Application form for

SOCIAL HOUSING SUPPORT

Application to:

SLIGO COUNTY COUNCIL

COMHAIRLE CHONTAE SHLIGIGH
SLIGO COUNTY COUNCIL

Sligo.

Important: Please Read the Following Information Carefully

1. If you are unsure about how to answer any of the questions in this application form, please ask an officer in theHousing Section or Customer Service Unit of your local authority or your local Citizens Information Centre to help you.

2. When filling out this form, please make sure to write clearly so that your application can be processed as quicklyas possible.

3. Make sure you have answered all of the questions fully where these are relevant to you. If you do not fully answer all the questions relevant to you, 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. Only fully completed applications will be processed.

4. 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.

5. This application cannot be completed without a Personal Public Service Number (PPSN) for all members of the household included on the application form. If you are not aware of the PPSN for any children for whomaccommodation is sought, they can be obtained by contacting your local Social Welfare Office either by on. Please note that you will need to have your own PPSN to hand.

6. You must supply the relevant supporting documentation so that your application can be processed. Please usethe checklist provided to make sure you have included everything that is needed to consider your application.

7. This application cannot be completed without documentary evidence of income details given in this application,as outlined in the checklist below.

8. In carrying out its functions under the Housing Acts of 1966-2014, 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, 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.

9. Any change in the details given, particularly any change of address or income, should be notified to the local authority immediately so that your record can be updated.

10. Local authorities are required to report annually to the Department of Housing, Local Government and Heritage, the number of households in need of social housing support, under a process known as the Summary of Social Housing Assessments. This process may require us in the future to contact you and request you to confirm details provided on this form are accurate and up to date. Failure to respond to any such request may result in your housing application being closed. Information supplied through this process may be shared with the Local Government Management Agency and The Housing Agency for the purpose of compiling the Summary Assessment report, which is a statistical summary at national level that informs policy and future planning in terms of the national housing need.

11. **Please ensure that you have supplied all the relevant information and supporting documentation to process your application.** However, be advised that the local authority may ask for further supporting documentation at a later stage.

12. In determining if a household has a local connection to its area, the Housing Authority shall have regard to:
    - A member of your household has resided for a continuous 5-year period at any time in the area concerned or:
    - The place of employment of any household member is in the area concerned or is located within 15 kilometres of the area; or
    - A household member is in full-time education in any university, college, school or other education establishment in the area concerned; or
    - Any household member with an enduring physical, sensory, mental health or intellectual impairment is attending an educational or medical establishment in the area concerned that has facilities or services specifically related to such impairment; or
    - A relative of any household member lives in the area concerned and has lived there for a minimum period of 2 years.

13. You should mark “Not applicable” or “N/A” on sections on which are not applicable to you or your household.

14. If your application is deemed invalid, it will be returned to you by standard post to the address provided on your application form. Sligo County Council will not be responsible for documents lost or damaged during delivery.

15. 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

FALSE OR MISLEADING INFORMATION MAY RESULT IN PROSECUTION

If you require any further details, please contact your local Housing Office

Housing Section Sligo County Council, County Hall, Riverside, Sligo.

Tel: 071-911-1111

Email: housing@sligococo.ie

Website: www.sligococo.ie

CHECKLIST FOR APPLICANTS

Applicants are strongly advised to submit their applications in person at this office as posted applications are frequently not completed correctly and have to be returned.

Please ensure that your application includes the following documentation (an official translation into Irish or English is required, where appropriate):

1. Personal Information

– Fully completed application form (including signed declarations) ☐

– Photographic identification (current passport or Irish driving licence) ☐

– Birth certificates for all household members ☐

– PPSNs for all household members ☐

– Marriage certificates for all applicants, where applicable ☐

– Proof of current address (utility bill, lease or rental statement within the last 6 months)– for all applicants, where applicable ☐

– If renting, proof of tenancy agreement and Residential Tenancies Board (RTB) registration, where available ☐

– Proof of citizenship or permission to remain in Ireland for all household members – Valid Irish Residence Permit Card and Passports with Endorsement Stamp, letter from the Department of Justice or similar from Garda National Immigration Bureau. ☐

– Copies of all Bank Statements/Financial Accounts showing Name & Address (for the last 6 months) for both applicant/joint applicant. ☐

– Proof of anyone in full time Education (Letter from School or College.) ☐

– Overnight access/custody arrangements for children ☐

– Completed Access to Information Form ☐

2. Income Information (relevant to all household members where applicable)

– Evidence of income - Documentary evidence of the preceding 12 months' income through a combination of the following:

