

APPLICATION FOR SOCIAL HOUSING SUPPORT WITH GALWAY CITY COUNCIL

PLEASE ENSURE THAT YOU BRING ALL ORIGINAL DOCUMENTATION AS WELL AS A PHOTOCOPY OF SAME WITH YOU TO THE HOUSING DEPARTMENT AS WE DO NOT PROVIDE A PHOTOCOPYING SERVICE

CHECKLIST – READ CAREFULLY

	Main App	Joint App	Dep's
Personal Information			
Photographic identification: <ul style="list-style-type: none"> Acceptable ID: current passport or Irish driving licence, national identity Card (must be in date) Age Card is not acceptable. If you do not have a current form of identification, complete a certificate of identity form at the Garda Station. 			
Proof of PPS Numbers of all the household members (ie. photocopy of front and back of PPSN Card)			
Birth certificates for all household members (translated into English)			
Proof of child benefit for any Dependents: i.e. post office receipt, up to date copy of bank statement (not mini statement) or letter from Social Welfare, which shows the amount, name and address of applicant			
Proof of current address: <ul style="list-style-type: none"> Proof of current address for main and joint applicant and any adult over 18 years if applicable. Acceptable proof of address: current utility bill, lease or rental statement, any official letter i.e. bank, college, hospital or any Government Department i.e. Social Welfare, bank statement. Not acceptable proof of address: mini bank statement from bank, hand written letter from your landlord. 			
If you have moved address in the last 3 months, proof of your previous address will need to be submitted i.e. see above list			
Marriage certificate where applicable (translated into English). If you are married and are not including your wife/husband on your application, proof of address for your wife/husband will need to be submitted			
Copy of separation/divorce agreement for both applicants, where applicable [The agreement must identify <ul style="list-style-type: none"> The extent of maintenance being received or paid by the applicant The circumstances under which the maintenance payments can cease That no onerous conditions exist Any joint property/land held 			
Proof of citizenship or leave to remain in Ireland Where applicable, evidence of having a Stamp 4 Immigration Stamp Endorsement on a passport for a period of 5 years should be provided and any letters received from the Department of Justice outlining the basis of permission to reside in Ireland.			
If you are an EU Citizen and currently unemployed, evidence of employment for 12 months will be required i.e. End of Year Statement (P60) for the previous year of employment together with Cessation Certificate (P45).			
INCOME DETAILS			
Evidence of Income is required for all over 18 year old household members (please arrange to complete the attached Certificate of Income). <ul style="list-style-type: none"> Employed: End of Year Statement (P60) and P21 and 4 out of the last 6 payslips. Employer to complete Part 1 of Certificate of Income Self-Employed: a minimum of 2 years accounts with an Auditor's Report or an Auditor's report along with an up-to-date tax balancing statement and preliminary tax receipt Social Welfare Income: Part 2 of the Certificate of Income to be completed. A recent payment slip AND a statement from the Department of Social Protection of all Social insurance benefits and social assistance payments, allowances and pensions that household members are receiving. We require a summary of payments received for a period of one month. If means deduction on your social welfare a letter from Social Protection explaining deduction is required. 			
**Bank Statements must be submitted for all accounts including post office and credit union, 6 months preceding date of application **			
***** <u>PLEASE ENSURE THAT YOU BRING ALL ORIGINAL DOCUMENTATION AS WELL AS A PHOTOCOPY WITH YOU TO THE HOUSING DEPARTMENT AS WE DO NOT PROVIDE A PHOTOCOPYING SERVICE.</u> *****			

