



COMHAIRLE CHONTAE SHLIGIGH  
SLIGO COUNTY COUNCIL

IHouse Ref H \_\_\_\_\_

Sligo County Council Housing Tel: 071 911-1111

**AFFIDAVIT – PROPERTY/FINANCIAL INTEREST / INCOME/MAINTENANCE & CUSTODY /ACCESS**

I/We \_\_\_\_\_ OF \_\_\_\_\_

Who has applied for Social Housing Support with Sligo County Council, do sincerely swear:

1. That I am / we are (state Marital Status) \_\_\_\_\_

**PLEASE COMPLETE RELEVANT SECTIONS BELOW**

**APPLICANT**

**JOINT APPLICANT**

A. That I/we **have** a financial interest in property/land in Ireland:  
or in another country to the value of € \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specify other country (if applicable) \_\_\_\_\_

**Signature**

**Signature**

B. That I/we **have not** any financial interest in any property/land  
in Ireland or in any other country.

\_\_\_\_\_

\_\_\_\_\_

**Signature**

**Signature**

C. That I/we previously had a financial interest in property/land in  
Ireland: or in another country and received € \_\_\_\_\_ from  
its disposal (sale) – legal documentation to be submitted confirming  
the proceeds of this sale and of their disposal (if applicable).

\_\_\_\_\_

\_\_\_\_\_

Specify other country (if applicable) \_\_\_\_\_

**Signature**

**Signature**

D. That I am currently in the process of obtaining a legal separation  
from my former spouse and it is anticipated that I will receive  
€ \_\_\_\_\_ in settlement (supporting legal documents required)

\_\_\_\_\_

\_\_\_\_\_

**Signature**

**Signature**

**INCOME / MAINTENANCE (From / To - Ex Spouse / Ex Partner)**

1. 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).

€ \_\_\_\_\_

2. 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.

CONT'D →



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**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 arrangements e.g. the nights that the child stays with you. Please submit a copy of any legal arrangements.

**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 personally known to me

(or who is 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](http://www.sligococo.ie/gdpr/SligoCoCo_DataPrivacyStatement.pdf)

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