Employed

- The previous years' Statement of Liability and the Employment Detail Summary* (both available from Revenue)
- Proof of the household's current income, e.g. payslips for the intervening period from Statementof Liability to date of application, or a Pay and Tax Summary** - (Year to Date), available from Revenue. Where Additional Superannuation Contribution (ASC) is payable the previous year's final payslip and the most recent payslip must be provided. ☐

Social Welfare Income

– A recent statement from Department of Social Protection detailing all welfare payments received over the preceding 12 months. This should include the commencement and cessation date of such payments. If a household is in receipt of social welfare for less than 12months, evidence of employment income must be provided (as outlined above) to cover the duration of the employment. ☐

Self Employed

– A minimum of 2 years' accounts with an Auditor's Report and ☐

– A Notice of Assessment and/or Self-Assessment Acknowledgement letter for the preceding 12 months ☐

*An Employment Detail Summary for the previous year will provide information on the Income tax, PRSI and USC paid by an applicant in the previous year.
** An applicant's current income can be demonstrated by submitted a Pay and Tax Summary. This summary provides information on PRSI, Income tax and USC for the current year.

3. Documentation Required in Relation to Separation/Divorce

– Copy of separation/divorce agreement for both applicants, where applicable ☐
The agreement must identify:
- The extent of maintenance being received or paid by the applicant
- The circumstances under which the maintenance payments can cease
- Property ownership – The legal position with regard to the marital home/assets of the marriage

OR

– If there is no agreement, a letter from the applicant's solicitor or a legal affidavit signed by a practising solicitor must be included with the application. The letter should confirm: ☐
- That there is no formal separation agreement
- That there are no court proceedings pending under family law legislation
- The position in relation to maintenance and other payments
- Overnight access/custody arrangements for children
- Property ownership – The legal position with regard to the marital home/assets of the marriage
- Evidence of maintenance payments received for previous 12 months, prior to the date of application

4. Property Ownership

– A Completed Affidavit ☐

– If you or any member of your household currently owns/previously owned a property, documentary evidence outlining the location, value, current status of the property and any monies being received in respect of the property is required to be submitted. ☐

5. Other Documentation Required

– If you are not resident in the local authority area where you are seeking housing support, please provide evidence of your local connection with that area ☐

– If you or any member of your household was previously a local authority/Approved Housing Body (AHB) tenant, please provide a letter from the local authority/AHB where you or the household member resided setting out details in relation to the previous tenancy. This letter should include duration of tenancy, reason for leaving, arrears, any other relevant information. ☐

– If you wish to apply for a single rural house or demountable dwelling, please include necessary accompanying documentation (see Part 8 of this form) ☐

– If it has been deemed that your mortgage is no longer sustainable and you have exited from the Mortgage Arrears Resolution Process (MARP), please include a letter from the Arrears Support Unit of your lender. ☐

6. Applications on Medical or Disability Grounds (if applicable)

– A completed Medical and/or Disability Information Form (HMD-Form 1), available from your local authority ☐

– Occupational therapist's report in respect of any specific accommodation requirements ☐

Notwithstanding the required documentation set out above at points 1-6, in certain situations for example, where a particular document cannot be provided, the local authority may, at its discretion, request alternative documentationto satisfy itself in relation to the specific information being sought.

LOCAL AUTHORITY REFERENCE NO.:

PART 1: PERSONAL DETAILS

Please complete the following in respect of yourself and Applicant 2 (if applicable).

Please answer ALL questions and place a tick (✓) in the boxes provided. Please use BLOCK

Tick if a joint application ☐

	APPLICANT 1	APPLICANT 2
1. PPSN	FIGURES / LETTERS	FIGURES / LETTERS
2. First name(s)		
Surname		
Birth surname (if different)		
3. Current address		
Eircode		
How long have you lived at this address?	YEARS / MONTHS	YEARS / MONTHS
4. Telephone/mobile number		
5. Date of birth (attach birth certificates)	D D M M Y Y	D D M M Y Y
6. Gender		
7. Marital details	Single ☐ Widowed ☐ Married ☐ Divorced ☐ Civil Partner ☐ Separated ☐ Cohabiting ☐ Legally Separated ☐ Other ☐	Single ☐ Widowed ☐ Married ☐ Divorced ☐ Civil Partner ☐ Separated ☐ Cohabiting ☐ Legally Separated ☐ Other ☐

	APPLICANT 1	APPLICANT 2
Date of marriage (if applicable) (attach marriage certificate)	D D M M Y Y	D D M M Y Y
8. Please state relationship of Applicant 2 to Applicant 1		
9. If you wish to receive information by e-mail, please tick		
Email address		

PART 2: NATIONALITY DETAILS

Please complete the following in respect of yourself and Applicant 2 (if applicable).

