

APPLICATION FOR HOUSING ACCOMMODATION

Enniscorthy Town Council

IMPORTANT - PLEASE READ THE FOLLOWING INFORMATION CAREFULLY

1. If you are unsure about how to answer any of the questions, please ask an officer in the Housing Section of your Local Authority to help you.
2. Please complete **Parts A, B, C, D, E and F** of this form and sign the declaration at the end. **If you are applying for housing on medical grounds please also complete Part G.**
3. When filling out this form, please make sure to write clearly so that your application can be processed as quickly as possible.
4. Make sure you have answered all of the questions fully where these are relevant to you. If you do not, 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.
5. Be sure of your answers and do not give false or misleading information. The local authority may request and obtain information from another Housing Authority, the Criminal Assets Bureau, An Garda Siochana, the Minister for Social and Family Affairs, a Health Board or a Voluntary Housing Body approved for the purposes of Section 6 of the Housing (Miscellaneous Provisions) Act, 1992, in relation to occupants or prospective occupants of, or applicants for, local authority housing, and of any other person the authority considers may be engaged in anti-social behaviour.
6. You must supply the relevant supporting documentation so that your application can be processed quickly. Please use the checklist provided to make sure you have supplied everything which will be needed to consider your application.
7. Any change in the details given, particularly any change of address, should be notified to the local authority immediately so that your file can be updated.

Postal Address:

**Market Square,
Enniscorthy,
Co. Wexford.**

Ph: (054) 33540

Fax: (054) 35115

**Email: annemarie.cooper@enniscorthytc.ie
marie.butler@enniscorthytc.ie**

APPLICATION FOR HOUSING ACCOMMODATION

Checklist - Please make sure you supply all of the documents listed below which are relevant to your application. Tick the appropriate box.	If you have supplied it	If this does not apply to you	Office Use Only: Received or n/a
Proof that you live at your current address (i.e. gas/electricity bill)			
Tenancy Agreement if you are living in private rented accommodation			
Copy of any notice to quit			
Copy of any court order to leave your accommodation			
Copy of Access / Custody documentation if you have any children but are not living with the children's other parent.			
Certificate of Income for you and all other income earners on this application.			
Occupational Therapist's Report if specific adaptations are needed due to disability			
Doctor's / Consultant's report for each person with a serious physical or intellectual medical condition / disability			
Evidence of a clear rent account			
Evidence of entitlement to reside in Ireland if you are a non EU citizen			

Please indicate comments/reasons for not supplying certain required documents

PART A - DETAILS OF MAIN APPLICANT AND JOINT APPLICANT (IF ANY)

DETAILS	YOU	JOINT APPLICANT
<p>Title: (Mr / Mrs / Ms / Miss)</p> <p>First Name:</p> <p>Surname:</p> <p>PPS number: (This is available from the Department of Social and Family Affairs. Tel. no: 053-65400)</p> <p>Date of Birth:</p> <p>Gender: Please tick the box</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>dd mm yy</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>MALE FEMALE</p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>dd mm yy</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>MALE FEMALE</p> <p><input type="checkbox"/> <input type="checkbox"/></p>
<p>Home Address: (Please note that you will need to supply a utility bill as proof of address e.g. gas, electricity, waste charges bill)</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>
<p>Contact Address: (if different to home address)</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>
<p>Phone Numbers: (if any)</p>	<p>HOME <input type="text"/></p> <p>WORK <input type="text"/></p> <p>MOBILE <input type="text"/></p>	<p>HOME <input type="text"/></p> <p>WORK <input type="text"/></p> <p>MOBILE <input type="text"/></p>
<p>Email Address: (if any)</p>	<p><input type="text"/></p>	<p><input type="text"/></p>
<p>Marital Status: Please tick the box</p>	<p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> Cohabiting (i.e. living together but not married)</p> <p><input type="checkbox"/> Other</p>	<p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> Cohabiting (i.e. living together but not married)</p> <p><input type="checkbox"/> Other</p>