<p align="center">CERTIFICATE OF INCOME</p> <p>PART 1: Employed: Employer to complete and submit along with End of Year Statement (P60), P21 and 4 out of the last 6 payslips.</p> <p>PART 2: Social Welfare Income: A recent payment slip AND a statement from the Department of Social Protection of all Social insurance benefits and social assistance payments, allowances and pensions that household members are receiving. We require a summary of payments received for a period of one month. If means deduction on your social welfare a letter from Social Protection explaining deduction is required.</p> <p>PART 3: If Self-Employed complete and submit a minimum of 2 years accounts along with an up-to-date tax balancing statement and preliminary tax receipt.</p> <p>PART 4: HPL1 Form – must be completed by the Office of the Revenue Commissioners for each applicant / joint applicant.</p>	Main App	Joint App	Dep's
<p align="center">ACCOMMODATION</p> <p>If living in the family home, letter from parent(s)/owners of the property which should state the following:</p> <ul style="list-style-type: none"> ▪ List of all the occupants in the house ▪ Bed size of the house ▪ Ages of all occupants in the house ▪ You must submit documentary evidence of your need to leave the family home such as letters from social/care workers if you are linked in with services or Garda reports as evidence to domestic incidents which support your need for your own accommodation. <p>If you are currently in receipt of Rent Supplement, please submit copy of most recent receipt</p> <p>If you or any member of your household previously owned land/property, legal documentation should be provided as to how the proceeds from the sale of the land/property were disposed.</p> <p>If you are not resident in the local authority area where you are seeking housing support, please provide evidence of your local connection with the area:</p> <ul style="list-style-type: none"> • 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 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 <p>If you were included on another Local Authority Housing Waiting List, we require a letter from that Local Authority to confirm that you are no longer included on their Housing Waiting List. (An applicant can only be included on one Local Authority Housing Waiting List)</p> <p>If you or any member of your household was previously a tenant of the Rental Accommodation Scheme, an Approved Housing Body or a local authority tenant please provide a letter from the relevant Association where you or the household resided setting out details in relation to the tenancy. This letter should include:</p> <ul style="list-style-type: none"> ▪ Term of tenancy ▪ Any reports of anti social behaviour • Reason for leaving • Rent Arrears 			
<p align="center">DEPENDENTS</p> <p>Proof of child benefit for any Dependents: i.e. post office receipt, up to date copy of bank statement (not mini statement) or letter from Social Welfare, which shows the amount, name and address of applicant</p> <p>Legal Access/Custody of children: Copy of access or custody documentation for any dependent household members not currently residing with the household. If no legal agreement, letter from Solicitor of the mother/father of dependent/s with whom they permanently reside setting out the specific details of access/custody and if any maintenance is payable.</p>			

MEDICAL NEEDS

If applying for support on the basis of medical grounds, please enclose

- Consultant's certificate (not a doctors letter) specifying the nature of the medical condition or disability and noting whether the condition is degenerative
- Where applicable, an Occupational Therapist's report should be submitted if any specific adaptations required for the medical condition/disability. This report should include the following basic information:
 1. Type of disability
 2. Degree of disability (e.g. normal, mild etc. and what these terms are defined as)
 3. The progressivity of any condition
 4. If there is any secondary disability and the nature of the disability
 5. Level of care or support required and what is currently being provided
 6. Location preferences or concerns (e.g. proximity to medical facilities)
 7. Type of accommodation required to address the disability, including internal modifications to standard provision

AREAS OF CHOICE

Please note that the areas of Choice in the City is Eastside and Westside, no consideration will be given to requests for specific houses, specific housing estates etc.

****Please note that should you avail of the HAP Scheme with Galway City Council and have selected an area of choice with Galway County Council, this area of preference will be removed from your application and you will not be offered Social Housing by Galway County Council.****

INCOME GUIDE FOR ASSESSING SOCIAL HOUSING SUPPORT APPLICATIONS WITH GALWAY CITY COUNCIL

- €35,000 for one person
- Additional 5% for each household member over 18 years up to a maximum of 10%
- Additional 2.5% additional for each household member aged less than 18 years subject to a maximum of 10%

<u>Family Size</u>	<u>Income Threshold (net)</u>
Single Person	35000
2 Adults	36750
3 adults or more	38500
Single person with one child	35875
Single person with two children	36750
Single person with three children	37625
Single person with four or more children	38500
H+W with one child	37625
H+W with two children	38500
H+W with three children	39375
H+W with four or more children	40250
H+W+1 adult dependent	38500
H+W+ 1 adult dependent + 1 child	39375
H+W+1 adult dependent + 2 children	40250
H+W+1 adult dependent + 3 children	41125
H+W+1 adult dependent + 4 or more children	42000