	APPLICANT 1	APPLICANT 2
1. Place and/or country of birth		
2. Nationality		
3. Usual language spoken		
4. Citizenship status (attach proof of citizenship)	Irish ☐ UK ☐ Other EEA* ☐ Non-EEA ☐	Irish ☐ UK ☐ Other EEA* ☐ Non-EEA ☐
Date of entry to Ireland (if applicable)	D D M M Y Y	D D M M Y Y
If you are not an EEA orUK national: Basis of stay in Ireland (attach copy of residency permission)		

* EEA: this refers to the European Economic Area (EEA) whose member states include: Austria, Belgium, Bulgaria, Czech Republic, Croatia, Cyprus, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden.

PART 3: EMPLOYMENT DETAILS

Please complete the following in respect of yourself and Applicant 2 (if applicable).

	APPLICANT 1	APPLICANT 2
1. Employment status	Employed (full-time or part-time) ☐	Employed (full-time or part-time) ☐
	Self-employed ☐	Self-employed ☐
	Participating in a Government employment scheme (e.g. SOLAS scheme) ☐	Participating in a Government employment scheme (e.g. SOLAS scheme) ☐
	Unemployed (receiving social welfare payment) ☐	Unemployed (receiving social welfare payment) ☐
	Pensioner/Retired ☐	Pensioner/Retired ☐
	One-Parent Family Payment ☐	One-Parent Family Payment ☐
	Homemaker (looking after home/family with no income) ☐	Homemaker (looking after home/family with no income) ☐
	Student ☐	Student ☐
	Other, please specify	Other, please specify
2. Employer's name (in the case of self–employed, give company name)		
3. Address of employer (in the case of self-employed, please give company address)		
4. Occupation		
5. Employment status (e.g. permanent, full-time, part-time)		
6. Date commenced present employment	D D M M Y Y	D D M M Y Y

PART 4: WEEKLY INCOME DETAILS

Please complete the following in respect of yourself and Applicant 2 (if applicable).

Please state gross weekly income

Gross income is the total amount of money earned before any deductions are made. Each source of income should be supported by relevant documentation, i.e. social welfare statement, Statement of Liability (or equivalent), payslips.

	APPLICANT 1	APPLICANT 2
1. Employment	€	€
2. Self-Employment	€	€
3. Social welfare		
Payment type(s)		
Social welfare (total)	€	€
4. Other income sources	€	€
If so, please specify		
5. Maintenance received (if applicable)	€	€

Please state all weekly deductions

	APPLICANT 1	APPLICANT 2
6. Weekly deductions		
PAYE	€	€
PRSI	€	€
Universal Social Charge	€	€
Additional Superannuation Contribution (ASC)	€	€
7. Other	€	€
If so, please specify		
8. Total deductions	€	€

PART 5: DETAILS OF OTHER HOUSEHOLD MEMBERS SEEKING ACCOMMODATION

(i.e. excluding Applicant 1 and Applicant 2)
Please copy this sheet for further household members.

	OTHER HOUSEHOLD MEMBER 1	OTHER HOUSEHOLD MEMBER 2
1. PPSN	FIGURES LETTERS	FIGURES LETTERS
2. First name(s)		
Surname		
Birth surname (if different)		
3. Date of birth (attach birth certificate)	D D M M Y Y	D D M M Y Y
4. Country of birth		
5. Nationality		
6. Gender		
7. Marital status		
8. Relationship to applicant		
9. Current address		
Eircode		
How long has the household member lived at this address?	YEARS MONTHS	YEARS MONTHS
10. Is the household member a dependant?	Yes ☐ No ☐	Yes ☐ No ☐
Is the household member a joint applicant?	Yes ☐ No ☐	Yes ☐ No ☐

