bosca 174, Áras an Chontae, Sord, Fine Gall, Co. Bhaile Átha Cliath
P.O. Box 174, County Hall, Swords, Fingal, Co. Dublin K67 X8Y2
t: (01) 890 5000 f: (01) 890 5809 e: info@fingal.ie **fingal.ie**



Permission for person(s) to reside at Fingal County Council dwellings

Name of Tenant (s): _____

Address of Council dwelling: _____

No. of Bedrooms in dwelling: _____ Rent Account No.: _____

Type of dwelling (please tick): Council _____ Long Term Lease _____ RAS _____

Phone number: _____

Current Household Composition

Members of Household	Relationship to Tenant	Date of Birth	PPS No.
	Tenant (1)		
	Tenant (2)		

Person(s) for whom permission is sought

Name (s)	Relationship to Tenant	Date of Birth	PPS No.
1.			
2.			
3.			
4.			
5.			



Reason why you are requesting permission to reside for the above person(s)

Signature of Tenant(s): _____

Date: _____

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

A. TO BE COMPLETED BY APPLICANT: PLEASE USE BLOCK CAPITAL LETTERS

- 1. YOUR FULL NAME: _____
- 2. PREVIOUS NAME (IF ANY): _____
- 3. PRESENT ADDRESS: _____
- 4. PREVIOUS ADDRESS (IF ANY): _____
- 5. INCOME TAX REFERENCE NUMBER (PPS Number): _____

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/build a dwelling.

DATE: _____ 20 _____ SIGNED: _____

OFFICIAL STAMP

B. TO BE COMPLETED BY PARTNER/SPOUSE:

- 1. YOUR FULL NAME: _____
- 2. PREVIOUS NAME (IF ANY): _____
- 3. PRESENT ADDRESS: _____
- 4. PREVIOUS ADDRESS (IF ANY): _____
- 5. INCOME TAX REFERENCE NUMBER (PPS Number): _____

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/build a dwelling.

DATE: _____ 20 _____ SIGNED: _____