Comhairle Cathrach na Gaillimhe Galway City Council

APPLICATION FOR HOUSING SUPPORT

*******IMPORTANT NOTICE - READ CAREFULLY*******

How to complete this application form

- Please answer all questions (incomplete application forms will be returned)
- Please refer to the checklist at the back of this application form when completing this form and submit documentation according.
- A Certificate of Income Form must be completed for each adult over 18 years associated with this application.
- You must present original documents and photocopies of all requested items. We do not provide a photocopying service (Original documents will be returned to you once verified)
- The Public Counter opens from **9.30 a.m. to 1.00 p.m. daily, Monday to Friday** excluding public holidays.
- It may take up to 12 weeks to assess an application on receipt of fully completed application forms.
- It is your responsibility to always inform the Housing Department of any change in address/family circumstances. Your application will be closed if you fail to reply to correspondence issued.
- Please note that though you may indicate a form a Social Housing support on your application for which you are applying, this may not be the form of Social Housing support you will be offered in the future.

Section 32 of Housing (Misc. Provisions) Act 2009, provides that the provision of false or misleading information is an offence which is prosecutable under law (fine not exceeding €2,000)

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 the Housing Section of your Local Authority or your local Citizen's 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 quickly as 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. This application cannot be completed without PPS Numbers for all members of the household included on the application form. If you are not aware of the PPS Numbers for any children for whom accommodation is sought, they can be obtained by contacting your local Social Welfare Local Office either by telephone or in person. Please note that you will need to have your own PPS Number to hand.
5. You must supply the relevant supporting documentation so that your application can be processed. Please use the checklist provided to make sure you have included everything which is needed to consider your application.
6. This application cannot be completed without documentary evidence of income details given in this application. In the case of applicants who are employed or self-employed, this can be in the form of a P60 for the previous tax year, a minimum of four out of the last six payslips or a minimum of 2 years accounts. Where applicants are in receipt of a social welfare payment, a statement from the Department of Social Protection is required. Please ask your housing authority which form of evidence they require.
7. The housing authority may request and obtain information from another housing authority, the Criminal Assets Bureau, An Garda Síochána, the Minister for Social Protection, the Health Service Executive [HSE], or an approved housing body in relation to occupants or prospective occupants of, or applicants for, local authority housing, and any other person the authority considers may be engaged in anti-social behaviour.
8. Any change in the details given, particularly any change of address or income, should be notified to the housing authority immediately so that your record can be updated.
9. Please ensure that you have supplied all the relevant information and supporting documentation to process your application. However, be advised that the housing authority may ask for further supporting documentation at a later stage.

IMPORTANT

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY

10. You may apply for social housing support to one housing authority only. This authority may be
- The housing authority for the area where your household normally resides, or
 - The housing authority for the area with which your household has a local connection, or
 - The housing authority that agrees, at its discretion, to assess your household for social housing support if you apply to it.
11. In determining if a household has a local connection to its area, the housing authority shall have regard to whether:
- 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.
12. You should mark 'Not applicable' or '[N/A]' on sections which are not applicable to you or your household.

FALSE OR MISLEADING INFORMATION MAY RESULT IN PROSECUTION

IF YOU REQUIRE ANY FURTHER DETAILS PLEASE CONTACT YOUR LOCAL HOUSING OFFICE

Council Offices:

Housing Department,

Tel: 091 - 894370

Galway City Council,

City Hall,

College Road,

Galway.