	OTHER HOUSEHOLD MEMBER 1	OTHER HOUSEHOLD MEMBER 2
11. Citizenship status (attach proof of citizenship)	Irish ☐ UK ☐ Other EEA* ☐ Non-EEA ☐	Irish ☐ UK ☐ Other EEA* ☐ Non-EEA ☐
Date of entry to Ireland (if applicable)	D D M M Y Y	D D M M Y Y
If the household member is not an EEA or UK national: Basis of stay in Ireland (attach copy of residency permission)		
12. Employment status	Employed (full-time or part-time) ☐ Self-employed ☐ Participating in a Government employment scheme (e.g. SOLAS scheme) ☐ Unemployed (receiving social welfare payment) ☐ Pensioner/Retired ☐ One-Parent Family Payment ☐ Homemaker (looking after home/family with no income) ☐ Student ☐ Other, please specify	Employed (full-time or part-time) ☐ Self-employed ☐ Participating in a Government employment scheme (e.g. SOLAS scheme) ☐ Unemployed (receiving social welfare payment) ☐ Pensioner/Retired ☐ One-Parent Family Payment ☐ Homemaker (looking after home/family with no income) ☐ Student ☐ Other, please specify
13. Weekly net income	€	€

* Please see footnote on page 06.

PART 6: CURRENT ACCOMMODATION

Nature of Current Tenure

1. Select the nature of your current tenure from the list below

Private household ☐

Private rented accommodation ☐

Local authority rented accommodation ☐

Approved Housing Body (AHB) ☐

Rental Accommodation Scheme (RAS) ☐

Housing Assistance Payment (HAP) ☐

Emergency accommodation/None ☐

Other ☐

If other, give details

2. If you selected **private household**, please ensure that you complete the relevant sections hereunder

Owner-occupier ☐

With parents ☐

With relatives/friends ☐

3. If you selected **private rented accommodation,** please ensure that you complete the relevant sections hereunder

In receipt of Rent Supplement ☐

Not in receipt of Rent Supplement ☐

State Rent Supplement amount per week

€

Date Rent Supplement payment commenced at current address

D D M M Y Y

Rental Information (if currently renting)

1. Tenancy start date D D M M Y Y

Weekly rent €

2. Are you in arrears of rent? Yes ☐ No ☐

If yes, state amount of arrears €

3. Have you received a notice of termination? Yes ☐ No ☐

If yes, please state reason

What type of accommodation are you in now?

Tick box and add description.

- Apartment ☐
- Bed and Breakfast ☐
- Caravan ☐
- Cottage ☐
- Day house ☐
- Direct Provision centre ☐
- Flat ☐
- Group housing ☐
- Halting bay ☐
- Hospital ☐
- Hostel ☐
- House ☐
- Institution ☐
- Maisonette ☐
- Mobile home ☐
- None/other ☐
- Prison ☐
- Refuge ☐
- Sheltered accommodation ☐
- Transitional accommodation ☐

Description, e.g. semi-detached, detached, terraced, bungalow, etc.

Which of the following best describes your reason for seeking support?

- Disability grounds ☐
- Eviction/notice of termination ☐
- Fire/other damage ☐
- Homeless ☐
- Involuntary sharing facilities ☐
- Medical grounds ☐
- Overcrowded ☐
- Parent/family home (involuntary sharing) ☐
- Rent increase ☐
- Unable to provide accommodation from own resources ☐
- Unfit accommodation ☐
- Unsustainable mortgage ☐

Other, give details

Please indicate the facilities available to your household in its current accommodation

- Bathroom ☐
- Bedroom – specify number ☐
- Central heating ☐
- Kitchen ☐
- Living room ☐
- Toilet ☐
- Water supply – cold ☐
- Water supply – hot ☐

PART 7: ACCOMMODATION HISTORY

Please give details of previous accommodation over the last 5 years.

Address	**Nature of tenure** (e.g. owner, private rented, staying with relative, etc.)	**Date at address** From DD/MM/YY	To DD/MM/YY	**Reason for leaving**

Information about any local authority/Approved Housing Body/Rental Accommodation Scheme (RAS) accommodation

1. Please provide details, including dates and duration of tenancy, of any dwelling or site provided by a local authority, or an Approved Housing Body, previously let or sold to the household or any household member **at any time in the past.** A letter from the local authority where you or any member of your household was a tenant should be providedin relation to any previous tenancy.

2. Please provide details, including dates and duration of tenancy, of any dwelling previously let to the household or any household member under a **Rental Accommodation Scheme (RAS**) tenancy agreement at any time before theapplication is made.

PART 8: HOUSING REQUIREMENTS

Please indicate type of social housing support that best meets your needs.

