**APPLICATION FOR PERMISSION TO PARTICIPATE IN THE ROOM FOR A STUDENT – LOCAL AUTHORITY TENANCIES SCHEME – FINGAL COUNTY COUNCIL**

**Please read carefully and answer all relevant questions.**

**If you have any queries, please contact** **roomforastudent@fingal.ie** **.**

1. Please read the form carefully and answer all questions fully, ensuring all necessary documentation as mentioned below is attached.
2. The person applying for permission to rent a room from a council tenant under this scheme **must** be a full-time student attending a third level educational institution. The third-level education sector in Ireland consists of universities, institutes of technology, and colleges of education - collectively known as higher education institutions or HEIs. **Proof of registration at a higher education institution is required.**
3. These forms and declarations set out in Appendix A and B must be completed, signed, and returned to the Council by both the tenant and student applying to participate in the scheme.
4. The forms and declarations should be submitted separately by both the tenant and the student.
5. The application should be made by post to Room for Student Scheme, Housing Department, Fingal County Council, Grove Road, Blanchardstown, Dublin 15, *D15 W638* or by email to ***roomforastudent@fingal.ie***
6. Failure to submit **ALL** required documentation with your application or an incomplete application form will result in the application being returned by the Council. The application form will not be considered until such a time as the application and all required documentation is received by the Council.
7. Please note that separate applications are required in respect of each individual student in cases where the tenant intends to rent out more than one room under the scheme.
8. Any permission granted to participate in this scheme is for the duration of one academic year only.
9. The student seeking to rent a room **is not authorised** to occupy the property until consent is received in writing from Fingal County Council. Failure to comply will result in the application being refused and the student being required to vacate the property immediately. The tenant may also be issued with a tenancy warning for breach of the tenancy agreement.
10. In accordance with the Housing Acts of 1966-2021, the local authority may request and obtain information from another local authority, the Criminal Assets Bureau, An Garda Síochána, the Department of Social Protection, the Health Service Executive (HSE), the Revenue Commissioners or an Approved Housing Body in relation to occupants or prospective occupants of local authority housing. Your data may also be shared with other public bodies in accordance with our obligation to prevent and detect fraud.
11. The Council will consider each application and the decision of the Council will be confirmed in writing to the tenant(s) and student.
12. Please note that the differential rent payable by the tenant(s) will be reviewed following a successful application under this scheme with effect from the date the student has taken up residence in the dwelling as per the signed licence agreement.
13. If approval is granted a licence agreement must be completed and signed by the tenant(s) and the student. A copy must be forwarded to Fingal County Council.
14. Participation by a student in the scheme does not confer tenancy status or any occupancy rights – the student is not a party to the tenancy agreement between the local authority and the tenant and shall have no succession rights in respect of the tenancy.
15. Your rights as a data subject under the General Data Protection Regulation (GDPR) apply in full and will be clearly set out in the relevant data protection policies and procedures for the local authority to whom you are submitting your application. If you have any query in relation to your rights under GDPR, you can contact the nominated Data Protection Officer for that local authority. Details of how to submit your query will be supplied by the local authority directly.

**Note: The acceptance of this form by Fingal County Council for consideration does not in any way imply that consent has been granted to the applicants to participate. Approval or refusal to reside will be given in writing to the applicant(s).**

**CHECKLIST**

**(Documents to be included with the Application for Permission to Participate in the Room for a Student – Local Authority Tenancies Scheme**

**Please ensure that all parts of the application form are complete in full and relevant sections are signed by the Applicant(s) and that the Tenant(s) as appropriate.**

* Application form
* Declaration
* Photo ID i.e., Copy of current Passport/Driving Licence of the student.
* Proof of current address for the student
* Proof of enrolment in a Higher Education Institution

**Appendix A**

**Application Form and Declaration to be completed and returned to Fingal County Council by Tenant(s)**

|  |  |  |
| --- | --- | --- |
|  | **Tenant** | **Joint Tenant** |
| Name |  |  |
| Address of property |  |  |
| PPS Number |  |  |
| Date of Birth |  |  |
| Contact Phone No. |  |  |

Please state the number of bedrooms in the property: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please give details of all members of the tenants’ household currently resident in the property

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Date of Birth | PPS No. | Relationship to Tenant |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Name of any other student (s) currently renting a room in the property:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your and/or other members of your household’s relationship to the student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide a brief description of the room to be let i.e., single/double, ground floor etc.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed Rent to be charged to the student per week/calendar month €\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your property specially adapted? Yes/No

Please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ROOM FOR A STUDENT – LOCAL AUTHORITY TENANCIES SCHEME**

**Declaration by Tenant(s)**

I/we declare that the information and particulars given by me on this application are true and correct, and I/we understand that the provision of any false or misleading statements may lead to this application being cancelled. Fingal County Council reserves the right to exclude an applicant from consideration if they supply false information or withholds relevant information on this form or at any subsequent interviews. I/we undertake to notify Fingal County Council immediately should there be any change from the information provided, or in my/our circumstances. I/we authorise Fingal County Council to make necessary enquiries either written or otherwise regarding my/our application to verify information given.

