**HAP – HOUSEHOLD DETAILS FORM**

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| **HAP Tenancy Address**  ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  **Social Housing Support Application Ref No: A \_\_\_\_\_\_\_\_\_\_\_**  **HAP CUSTOMER ID Ref No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

I/We certify that the information is complete and correct for all Occupiers in the dwelling as recorded below. I/We authorise and give authority to the Council to seek and receive any information which the Council may require from the Revenue Commissioners and Dept. of Social Protection or from any other source in relation to household income. I/We have included all applicable documentation and am/are aware that the inclusion of any false or misleading information, or deliberate exclusion of vital information, could leave me/us open to prosecution and liable to a fine on conviction under Section 62 of the Housing Act, 1966.

**Signature of HAP Claimant (A): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone/Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of HAP Claimant (B): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone/Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please complete for all household members**

**Certified details of income must be submitted**

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| **Full Name** | **Date of Birth** | **PPS. No.** | **Income /**  **DSP Benefit Type** | **Total**  **Weekly Income Amount** | **Additional Information** |
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*Housing Assistance Payment (HAP) – pursuant to Part 4 of the Housing (Miscellaneous Provisions) Act 2014 (“the Act”)* Tá an foirm seo ar fáil as Gaeilge ach glaoch ar 8905000

**Return by Uploading to portal** [**https://hapupdate.fingal.ie/**](https://hapupdate.fingal.ie/)

or post to: Fingal County Council, HAP Section, Housing Department, Grove Road, Blanchardstown, Dublin 15, D15W638 - Email Address**:** [**HAP.Reviews@fingal.ie**](mailto:HAP.Reviews@fingal.ie)

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| **Additional Information:** |