Housing authorities must make an assessment of the accommodation needs of Travellers under Section 6 and 7 of the Housing (Traveller Accommodation) Act, 1998. This information is requested for that purpose only and will not be used or have any impact on your eligibility for social housing support.

Do you identify as an Irish Traveller?

Yes ☐ No ☐ Prefer not to say ☐

Adapted housing ☐

Approved Housing Body (AHB) ☐

Demountable dwelling (see below) ☐

Extension to local authority house ☐

Housing Assistance Payment (HAP)* ☐

Improvement Works In Lieu scheme (IWILs) ☐

Rental Accommodation Scheme (RAS) ☐

Rented local authority accommodation ☐

Single level housing ☐

Single rural dwelling (see below) ☐

Site for private house ☐

Transfer (include rent account number below if applicable)* ☐

Traveller group housing ☐

Traveller halting site bay ☐

Wheelchair livable ☐

*Separate application forms are required, discuss with your local authority.

Single Rural Houses

Note: The site to be transferred must be clear of any burdens, financial or otherwise. The following must be provided:

1. Legal evidence of a right of way for the authority to the lands from the nearest public road.
2. Details of all lands in your ownership, including title documentation or a signed affidavit from a solicitor confirming that the lands are registered in your ownership or the ownership of the person providing the site.
3. A written declaration of intention to transfer the site to the local authority free of charge.
4. A written acceptance from you (or the owner of the lands) that the final decision on the location of the proposed cottage on the lands, subject to you qualifying for social housing support, is at the sole discretion of the local authority.
5. Any other documents, such as site location/layout maps, requested by the authority in connection with the application.

Name and address of owner of proposed site:	Exact location of site (incl. townland):

Demountable Dwelling

The following must be provided:

1. Letter from owner of site confirming that he/she is willing to allow a demountable unit to be placed on the land.
2. Copy of site map.

Name and address of owner of proposed site:	Exact location of site (incl. townland):

Accommodation on Medical or Disability Grounds

In support of your application on medical or disability grounds, please provide the following details and a completed Medical and/or Disability Information Form (HMD-Form 1), available from your local authority:

Name of household member with an enduring medical condition/disability that would affect the type of housing you need.	
The nature of the medical condition or disability and noting whether the condition is enduring.	
Where applicable, the type of accommodation (e.g. ground floor), and any specific adaptations required for the medical condition/disability. (Occupational therapist's report to be submitted in support of application)	

PART 9: BASIS FOR APPLICATION

Basis for application to: **SLIGO COUNTY COUNCIL**

NB: it is important to note that you may only apply for social housing support to one local authority, and it must be one of the following:

i. A local authority whose area you currently live in
ii. A local authority that you have a local connection to, or
iii. There are other reasons why the local authority should accept your application for support.

Note: local connection means:

- A household member has resided for a continuous 5 year period at any time in the area concerned; or
- The place of employment of any household member is in the area concerned or is located within 15 kilometres of the area; or
- A household member is in full-time education in any university, college, school or other educational establishment in the area concerned; or
- A household member with an enduring physical, sensory, mental health or intellectual impairment is attending an educational or medical establishment in the area concerned that has facilities or services specifically related to such impairment; or
- A relative of a household member lives in the area concerned and has lived there for a minimum period of 2 years (a relative in this instance means – a parent, adult child or sibling, and may include another relative such as a step-parent, grandparent, grandchild, aunt or uncle, who has a close link with the household member in the form of commitment or dependence).

1. Please indicate the basis for your application as follows (only one box should be ticked):

Household is normally resident in the local authority area ☐

Household has a local connection with the local authority area ☐
Please specify the nature of the local connection (see note above)

The local authority should consider the application for social housing support for the following reason(s) ☐

2. Are you or any household member currently on the housing list of any other local authority? Yes ☐ No ☐

If yes, please provide the name of the household member and the local authority to which they have applied for social housing support.

Household member:	Local authority:

Application for
SOCIAL HOUSING SUPPORT
AREAS OF CHOICE

Please tick the areas, within the housing authority, where you would accept an offer of accommodation.

- A **maximum** of 3 areas of choice may be ticked from the following list of areas of choice. Please note that listing of areas of choice on the application form is not a priority listing, i.e. all areas of choice specified on the form are deemed to be of equal priority.