I/we declare that I/we will participate in the Social Housing Rent a Room to a Student Scheme in line with the conditions and obligations of the scheme as detailed below:

* That the rent account in respect of the dwelling above is fully paid up to date and no arrears are outstanding.
* That the dwelling above is in good structural condition and is being maintained to a high standard.
* That the dwelling above has sufficient and adequate sanitary, cooking and storage facilities and that all appliances are in working order.
* That the dwelling above is not overcrowded nor would it become overcrowded by means of my participation in this scheme.
* That I/we, or any member of my household, have not engaged in anti-social behavior nor have I/we ever been subject to a tenancy warning issued by Fingal County Council in relation to any breach of my/our tenancy agreement.
* That any disputes that may arise between me/us and the student to whom I/we rent a room are matters between me and the student as the relevant parties and that Fingal County Council has no role in the arbitration of any disputes.
* That the student to whom I/we intend to rent a room is not a family member nor do I/we or any member of my/our household have any other relationship with the student.
* That I/we do not keep any restricted dog breeds at the address above.
* That the room(s) being made available by me/us for rent to (a) student shall be made available to the student(s) approved by Fingal County Council only.
* That the room will be vacated by the student at the end of the academic year.
* That I/we will comply with the terms and conditions of the Revenue Rent-a-Room Scheme.

I/we confirm that I/we understand that it is an offence under Section 32(7) of the Housing (Miscellaneous Provisions) Act 2009, for me/us to make this declaration if it is false or misleading in any material respect.

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

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE READ THIS DECLARATION CAREFULLY AND SIGN AND DATE WHEN YOU ARE SATISIFED THAT YOU UNDERSTAND IT**

**Collection and Use of Personal Data**

ALL data supplied by you when completing this form (including any personal data you submit) will be used for the purposes of assessing and administering your application for inclusion in this Scheme. The law allows this local authority in certain circumstances to share your data with other public bodies. For example, we may share your data with the Central Statistics Office under the Statistics Act 1993.

In carrying out its functions under the Housing Acts of 1966-2014, the local authority may request and obtain information from other organisations. These include another local authority, the Criminal Assets Bureau, An Garda Síochána, the Department of Social Protection, the Health Service Executive (HSE), the Revenue Commissioners or an Approved Housing Body in relation to current or prospective occupants of, or applicants for, local authority housing. Your data may also be shared with other public bodies in accordance with our obligation to prevent and detect fraud.

Your rights as a data subject under the General Data Protection Regulation (GDPR) apply in full and are clearly set out in Fingal County Council’s Privacy Statement. Copies of this are available on the Fingal County Council Website at **www.fingal.ie**

If you have any questions about your rights under GDPR, you can contact Fingal County Council’s Data Protection Officer, or you may also contact the Data Protection Commission (DPC). For more information, please contact:

Tel**: (01) 8905000** Email: **dataofficer@fingal.ie**

**Appendix B**

**Application Form and Declaration to be completed and returned to Fingal County Council by the student.**

|  |  |
| --- | --- |
| Name |  |
| Current address |  |
| Previous Addresses |  |
| PPS Number |  |
| Date of Birth |  |
| Contact Phone No. |  |
| Address of property where you wish to rent a room |  |  |
| Name of Tenant(s) |  |
| What is your relationship to the Tenant(s) and/or other members of the household? |  |
| Proposed Rent to be charged |  |
| What date do you intend to take up residence in the property? |  |
| Name of Third Level Institution |  |
| Name of Course |  |
| Year enrolled e.g., 1st, 2nd, 3rd etc.  |  |

**Please attach proof of enrolment in a Higher Education Institution to this application form**

|  |  |
| --- | --- |
| Have you ever applied for social housing? If yes, please provide details |  |
| Do you have any criminal convictions or charges pending? If yes, please provide details of charges |  |

**ROOM FOR A STUDENT – LOCAL AUTHORITY TENANCIES SCHEME**

**Declaration by Student**

I declare that the information and particulars given by me on this application are true and correct, and I understand that the provision of any false or misleading statements may lead to this application being cancelled. Fingal County Council reserves the right to exclude an applicant from consideration if they supply false information or withholds relevant information on this form or at any subsequent interviews.

I undertake to notify Fingal County Council immediately should there be any change from the information provided, or in my circumstances.

I authorise Fingal County Council to make necessary enquiries either written or otherwise regarding my/our application to verify information given.

I declare that I will participate in the Social Housing Rent a Room to a Student Scheme in line with the conditions and obligations of the scheme as detailed below:

* That I am a full-time student at a Higher Education Institution.
* That I have viewed the dwelling above and I am satisfied that the dwelling has sufficient and adequate sanitary, cooking and storage facilities and is satisfactory for my needs.
* That I have not previously been engaged in anti-social behavior.
* That I have never had an application for social housing refused on grounds of anti-social behavior.
* That I have no criminal convictions or any criminal charges pending.
* That any disputes that may arise between me and the tenant from whom I rent a room are matters between me and the tenant as the relevant parties and that Fingal County Council has no role in the arbitration of any disputes.
* That the tenant from whom I intend to rent a room is not a family member nor do I have any other relationship with the tenant or any other member of the tenant’s household.
* That I will vacate the property at the end of the academic term.

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

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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