PART A - DETAILS OF MAIN APPLICANT AND JOINT APPLICANT (IF ANY)

DETAILS	YOU	JOINT APPLICANT
Relationship of joint applicant to the main applicant? (e.g. husband, wife, brother, daughter etc.)	n/a	
What is your citizenship status? Please tick the box	<input type="checkbox"/> Irish Citizen <input type="checkbox"/> EU Citizen <input type="checkbox"/> Non EU Citizen	<input type="checkbox"/> Irish Citizen <input type="checkbox"/> EU Citizen <input type="checkbox"/> Non EU Citizen
If you are not an Irish citizen, what country were you born in?		
If you are a Non EU Citizen, on what basis are you staying in Ireland? Please tick the box	<input type="checkbox"/> Refugee <input type="checkbox"/> Leave to Remain in Ireland	<input type="checkbox"/> Refugee <input type="checkbox"/> Leave to Remain in Ireland
If you are a Non EU Citizen, when did you first enter Ireland?	dd mm yy <input type="text"/> <input type="text"/> <input type="text"/>	dd mm yy <input type="text"/> <input type="text"/> <input type="text"/>
What language do you usually speak?		
Please indicate your employment status Please tick the box	<input type="checkbox"/> Employed (full time or part time) <input type="checkbox"/> Self Employed <input type="checkbox"/> Employed in back to work / FAS scheme <input type="checkbox"/> Unemployed (and 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"/> Other	<input type="checkbox"/> Employed (full time or part time) <input type="checkbox"/> Self Employed <input type="checkbox"/> Employed in back to work / FAS scheme <input type="checkbox"/> Unemployed (and 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"/> Other

PART B - DETAILS OF ANY CHILDREN/DEPENDENTS WHO WILL BE LIVING WITH YOU IF YOU ARE HOUSED BY US

Note: If there are more than 2 other people who will live with you, please fill out additional pages - these are available from the housing office.

DETAILS	FIRST CHILD/DEPENDENT	SECOND CHILD/DEPENDENT
First Name: Surname: PPS number: (This is available from the Department of Social and Family Affairs. Tel. no: 053-65400)	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> dd mm yy <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> MALE FEMALE <input style="width: 30px; height: 20px;" type="checkbox"/> <input style="width: 30px; height: 20px;" type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> dd mm yy <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> MALE FEMALE <input style="width: 30px; height: 20px;" type="checkbox"/> <input style="width: 30px; height: 20px;" type="checkbox"/>
Is this person living with you? If no please indicate address where this person is residing	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
What is the relationship of each person to the main applicant? (e.g. son, daughter etc.)	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
What is the citizenship status of this person? Please tick the box	<input type="checkbox"/> Irish Citizen <input type="checkbox"/> EU Citizen <input type="checkbox"/> Non EU Citizen	<input type="checkbox"/> Irish Citizen <input type="checkbox"/> EU Citizen <input type="checkbox"/> Non EU Citizen
If this person is not an Irish citizen, what country was this person born in?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
If this person is a Non EU Citizen, on what basis is this person staying in Ireland? Please tick the box	<input type="checkbox"/> Refugee <input type="checkbox"/> Leave to Remain in Ireland	<input type="checkbox"/> Refugee <input type="checkbox"/> Leave to Remain in Ireland
If this person is a Non EU Citizen, when did this person first enter Ireland?	dd mm yy <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	dd mm yy <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>