APPLICATION FOR SOCIAL HOUSING SUPPORT

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 original documentation [an official translation into Irish or English is required, where appropriate]:

Fully completed application form [including signed declarations] ☐

Photographic identification [current passport or Irish driving licence] ☐

Birth certificates for all household members ☐

Proof of PPS Numbers for all household members ☐

Household member's who are over 18 years and in full time education, must submit evidence from relevant school/ college / university etc. ☐

Marriage certificates for all applicants, where applicable ☐

Proof of current address [utility bill, lease or rental statement] – for both spouse/partner, where applicable ☐

Applicants living at home must have Social Welfare Certificate or Bank Statement and letter from parents stating that they are living in the family home

Proof of citizenship or leave to remain in Ireland ☐

[Where applicable, evidence of having a Stamp 4 Immigration Stamp Endorsement on a passport for a period of 5 years should be provided.]

Evidence of income is required for all over 18 year old household members [please arrange to have the attached Certificate of Income completed] ☐

Employed

- An up to date End of Year Statement (P60) and P21 and 4 out of the last 6 payslips ☐

Self-Employed

- (i) a minimum of 2 years accounts with an Auditor's Report, or ☐

- (ii) an Auditor's Report along with an up-to-date tax balancing statement and preliminary tax receipt ☐

Social Welfare Income

- A recent statement from the Department of Social Protection of all social insurance benefits and social assistance payments, allowances and pensions that household members are receiving ☐

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
- That no onerous conditions exist]

If there is no agreement, a letter from the applicant’s 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 the family law legislation
- The position in relation to maintenance and other payments]

If you pay or receive maintenance, evidence of payments for previous 12 months, without interruption

HPL1 form from the Revenue Commissioners

In the case of all housing applicants, supporting documentation is required regarding ownership / non ownership of land or property in your country of origin and / or other country of residence.

If you or any member of your household previously owned land/property, documentation/affidavit should be provided as to how the proceeds from the sale of the land/property were disposed of

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 tenant, please provide a letter from the local authority where you or the household member resided setting out details in relation to the previous tenancy. This letter should include term of tenancy, reason for leaving, arrears, etc.

If you wish to apply for a single rural house or demountable dwelling, please include necessary accompanying documentation

If applying for support on the basis of medical grounds, please enclose

- Consultant’s certificate specifying the nature of the medical condition or disability and noting whether the condition is degenerative

- Occupational therapist’s report in respect of any specific accommodation requirements

Supporting documentation will have to be provided to the local authority**Housing Authority
Reference No.:**Please answer ALL questions and place a tick (☐) in the boxes provided. Please use **BLOCK LETTERS**.**PART 1 – PERSONAL DETAILS****[Tick if Joint Application]**☐

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

PLEASE STATE:**APPLICANT**

Figures

Letters

P.P.S. Number

First name(s)

Surname

Birth surname [if different]

Current address

How long have you lived at this address?

Years

Months

Mother's birth surname

Telephone/Mobile No.

Date of Birth [dd/mm/yy]

[Attach birth certificates]

Gender

Male

Female

Social Security No. [if applicable]
with country it applies to

E-mail address

If you wish to receive information by e-mail,
please tick**APPLICANT 2: SPOUSE/PARTNER**

Figures

Letters

Years

Months

Male

Female

Please state relationship of Applicant 2
to Applicant.**PART 2 – NATIONALITY DETAILS**

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

PLEASE STATE:

Place and/or Country of Birth

Usual language spoken

Citizenship status
[attach proof of citizenship]☐ Irish☐ Other EEA¹☐ Non-EEA*If you are not an EEA national:*

(i) basis of stay in Ireland

[attach copy of residency permission]

(ii) date of entry to Ireland
[dd/mm/yy]**APPLICANT****APPLICANT 2: SPOUSE/PARTNER**

¹ Tick this box if you are a citizen of an EU member state, Iceland, Liechtenstein, Norway or Switzerland. The following countries are EU member states: Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Republic of Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and the United Kingdom.