- **It should be noted that you may not change your area of choice more than once in any 12 month period**

☐ Area A	☐ Aclare	☐ Ballisodare	☐ Ballintogher
☐ Area B	☐ Bunninadden	☐ Ballinfull	☐ Ballinafad
☐ Area C	☐ Ballinacarrow	☐ Ballymote	☐ Cliffoney
☐ Area D	☐ Coolaney	☐ Collooney	☐ Cloonacool
☐ Area E	☐ Carney	☐ Culfadda	☐ Dromore West
☐ Area F	☐ Easkey	☐ Carraroe	☐ Gurteen
	☐ Grange	☐ Enniscrone	☐ Keash
	☐ Monasteraden	☐ Geevagh	☐ Rosses Point
	☐ Skreen	☐ Riverstown	
	☐ Tubbercurry	☐ Strandhill	

AREA A	Abbey Court, Abbey Street Lower, Abbeyville Park, Benson Court, Chapel Hill, Cleveragh Rd North, Collery Drive, Cranmore Drive, Cranmore Place, Cranmore Villas, Devins Drive, Doorly Park, Fallon Drive , Garavogue Villas, Geldof Drive, Joe McDonnell Drive, Langan Drive, Martin Savage Terrace, Mail Coach Rd East, McNeill Drive, Pearse Terrace, Pearse Rd North, Pilkington Terrace, Racecourse View, River View Lodge, St Anne's Terrace, St Asicus Terrace, St Brigid's Place, St Joachims Terrace, Yeats Drive Cranmore
AREA B	Adelaide Street, Ard Cairn, An tArd, Ashbrook Pearse Road, Cairns Drive, Claragh Glen, Crozon Crescent, Crozon Downes, Crozon Park, Cleveragh Rd South, Fatima Avenue, Gallows Hill, Heatherview, Innisfree Court, Marymount, Mail Coach Road South, Market Close, Market Court, McLynn's Terrace, Pearse Rd North, St Joseph's Terrace, Summerhill Village, Temple Street South, The Weighbridge Mail Coach Road, Tonaphubble Lane, Upper John St, Woodtown Lodge
AREA C	Ard Finn, Ard Na Mara, Aylesbury Park, Barrack Street, Benbulben Terrace, Carbury Cove, Cartron, Cartron Bay, Cartron Heights, Cartron Hill, Cartron Village, Farmhill Manor, Ferndale, Finisklin, Harbour View, Holborn Street, Quayside North, Rathedmond, St John's Terrace, St Edwards Terrace, Sea Road Villas, Sea View Drive Cartron, Seafield Avenue Cartron Point, Seaview Park First Sea Road, Sunset Drive Cartron Point, Sraid Na Mara, Woodville Court Strandhill Rd
AREA D	Ashbury Lawn, Ballinode, Ballytivnan Terrace, Beechwood Court, Brookfield, Cartron Estate, City View Connaughton Road, Churchview Crescent, Dartry View Connaughton Road, Elm Gardens, Fr O'Flanagan Terrace, Glenard Ballinode, Glencarrig Ballinode, Molloway Place, Mulberry Close, Mulberry Park, Old Bundoran Road, Rathbraughan Park, Slieve Mor View, Shannon Eighter, Stephen Mcdonagh Place, Stephen Street, The Woodlands, Yeats Heights Manorhamilton Road
AREA E	Ard Na Veigh, Ash Grove, Beechlawn Court, Beechlawn, Cedar Drive, Hazel Grove, Hazel View, Jinks Avenue, Kathleen McGoldrick Terrace, Kevinsfort, Kevinsfort Heath, Knappagh Road South, Knappagh Beg Court, Larkhill Court, Lynndale, Maugheraboy Estate, Oak Park, Oakfield Court, Oakfield Crescent, Oakfield Park, Rosehill Court, Rosewood Court, Strandhill Road South, Springhill Court, Thornhill, The Park Ave, Tommy Higgins Terrace, Treacy Avenue, Willow Park
AREA F	Caltragh Road, Caltragh Crescent, Caltragh Heights, Knocknaganny Park, Pearse Road West, Rusheen Ard, Rusheen Cresent, The Dartry, Oaklawn

It should be noted that a household meeting either the residence or local connection condition may specify up to three areas of choice for receipt of support in the areas of all local authorities in the county and city concerned and, if qualified, will be entered on the housingwaiting list of each of those local authorities. Accordingly, under existing arrangements, a household that applies, for example, to Dublin City Council can, if qualified for support and should they choose to do so, be entered on the waiting list of three of the four local authorities in Dublin city and county (same applies in Cork and Galway).