PART B - DETAILS OF ANY CHILDREN/DEPENDENTS WHO WILL BE LIVING WITH YOU IF YOU ARE HOUSED BY US

Continued from overleaf

DETAILS	FIRST CHILD/DEPENDENT	SECOND CHILD/DEPENDENT
What language does this person usually speak?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Is this person going to school or college? <small>Please tick the box</small>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If this person is at school or college, please give the name and address of the school or college	Name of School or College: <input style="width: 100%; height: 20px;" type="text"/> Address of School or College: <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	Name of School or College: <input style="width: 100%; height: 20px;" type="text"/> Address of School or College: <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
If this person is working please state:	Occupation: <input style="width: 100%; height: 20px;" type="text"/> Address of Employer: <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	Occupation: <input style="width: 100%; height: 20px;" type="text"/> Address of Employer: <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>

PART B - DETAILS OF ANY CHILDREN/DEPENDENTS WHO WILL BE LIVING WITH YOU IF YOU ARE HOUSED BY US

Additional Children / Dependents

DETAILS	THIRD CHILD/DEPENDENT	FOURTH CHILD/DEPENDENT
First Name: Surname: PPS number: (This is available from the Department of Social and Family Affairs. Tel. no: 053-65400)	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <div style="display: flex; justify-content: space-around;"> dd mm yy </div> <div style="display: flex; justify-content: space-around;"> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> MALE <input style="width: 30px; height: 20px;" type="checkbox"/> </div> <div style="text-align: center;"> FEMALE <input style="width: 30px; height: 20px;" type="checkbox"/> </div> </div>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <div style="display: flex; justify-content: space-around;"> dd mm yy </div> <div style="display: flex; justify-content: space-around;"> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> MALE <input style="width: 30px; height: 20px;" type="checkbox"/> </div> <div style="text-align: center;"> FEMALE <input style="width: 30px; height: 20px;" type="checkbox"/> </div> </div>
Is this person living with you? If no please indicate address where this person is residing	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
What is the relationship of each person to the main applicant? (e.g. son, daughter etc.)	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
What is the citizenship status of this person? Please tick the box	<input type="checkbox"/> Irish Citizen <input type="checkbox"/> EU Citizen <input type="checkbox"/> Non EU Citizen	<input type="checkbox"/> Irish Citizen <input type="checkbox"/> EU Citizen <input type="checkbox"/> Non EU Citizen
If this person is not an Irish citizen, what country was this person born in?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
If this person is a Non EU Citizen, on what basis is this person staying in Ireland? Please tick the box	<input type="checkbox"/> Refugee <input type="checkbox"/> Leave to Remain in Ireland	<input type="checkbox"/> Refugee <input type="checkbox"/> Leave to Remain in Ireland
If this person is a Non EU Citizen, when did this person first enter Ireland?	<div style="display: flex; justify-content: space-around;"> dd mm yy </div> <div style="display: flex; justify-content: space-around;"> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </div>	<div style="display: flex; justify-content: space-around;"> dd mm yy </div> <div style="display: flex; justify-content: space-around;"> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </div>

PART B - DETAILS OF ANY CHILDREN/DEPENDENTS WHO WILL BE LIVING WITH YOU IF YOU ARE HOUSED BY US

Continued from overleaf

DETAILS	THIRD CHILD/DEPENDENT	FOURTH CHILD/DEPENDENT
What language does this person usually speak?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Is this person going to school or college? <small>Please tick the box</small>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If this person is at school or college, please give the name and address of the school or college	Name of School or College: <input style="width: 100%; height: 20px;" type="text"/> Address of School or College: <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	Name of School or College: <input style="width: 100%; height: 20px;" type="text"/> Address of School or College: <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
If this person is working please state:	Occupation: <input style="width: 100%; height: 20px;" type="text"/> Address of Employer: <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	Occupation: <input style="width: 100%; height: 20px;" type="text"/> Address of Employer: <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>

PART C - CURRENT ACCOMMODATION

1. Where are you living now? Please tick the box

- | | |
|--|--|
| <input type="checkbox"/> In accommodation that you own | <input type="checkbox"/> In local authority rented accommodation |
| <input type="checkbox"/> With parents | <input type="checkbox"/> In voluntary housing |
| <input type="checkbox"/> With other relatives | <input type="checkbox"/> In co-operative housing |
| <input type="checkbox"/> With friends | <input type="checkbox"/> In emergency accommodation |
| <input type="checkbox"/> In private rented accommodation (with SWA Rent Supplement) | <input type="checkbox"/> Sleeping Rough (no accommodation) |
| <input type="checkbox"/> In private rented accommodation (without SWA Rent Supplement) | <input type="checkbox"/> Other |