PART 3 – MARITAL DETAILS

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

	APPLICANT	APPLICANT 2: SPOUSE/PARTNER
Are you?	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Civil Partner <input type="checkbox"/> Cohabiting <input type="checkbox"/> Other	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Civil Partner <input type="checkbox"/> Cohabiting <input type="checkbox"/> Other
	<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Legally Separated	<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Legally Separated
Date of Marriage [dd/mm/yy] [attach marriage certificate]	_____	_____

PART 4 – EMPLOYMENT DETAILS

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

	APPLICANT	APPLICANT 2: SPOUSE/PARTNER
Employment Status	<input type="checkbox"/> Employed [Full-Time or Part-Time] <input type="checkbox"/> Self-Employed <input type="checkbox"/> Employed in Back to Work/FÁS Scheme <input type="checkbox"/> Unemployed [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"/> Student <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/FÁS Scheme <input type="checkbox"/> Unemployed [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"/> Student <input type="checkbox"/> Other
Employer's name [in the case of self-employed, give company name]	_____	_____
Address of employer [in the case of self-employed, please give company address]	_____	_____
Occupation	_____	_____
Employment status [e.g. permanent: full-time/part-time]	_____	_____
Date commenced present employment [dd/mm/yy]	_____	_____

PART 5 – WEEKLY INCOME DETAILS

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

PLEASE STATE GROSS WEEKLY INCOME FROM:

[Each source of income should be supported by relevant documentation i.e. social welfare cert, end of year statement, payslips]

	APPLICANT	APPLICANT 2: SPOUSE/PARTNER
Employment	€	€
Self-Employment	€	€
Social Welfare - Payment Type(s)		
- social welfare [Total]	€	€
Maintenance received [if applicable]	€	€
Other income sources	€	€
Please specify		
Weekly Deductions		
PAYE	€	€
PRSI	€	€
Universal Social Charge	€	€
Other [e.g. maintenance payments]	€	€
Please specify		

PART 6 – DETAILS OF OTHER HOUSEHOLD MEMBERS SEEKING ACCOMMODATION
[i.e. excluding Applicant and Applicant 2: Spouse/Partner]

OTHER HOUSEHOLD MEMBER 1

P.P.S. Number	<div style="display: flex; justify-content: space-between;"> <div>Figures</div> <div>Letters</div> </div> <div style="display: flex; justify-content: space-between;"> <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> </div>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
First name(s)	<input type="text"/>	Marital status	<input type="text"/>
Surname	<input type="text"/>	Mother's birth surname	<input type="text"/>
Birth surname (if different)	<input type="text"/>	Relationship with applicant	<input type="text"/>
Date of Birth [dd/mm/yy]	<div style="display: flex; justify-content: space-between;"> <div> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> <input type="text"/> </div> </div>	Citizenship	<input type="checkbox"/> Irish <input type="checkbox"/> Other EEA ¹ <input type="checkbox"/> Non-EEA
[Attach birth certificate]		Basis of Stay	<input type="checkbox"/> Refugee <input type="checkbox"/> Leave to remain in Ireland <input type="checkbox"/> Subsidiary Protection Status
Country of Birth	<input type="text"/>		
Is the household member a dependant?		Is the household member a joint applicant?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT STATUS

<input type="checkbox"/> Employed [full-time or part-time]	<input type="checkbox"/> Unemployed [receiving social community/welfare benefit]	<input type="checkbox"/> Homemaker [no income]
<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Pensioner/Retired	<input type="checkbox"/> Student/Child
<input type="checkbox"/> Employed in Back to Work/FÁS Scheme	<input type="checkbox"/> Lone Parent support only	
<input type="checkbox"/> Other, please specify	<input type="text"/>	
Weekly Income	€ <input type="text"/>	

PART 6 – DETAILS OF OTHER HOUSEHOLD MEMBERS SEEKING ACCOMMODATION
[i.e. excluding Applicant and Applicant 2: Spouse/Partner]

