



COMHAIRLE CHONTAE SHLIGIGH
SLIGO COUNTY COUNCIL

Sligo County Council Housing Tel: 071 911-1111

IHouse Ref H _____

AFFIDAVIT – INCOME/MAINTENACE & CUSTODY /ACCESS ARRANGEMENTS

I/We _____ of (insert address) _____

_____ being of 18 years and upwards make oath and say that I/We have applied to Sligo County Council for Social Housing Support, I/We make this affidavit of my/our own free will from facts within my/our own knowledge save where otherwise appears and where so appearing I/We believe the same to be true.

I/We do sincerely swear:

1. That I/We are (state Marital Status) _____

2. I sincerely swear :

- a) That I am separated from my spouse / partner since: _____
b) That my ex spouse / ex partner does not live in the home in which I reside.

Total amount of Maintenance **RECEIVED** by me from my ex-spouse/ex-partner
(evidence to be submitted for the previous 12 months). € _____

Total amount of Maintenance **PAID** by me to my ex-spouse/ex-partner
(evidence to be submitted for the previous 12 months). € _____

3. That I am currently not in receipt of any other income from my ex spouse / ex partner and that I am not nor likely to be in the foreseeable future, in receipt of any income or other remuneration from my former spouse/partner. I understand that if there are any changes in circumstances with regard to income that I am obliged to advise the housing office in writing together with supporting documentation.

CUSTODY / ACCESS ARRANGMENTS (complete as appropriate)
(to be signed by both parents in the presence of a Practising Solicitor)

Please enter in the table below all those part of your household who are the subject of custody / access arrangements / guardianship / fostering arrangements.

First Name	Surname	Relationship to you	Details of Overnight Access, i.e. the nights that the child stays with you and/or other arrangements Please submit a copy of any legal arrangements.



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Upon completion of this section it should be signed by both parents. In the event that either of the parents is unable to sign above then an explanation detailing same should be outlined hereunder. Please submit any supporting documentation. A separate Affidavit should be completed in respect of household members who are the subject of custody / access arrangements and who have different parent(s). (It should be noted that partially completed Affidavits will have an impact upon the determination of your application for social housing support and may be returned to you).

Signed: _____
Parent (Applicant)

Signed: _____
(Other) Parent

Print Name _____

Print Name _____

I make the above solemn sworn, conscientiously believing the same to be true and by virtue of the Statutory Declarations Act, 1938, and I apply accordingly for Social Housing Support.

Signature of Deponent (Applicant): _____ (Joint Applicant): _____

Sworn before me by _____ who is/are personally known to me

(or who is/are identified to me) at _____

DATED this _____ day of _____ 20_____

Practising Solicitor (Signature)



Official Stamp

PLEASE BRING A FORM OF PHOTO ID WHEN HAVING FORM COMPLETED

NOTES

1. Please note that the information provided in this Affidavit is binding.
2. If false or misleading information is provided, it may result in the termination of your housing application.
3. If, in the event that you are allocated a property by Sligo County Council and it is found that you had land/property in your possession whilst applying for Local Authority housing, this may result in a termination of your tenancy.
4. Sligo County Council is compliant with Data Protection Legislation including the provisions of the Data Protection Act 2018 and GDPR. To access Sligo County Council's Privacy Statement, please follow the following link.
http://www.sligococo.ie/gdpr/SligoCoCo_DataPrivacyStatement.pdf