2. What type of accommodation are you in now? Please tick the box

- | | | |
|--|--|---|
| <input type="checkbox"/> House / Cottage | <input type="checkbox"/> Day House | <input type="checkbox"/> Bed & Breakfast |
| <input type="checkbox"/> Apartment / Flat | <input type="checkbox"/> Group Housing | <input type="checkbox"/> Hostel |
| <input type="checkbox"/> Maisonette | <input type="checkbox"/> Halting Bay | <input type="checkbox"/> Hospital / Institution |
| <input type="checkbox"/> Caravan / Mobile Home | <input type="checkbox"/> Tigin | <input type="checkbox"/> Refuge |
| | | <input type="checkbox"/> Prison |

3. Which facilities do you have in your current accommodation? Please put a tick in the box(es)

- | | |
|--|--|
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Central Heating |
| <input type="checkbox"/> Living Room | <input type="checkbox"/> Water Supply - Cold Water |
| <input type="checkbox"/> Bathroom / Toilet | <input type="checkbox"/> Water Supply - Hot Water |
| <input type="checkbox"/> Bedrooms How many? _____ | |

Senior Citizens only:

How many steps do you climb to your flat? _____

Toilet? _____

a. Do you own or rent your current accommodation?

OWN

RENT

b. Are you receiving rent supplement?

YES

NO

PART C - CURRENT ACCOMMODATION

Continued from overleaf

c. When did you start receiving rent supplement at your current address? YES NO

d. Please indicate total rent being paid every month: €

e. Please indicate the amount of rent supplement you are receiving every month: €

f. How much do you have to pay yourself towards your rent?
Please indicate Nil if you do not pay anything €

g. Have you received a notice to quit? Please tick the box
If yes what is the reason? YES NO

h. Are you in arrears of rent?
If yes what is the reason? YES NO

i. When did you start to live at your current address? MONTH YEAR

j. Please indicate who is your landlord:
Name:
Address:
.....

h. If you are renting through an agent please
indicate name and address of agent:
Name:
Address:
.....

4. If you are sharing accommodation at the moment, please give details below of all people who are living there too, but who are not part of this housing application.

NAME	AGE	MALE	FEMALE
.....
.....
.....
.....
.....
.....

PART D - YOUR ACCOMMODATION HISTORY

1. Where have you lived during the last 5 years?

ADDRESS	OWNED	RENTED	DATES AT ADDRESS	REASON FOR LEAVING
.....	<input type="checkbox"/>	<input type="checkbox"/>	FROM <input style="width: 100%;" type="text"/> TO <input style="width: 100%;" type="text"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	FROM <input style="width: 100%;" type="text"/> TO <input style="width: 100%;" type="text"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	FROM <input style="width: 100%;" type="text"/> TO <input style="width: 100%;" type="text"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	FROM <input style="width: 100%;" type="text"/> TO <input style="width: 100%;" type="text"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	FROM <input style="width: 100%;" type="text"/> TO <input style="width: 100%;" type="text"/>

1a. Have you, or any of the other people who are listed on this form, ever been a tenant of any local authority or housing bodies / associations in Ireland or in any other country?

YES NO

If yes, please give

Name of local authority/housing association: Name of person and their address at that time:

.....
.....
.....

Reason for Leaving:

.....
.....
.....

Year of Leaving:

PART D - YOUR ACCOMMODATION HISTORY

Continued from overleaf

1b. In the past, did you, or any of the other people who are listed on this form, ever own, or have any financial interest in, property or land either in Ireland or in any other country? YES NO

If yes, please give full details:

Name of person:

.....