OTHER HOUSEHOLD MEMBER 2

P.P.S. Number	<div style="display: flex; justify-content: space-between;"> <div>Figures</div> <div>Letters</div> </div> <div style="display: flex; justify-content: space-between;"> <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> </div>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
First name(s)	<input type="text"/>	Marital status	<input type="text"/>
Surname	<input type="text"/>	Mother's birth surname	<input type="text"/>
Birth surname (if different)	<input type="text"/>	Relationship with applicant	<input type="text"/>
Date of Birth [dd/mm/yy]	<div style="display: flex; justify-content: space-between;"> <div> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> <input type="text"/> </div> </div>	Citizenship	<input type="checkbox"/> Irish <input type="checkbox"/> Other EEA ¹ <input type="checkbox"/> Non-EEA
[Attach birth certificate]		Basis of Stay	<input type="checkbox"/> Refugee <input type="checkbox"/> Leave to remain in Ireland <input type="checkbox"/> Subsidiary Protection Status
Country of Birth	<input type="text"/>		
Is the household member a dependant?		Is the household member a joint applicant?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT STATUS

<input type="checkbox"/> Employed [full-time or part-time]	<input type="checkbox"/> Unemployed [receiving social community/welfare benefit]	<input type="checkbox"/> Homemaker [no income]
<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Pensioner/Retired	<input type="checkbox"/> Student/Child
<input type="checkbox"/> Employed in Back to Work/FÁS Scheme	<input type="checkbox"/> Lone Parent support only	
<input type="checkbox"/> Other, please specify	<input type="text"/>	
Weekly Income	€ <input type="text"/>	

Please copy this sheet for further household members.

¹. Please see footnote 1. on page 5

PART 7 – APPLICATION FOR ACCOMMODATION ON MEDICAL OR DISABILITY GROUNDS

In support of your application on medical grounds, please provide the following details:

Name[s] of household members with a medical condition or disability.

The nature of the medical condition or disability and noting whether the condition is degenerative:
[Consultant's certificate to be submitted in support of application]

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 8 – BASIS FOR APPLICATION TO GALWAY CITY COUNCIL

Please indicate the basis for your application to Galway City Council as follows:
[only one box should be ticked]

☐ Household is normally resident in the housing authority area.

OR

☐ Household has a local connection with the housing authority area.

Please specify the nature of the local connection [see point 11 of the Important Information at the beginning of the application form].

OR

☐ The housing authority should consider the application for social housing support for the following reason[s]:

PART 9 – CURRENT ACCOMMODATION**What is the problem with your current accommodation?**

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Unfit | <input type="checkbox"/> Overcrowded | <input type="checkbox"/> Eviction/Notice to Quit | <input type="checkbox"/> Involuntary sharing facilities |
| <input type="checkbox"/> Rent increase | <input type="checkbox"/> Fire/other damage | <input type="checkbox"/> Medical grounds | <input type="checkbox"/> Parent/Family Home [involuntary sharing] |
| <input type="checkbox"/> Unable to provide accommodation from own resources | <input type="checkbox"/> Homeless [give details below] | | |
| <input type="checkbox"/> Other [give details] | <input type="text"/> | | |

What type of accommodation are you in now? Tick box and add description.

- | | | | |
|------------------------------------|--|---|--------------------------------------|
| <input type="checkbox"/> House | <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Transitional Accommodation | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Cottage | <input type="checkbox"/> Maisonette | <input type="checkbox"/> Tíghín | <input type="checkbox"/> Institution |
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Day House | <input type="checkbox"/> Bed and Breakfast | <input type="checkbox"/> Refuge |
| <input type="checkbox"/> Flat | <input type="checkbox"/> Group Housing | <input type="checkbox"/> Hostel | <input type="checkbox"/> Prison |
| <input type="checkbox"/> Caravan | <input type="checkbox"/> Halting Bay | <input type="checkbox"/> Sheltered Accommodation | <input type="checkbox"/> None/Other |

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

Please provide directions to your current accommodation:

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

- | | | | | | |
|--|--|---|---------------------------------|---|----------------------|
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Living room | <input type="checkbox"/> Bathroom | <input type="checkbox"/> Toilet | <input type="checkbox"/> Bedroom – specify number | <input type="text"/> |
| <input type="checkbox"/> Central Heating | <input type="checkbox"/> Water supply - COLD | <input type="checkbox"/> Water supply – HOT | | | |