PART 10: OTHER PROPERTY INFORMATION

Information in this section will be cross-checked with the Revenue Commissioners by the local authority, utilising the PPSN(s) provided.

	APPLICANT 1		OTHER HOUSEHOLD MEMBER	
1. Do you or any member of your household currently own or have a financial interest in any property in Ireland or any other country? (Please include accompanying documentation/ affidavit)	Yes ☐	No ☐	Yes ☐	No ☐
2. If yes, is the property vacant?	Yes ☐	No ☐	Yes ☐	No ☐
Address of the property				

PART 11: PUBLIC ORDER OFFENCES AND OTHER INFORMATION

Public Order Offences

Under Section 14 of the Housing (Miscellaneous Provisions) Act 1997, a local authority may refuse to allocate or defer the allocation of a dwelling to a person where the authority considers that the person is or has been engaged in anti-social behaviour or that an allocation to that person would not be in the interest of good estate management.

In the 5 year period prior to the date of this application, has **any member** of the household been convicted of an offence under any of the following statutory provisions (1-4)?

1. Criminal Justice (Public Order) Act 1994 — Yes ☐ No ☐
   Section 5: Disorderly conduct in public place
   Section 6: Threatening, abusive or insulting behaviour in public place
   Section 7: Distribution or display in public place of material which is threatening, abusive, insulting or obscene
   Section 14: Riot
   Section 15: Violent disorder, or
   Section 19: Assault or obstruction of peace officer

If 'Yes', please give details (including name, address and details of conviction):

2. Sections 3, 3A and 4 of the Housing (Miscellaneous Provisions) Act 1997: subject of an excluding order or interim excluding order — Yes ☐ No ☐

If 'Yes', please give details (including name, address and details of excluding order/interim excluding order):

3. Section 117 of the Criminal Justice Act 2006: failure to comply with a behaviour order — Yes ☐ No ☐

If 'Yes', please give details (including name, address and details of conviction):

4. Section 257F of the Children Act 2001 (No. 24 of 2001): failure to comply with a behaviour order. — Yes ☐ No ☐

If 'Yes', please give details (including name, address and details of conviction):

Other Information

5. Have you, or any of the other persons listed on this application form, ever squatted in a local authority dwelling? Yes ☐ No ☐

6. If 'Yes', please state address and dates of occupancy

Address

From D D M M Y Y To D D M M Y Y

7. Have you, or any of the other persons listed on this application form, ever been evicted from previous accommodation? If 'Yes', please give details of eviction and the reason why it happened (if you need more space, attach another page):

PART 12: OTHER INFORMATION

Please provide any other information which you might consider relevant to your application.
(if you need more space, attach another page)

Application for
SOCIAL HOUSING SUPPORT
NEXT OF KIN DETAILS

NEXT OF KIN DETAILS APPLICANT

Name: _____

Address: _____

Contact No.: _____

Relationship to
Applicant: _____

NEXT OF KIN DETAILS JOINT APPLICANT

Name: _____

Address: _____

Contact No.: _____

Relationship to
Applicant: _____

Application for
SOCIAL HOUSING SUPPORT DECLARATION

Please read the following information relating to the collection and use of your personal data and the declaration carefully. The declaration should only be signed and dated if you are entirely satisfied that you understand all of the information presented in this form. Please note that an application for social housing support can only be accepted when the application has been completed, and this declaration has been signed.

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 Social Housing Support. 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. The data supplied by you when completing this application may be shared with the Local Government Management Agency (LGMA) and The Housing Agency in order to fulfil a statutory requirement to provide an annual Summary of Social Housing Assessments, including the production at a national level of statistical reports that inform policy and future planning in terms of the national housing need.

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 Sligo County Council's Privacy Statement. Copies of this are available from www.sligococo.ie

If you have any questions about your rights under GDPR, you can contact Data Protection Officer, Sligo County Council, or you may also contact the Data Protection Commission (DPC).

For more information, please contact Data Protection Officer, Sligo County Council, County Hall, Riverside, Sligo

Tel: 071 911 1111 Email: dpofficer@sligococo.ie

Declaration

1. I (or we) declare that the information and details given by me (or us) on this application are true and correct.

2. I (or we) promise to notify the local authority of any change in my (or our) household circumstances such as our address, the people who make up the household, their wages or payments, or medical conditions if this changes from the details we gave on this form.

3. I (or we) also agree that the local authority can make whatever enquiries it considers necessary to check that the details of this application are correct.