Amount you received on disposal of the property / land

€

Address of Property or Land:

.....

Other relevant information:

.....

.....

.....

.....

Please provide documentary evidence in relation to any property / land disposed of by you.

2. Are you on any other local authority(s) housing waiting list? YES NO

If yes, please indicate name(s) of authority(ies):

Date of application

MONTH YEAR

Date of application

MONTH YEAR

PART E - YOUR HOUSING REQUIREMENTS

1. What type of accommodation are you applying for? Please put a tick in the box beside your choice of accommodation

- Standard Local Authority Housing/Flat
- Older Persons Accommodation
- Accommodation specially adapted for a person with disabilities
- Improvement works to your current accommodation / provision of an extension

2. Housing provided by voluntary bodies and housing associations.

Would you be willing to accept housing from a voluntary body/housing association? YES NO

3. Homeless

3a. Are you homeless? YES NO

3b. Are you sleeping rough? YES NO

If you are staying in emergency accommodation please give details.

Address:
.....
.....

Type of Accommodation: (e.g. house, hostel, B & B, emergency accommodation)

.....

3c. Where was your last permanent address

Address:
.....
.....

Why did you leave?

When did you leave **MONTH** **YEAR**

PART F - OTHER INFORMATION

1. Have you, or any of the other persons listed on this application form, ever been investigated or convicted in respect of matters relating to anti social behaviour or public order offences? YES NO

If Yes, please give name of each person and details of investigation or conviction.

.....
.....
.....

2. Do you, or any of the other persons listed on this application form, currently have charges pending in respect of matters relating to anti social behaviour or public order offences? YES NO

If Yes, please give name of each person and details of charges pending.

.....
.....

3. 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 when squatting took place.

.....
.....

4. 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 reason why it happened.

.....
.....

5. Is there any other information which you feel is relevant to your application?

.....
.....

PART G - APPLICATION FOR HOUSING ON MEDICAL GROUNDS

1. Are you requesting priority for housing on medical grounds?

YES

NO

Please indicate the name(s) of the person(s) on your application who is/are suffering from a serious physical or intellectual disability/condition

NAME:

NAME:

Please state the nature of the serious medical condition or intellectual disability:

.....
.....
.....
.....

Please note that a Doctor's / Consultant's report must be submitted in support of this application.

2. Do you, or any of the persons who will be living with you, need accommodation that is specifically adapted for a person with disabilities?

YES

NO

Please indicate the type of adaptations that would be needed:

.....
.....
.....
.....

Please note that you will need to submit an occupational therapist's report with this application.

DECLARATION

Please read this declaration carefully and sign and date it when you are satisfied that you understand it.
Please note that applications will only be accepted when they have been signed.

Collection and Use of Data

Enniscorthy Town Council 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. Enniscorthy Town Council may also process this data for research purposes including in forward planning in the assessment of housing needs in conjunction with the Department of the Environment, Heritage & Local Government.

Enniscorthy Town Council may, for the purpose of its functions under the Housing Acts 1966 to 1998, request and obtain information from another Housing Authority, the Criminal Assets Bureau, An Garda Siochana, the Department for Social & Family Affairs, a Health Board or a Voluntary Housing Body approved for the purposes of Section 6 of the Housing (Miscellaneous Provisions) Act, 1992, in relation to occupants or prospective occupants of, or applicants for, local authority housing, and of 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, and I/we understand that the provision of any false or misleading statements may lead to this application being cancelled. The local authority reserves the right to exclude an applicant from consideration for housing if he/she supplies false information or withholds relevant information on this form or at subsequent interviews.

I/we undertake to notify Enniscorthy Town Council immediately should there be any change from the information provided, or in my/our circumstances.

I/We also authorise Enniscorthy Town Council to make necessary enquiries either written or otherwise regarding my/our application to verify information given.