Nature of Current Tenure

- | | |
|---|---|
| <input type="checkbox"/> Private Household
<input type="checkbox"/> Owner-occupier
<input type="checkbox"/> With parents
<input type="checkbox"/> With relatives/friends | <input type="checkbox"/> Private Rented Accommodation [if you tick this box, please ensure that you complete the relevant sections hereunder]
<input type="checkbox"/> without rent supplement
<input type="checkbox"/> with rent supplement, state amount per week <input type="text"/> €
Date rent supplement payment commenced at current address [dd/mm/yy] ____ ____ ____ ____ ____
<input type="checkbox"/> Rental Accommodation Scheme
<input type="checkbox"/> Emergency Accommodation/None
<input type="checkbox"/> Other, give details <input type="text"/> |
| <input type="checkbox"/> Local Authority Rented Accommodation | |
| <input type="checkbox"/> Voluntary/Co-operative Rented Accommodation | |

Rental Information

- | | |
|--|---|
| Tenancy start date, if renting [dd/mm/yy] ____ ____ ____ ____ ____ | Weekly rent <input type="text"/> € <input type="text"/> |
| Are you in arrears of rent? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, state amount of arrears: <input type="text"/> | € <input type="text"/> |
| Have you received a notice to quit? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, please state reason: <input type="text"/> | <input type="text"/> |

NOTE: Please indicate name and address of either the landlord or agent as applicable

- | | |
|---|--------------------------------------|
| Landlord's Name <input type="text"/> | Agent's Name <input type="text"/> |
| Landlord's Address <input type="text"/> | Agent's Address <input type="text"/> |

PART 10 – ACCOMMODATION HISTORY**Please give details of previous accommodation over last 5 years [if applicable]**

Address	Nature of Tenure	Date at address From	To	Reason for leaving

Information about any local authority/approved body/Rental Accommodation Scheme [RAS] accommodation

Please provide details, including dates and duration of tenancy, of any dwelling or site provided by a housing authority, or an approved 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 provided in relation to any previous tenancy]

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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 the application is made.

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PART 11 – OTHER PROPERTY/LAND INFORMATION

Other Property	APPLICANT	OTHER HOUSEHOLD MEMBER
Do you or any member of your household currently own or have a financial interest in property/land in Ireland or any other country?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If property, is it vacant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please state the address of the property or land:	<div></div>	<div></div>
Did you or any member of your household ever own or have a financial interest in property/land in Ireland or any other country?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', please state the address of the property or land:	<div></div>	<div></div>
Amount you received on the disposal of any property or land [Please submit documentation/ affidavit as to how the proceeds from the sale of land/property were disposed of.]	<div></div>	<div></div>
Any other relevant information	<div></div>	<div></div>

PART 12 – PUBLIC ORDER OFFENCES AND OTHER INFORMATION

Public Order Offences

Under Section 14 of the Housing [Miscellaneous Provisions] Act 1997, a housing 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 the following statutory provisions?

1. Criminal Justice (Public Order) Act 1994

Section 5: Disorderly conduct in a public place

Section 6: Threatening, abusive or insulting behaviour in a public place

Section 7: Distribution or display in a 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 a peace officer or emergency services personnel

☐ Yes

☐ No

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

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 of occupancy

Address:

Period of occupancy:

From [dd/mm/yy]:

To [dd/mm/yy]:

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 the reason why it happened:

[if you need more space, attach another page]

PART 13 – HOUSING REQUIREMENTS

Please indicate type of social housing support for which you are applying:

<input type="checkbox"/> Rented Local Authority Accommodation	<input type="checkbox"/> Single Rural Dwelling – [see below]	<input type="checkbox"/> Demountable Dwelling – [see below]
<input type="checkbox"/> Rental Accommodation Scheme	<input type="checkbox"/> Improvement works in lieu of local authority housing	<input type="checkbox"/> Extension to LA House
<input type="checkbox"/> Voluntary/Co-operative Housing	<input type="checkbox"/> Special Needs Housing	<input type="checkbox"/> Transfer – include rent account number <input type="text"/>
<input type="checkbox"/> Traveller Halting Site Bay	<input type="checkbox"/> Traveller Group Housing	<input type="checkbox"/> Bungalow type accommodation
<input type="checkbox"/> Site for Private House		

Single Rural Houses

Name and Address of Owner of Proposed Site
[incl. townland]

Exact Location

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 housing 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 housing authority.
5. Any other documents, such as site location/layout maps, requested by the authority in connection with the application.