4. I am (or we are) aware that it is against the law to give false information on this form and that I (or we) can be prosecuted for doing that.

5. I (or we) understand that my (or our) personal data will be shared with the LGMA, and The Housing Agency for the purposes set out above.

6. I (or we) understand that my (or our) personal data will be shared with other public bodies only as provided by law.

7. I (or we) understand that a failure to respond to a request for updated information, as part of the Summary of Social Housing Assessments process, may result in my (or our) housing application being closed.

Applicant 1

Signed_____ Date | | | | | | |
D D M M Y Y

Applicant 2

Signed_____ Date | | | | | | |
D D M M Y Y

COMHAIRLE CHONTAE SHLIGIGH
SLIGO COUNTY COUNCIL

Sligo County Council Housing Tel: 071 911 1111

For official use only

iHouse Ref: _____

ACCESS TO INFORMATION

I/We hereby authorise Sligo County Council to have access to, share and process all data, including sensitive data, in relation to myself/ourselves and/or occupants or prospective occupants of my/our household, which may be recorded or held by another Housing Authority, Statutory and/or Voluntary Bodies, The Criminal Assets Bureau, An Garda Síochána, General Practitioners/Consultants, the Health Service Executive [HSE], Túsla, Department of Employment Affairs & Social Protection, current/previous Landlords, Approved Housing Body or other relevant Body for the purposes of preventing or detecting fraud and in carrying out its functions under the Housing and other relevant Acts.

The Housing Authority may also process this data for research purposes including the forward planning and the assessment of housing needs in conjunction with the Department of Housing, Planning & Local Government.

Signature of Applicant: _____ Signature of Joint Applicant: _____
(where relevant)

Print Name: _____ Print Name: _____

Date: _____/_____/_____ Date: _____/_____/_____

For Official Use only

Signature of Housing Staff Member _____

Date: _____

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 see the following link: http://www.sligococo.ie/

COMHAIRLE CHONTAE SHLIGIGH
SLIGO COUNTY COUNCIL
Sligo County Council Housing Tel: 071 911 1111
AFFIDAVIT – PROPERTY/FINANCIAL INTEREST

For official use only
iHouse Ref: _____

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 am / we are (state Marital Status) _____

PLEASE COMPLETE RELEVANT SECTIONS BELOW **APPLICANT**	**APPLICANT**	**JOINT**
A. That I/we **have** a financial interest in property/land in Ireland: or in another country to the value of €_____	_____ *Signature*	_____ *Signature*
Specify other country (if applicable) _____		
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).	_____ *Signature*	_____ *Signature*
Specify other country (if applicable) _____		
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*

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_____

_____
Commissioner for Oaths or Practising Solicitor *(Signature)*

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 Coupncil 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/

COMHAIRLE CHONTAE SHLIGHIGH
SLIGO COUNTY COUNCIL

Sligo County Council Housing Tel: 071 911 1111

For official use only

iHouse Ref: _____

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.

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: _____ **Signed:** _____

Parent (Applicant) **(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/

COMHAIRLE CHONTAE SHLIGIGH
SLIGO COUNTY COUNCIL

Sligo County Council Housing Tel: 071 911 1111

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iHouse Ref: _____

CONSENT FOR ADVOCATE/REPRESENTATIVE

Name of Applicant: _____ Joint Applicant (If Applicable)*_____

Address _____

_____

Tel / Contact No _____ Email Address: _____

I/We hereby give consent to the Advocate/Representative named below to have access to all data, including sensitive data held by Sligo County Council for the purposes of carrying out its functions under the Housing Acts. I/We also give permission to the above-named advocate/representative to receive a copy of all correspondence which will issue from the Housing Office and to submit information to Sligo County Council on my/our behalf for the purposes as stated above.

Name of Advocate/Representative: _____

Address _____

_____

Tel / Contact No _____ Email Address: _____

Applicant Signature:	Date:
	__ __ / __ __ / __ __ __ __
Joint Applicant Signature (If applicable):	Date:
	__ __ / __ __ / __ __ __ __

Nominated Advocate/Representative Signature:	Date:
	__ __ / __ __ / __ __ __ __

Note: Proof of identification of Advocate/Representative to be provided (except in the case of an Elected Representative of Sligo County Council or a Dáil Deputy for the Sligo-Leitrim Constituency)

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Proof of identification submitted for the named advocate/representative:

Passport ☐ Public Service Card ☐ Other (Specify) _____ ☐

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