Signed: Applicant 1 _____

Date: _____

Signed: Applicant 2 _____

Date: _____

CERTIFICATE OF INCOME

A Certificate must be completed in respect of every member of the household who is at present in receipt of income of any kind.

PART 1 if employed, to be completed and signed by the employer

PART 2 if unemployed, to be completed and certified by the Dept. Social Welfare/Post Office

PART 3 to be completed by the Self-employed/land owners

This form should be completed in full in **BLOCK CAPITALS**, except where a signature is required.

Name: Occupation:
Address: PPS No:
..... Weekly Income: €
.....

PART 1: FOR COMPLETION BY YOUR EMPLOYER

The following are the details of the **weekly gross income** received by the above named:

Occupation: Overtime:
Is Position Permanent? Shift Allowance:
Date Employment commenced: Any Other Payments:
Gross Weekly Wages: € Give Details:
Total net Weekly Income: €
.....
.....

Name of Employer: Telephone No:
Address: Email Address:
.....

I/We certify that the particulars set out above are correct in respect of the above named employee.

Signed:

Occupation:

Stamped

N.B. If you are employed in your current position for less than 5 years please give details of previous employment on a separate page.

CERTIFICATE OF INCOME

PART 2: FOR COMPLETION BY SOCIAL WELFARE/POST OFFICE

If in receipt of Social Welfare / Pension: Please have Social Welfare/Post Office complete the following

Type of Benefit:..... Date benefit was applied for:

Weekly Payment: € Effective from:

Signed:.....

Position:.....

Note: If you are in receipt of a pension the amount can be inserted on this form and certified by your local Post Office.

(Official stamp of Social Welfare Office or Post Office)

PART 3: FOR COMPLETION BY SELF-EMPLOYED/LAND OWNERS/FARMERS

Name of business:.....

Address:.....

.....

.....

Date business established:

Income: €

Particulars of Land Owned (if any)

Location:.....

Acreage:

Number of Livestock:

CATTLE

SHEEP

OTHER

Give Details

.....

Income from Land €.....

Per Week / Per Month / Per Annum

(delete as appropriate)

Amount of any REPs payments €

N.B. Evidence of Income must be submitted.

You should submit a copy of the most recent accounts, as submitted to the Revenue Commissioners and as prepared by your accountant. These accounts should be for the most recent tax year.

If you are a farmer and you are not liable for tax, a letter to this effect must be submitted from the Revenue Commissioners. You must also submit details of your farm income and expenditure to show the net profit or loss from farming practices for the most recent tax year.

CERTIFICATE OF INCOME

STATUTORY DECLARATION TO BE COMPLETED BY ALL APPLICANTS:

I / We declare that the information given by me/us for the purpose of declaring my/our income is correct.

I/We make this solemn declaration conscientiously believing the same to be true and by virtue of the Statutory Declarations Act, 1938.

I/We authorise the local authority to make any enquiries from official sources as it may consider necessary.

Applicants Signature (i) **(ii)**.....

Date: **Date:**

*Declared before me by _____ who is / are personally known to me (or who is / are identified to me by _____ who is known to me) at _____ this _____ day of _____ 20

To be completed by Commissioner of Oaths / Notary Public / Peace Commissioner / Member of Clergy / Garda Siochana / School Principal / Employer / Housing Officer

Signature of Witness:

Please also print your name in Block Capitals:

Occupation:

Address:

.....

.....

Date:.....

Warning: Any person providing false or misleading information may render themselves liable to penalties.

RECEIPT

THIS WILL BE ISSUED TO YOU TO CONFIRM RECEIPT OF YOUR APPLICATION

Ref No

Please insert your Name

Address

This is to acknowledge receipt of your housing application.

Please keep this receipt and quote the above reference number in any correspondence when making enquiries.

Signed on behalf of

(Enniscorthy Town Council)

Signed

Date

Contact Tel No

Stamp of Local Authority