Demountable Dwelling

Name and Address of Owner of Proposed Site [incl. townland]

Exact Location

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.

PART 14 – AREAS OF CHOICE²

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 are committed to these areas of choice for a period of 12 months].

****Please note that should you avail of the HAP Scheme with Galway City Council and have selected an area of choice with Galway County Council, this area of preference will be removed from your application and you will not be offered Social Housing by Galway County Council.****

Galway City Council

- ☐ Galway City East
☐ Galway City West

Galway County Council

- ☐ Athenry-Oranmore (incl. Athenry, Baile Chláir, Clarinbridge & Oranmore)
☐ Ballinasloe North (incl. Ahascragh, Ballygar, Caltra & Mounbellew)
☐ Ballinasloe South (incl. Ballinasloe, Clonfert, Creggane, Eyrecourt, Kilconnell, Kiltormer & Laurencetown)
☐ Conamara Central (incl. Maigh Cuilinn, Oughterard & An Fhairche)
☐ Conamara North-West (incl. Clifden, Leenane, Letterfrack & Roundstone)
☐ Conamara South-West (incl. An Cheathrú Rua, An Sraith, Carna, Leitir Mór, Leitir Mealláin & Ros Muc)
☐ Oileáin Árann
☐ Ceantar chois fharraige (incl. An Spidéal, An Tulaigh, Indreabhán & Ros an Mhíl)
☐ Gort and Environs (incl. Ardahan, Gort & Kinvara)
☐ Loughrea and Environs (incl. Loughrea & Craughwell)
☐ Portumna and Environs (incl. Abbey, Killimor, Portumna, Tynagh & Woodford)
☐ Headford
☐ Galway North-East (incl. Ballymoe, Dunmore, Clonberne, Glenamaddy, Kilkerrin & Williamstown)
☐ Galway North (incl. Corofin, Kilconly & Milltown)
☐ Tuam

2

A household applying to the housing authority for the area in which the household normally resides, or the area with which the household has a local connection, must specify at least one area of choice in that authority's area in which the household would accept an offer of social housing support. The household may also specify areas of choice in the area of other housing authorities in the geographic county (including any city) concerned. Thus, a household applying to a Tipperary housing authority may specify areas of choice in the areas of other housing authorities across the geographic county.

A household applying to a housing authority on grounds other than residence or local connection may specify areas of choice in the area of the housing authority of application only.

PART 15 – 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

DECLARATION

Please read this declaration carefully and sign and date it when you are satisfied that you understand it. Please note that an application will only be accepted when this declaration has been signed.

Collection and Use of Data

The housing authority 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. The housing authority may, in conjunction with the Department of the Environment, Heritage & Local Government, process this data for research purposes including forward planning in relation to the assessment of housing needs.

The housing authority may, for the purpose of its functions under the Housing Acts of 1966 - 2009, request and obtain information from another housing authority, the Criminal Assets Bureau, An Garda Síochána, The Department for Social Protection, the Health Service Executive [HSE] or an approved housing body, in relation to occupants or prospective occupants of, or applicants for, local authority housing, and 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.

I/we undertake to notify the Housing Authority of any change in my/our household circumstances (e.g. address, household composition, employment, medical conditions etc.)

I/We also authorise the housing authority to make whatever enquiries it considers necessary to verify details of my/our application.

I/We am/are aware that the furnishing of false or misleading information is an offence liable to prosecution.

Signed: [Applicant]

Date: [dd/mm/yy]

___ ___ ___ ___ ___ ___

Signed: [Applicant 2:

Date: [dd/mm/yy]

___ ___ ___ ___ ___ ___

Spouse/Partner]