



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 will 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 and 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 outlining the amount of benefits received for the previous tax year together with the current weekly amount received.
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.

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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
 - Any household member has relatives living in the area for 2 years or longer. Relative refers to a person who is not a member of the household applying and means a parent, adult child or sibling. Where a household member has 'another relative' living in the area for 2 years or longer they must have close links with the household member in the form of commitment or dependence. 'Another relative' is defined as being a 'step-parent, grandparent, grandchild, aunt or uncle'; this would not preclude consideration of another blood relative such as cousin.
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:

Customer Services

Tel: 049-4378300

Cavan County Council
(Comhairle Chontae an Chabháin)
Courthouse
(Teach Na Cúirte)
Cavan
(An Cabhán)

Web address: www.cavancoco.ie

Email: housing@cavancoco.ie

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] | <input type="checkbox"/> |
| Photographic identification [current passport, Irish driving licence or Public Services Card] | <input type="checkbox"/> |
| Passport size photograph for both Main/Joint Applicants | <input type="checkbox"/> |
| Birth certificates for all household members | <input type="checkbox"/> |
| PPS Numbers for all household members | <input type="checkbox"/> |
| Marriage certificates for all applicants, where applicable | <input type="checkbox"/> |
| Proof of current address [utility bill, lease or rental statement] – for both spouse/partner, where applicable | <input type="checkbox"/> |
| 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.] | <input type="checkbox"/> |
| <i>Employed</i> | <input type="checkbox"/> |
| - Evidence of income [attached Form(s) SHS1A/1B - Certificate of Income/Salary Cert to be completed] | |
| - an up-to-date P60 and a minimum of 4 out of the last 6 payslips | <input type="checkbox"/> |
| <i>Self-Employed</i> | <input type="checkbox"/> |
| - (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 (From P21) and preliminary tax receipt | <input type="checkbox"/> |
| <i>Social Welfare Income</i> | <input type="checkbox"/> |
| - 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 currently receiving including the amount of social welfare income received in previous tax year ; Form(s) SHSW1A/1B to be completed | <input type="checkbox"/> |
| Copy of separation/divorce agreement for both applicants, where applicable
[The agreement must identify | <input type="checkbox"/> |
| ▪ 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 | <input type="checkbox"/> |
| ▪ 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] | |
| ▪ The position in relation to the family home and disposal of any assets | |
| If you pay or receive maintenance, evidence of payments for previous 12 months, without interruption | <input type="checkbox"/> |
| HPL1 form from the Revenue Commissioners | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> |

APPLICATION FOR SOCIAL HOUSING SUPPORT

CHECKLIST FOR APPLICANTS [Continued]

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. The letter should include the term of the tenancy, reason for leaving, arrears, etc.

If you wish to apply for a single rural house or demountable dwelling, please contact the office on the number provided to arrange a pre-application appointment

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

If applying for support on the basis that your mortgage has been deemed unsustainable under the Central Bank's 2013 Code of Conduct for Mortgage Arrears, please enclose:

- Written confirmation from the lender outlining that the mortgage has been deemed unsustainable under the Code of Conduct for Mortgage Arrears

Documentation/Declaration regarding Property Abroad

- (a) Any person not born in the Republic of Ireland must submit documentation / declaration from the Property Registration Authority (or equivalent in their home country) to confirm if they own any property in their home country. This documentation / declaration must be translated into the English language, by an official Translation Agency and must be submitted along with the original documents provided by the Property Registration Authority to Cavan County Council with the application for Social Housing Support.
- (b) Any Irish Citizen who has resided abroad for a significant period of time must also provide proof from the relevant Property Registration Authority that they do not own property in those countries they resided in.

Proof of 52 weeks employment in Ireland

All Non Irish EEA Nationals may be considered for assessment for social housing support from housing authorities if:-

- a) They are in employment / self employment in the State; or
- b) where they are not currently working / employed it is because –
 - they are temporarily unable to work because of illness / accident;
 - They are recorded as involuntarily unemployed after having been employed for longer than a year, and that they are registered as a jobseeker with the Department of Social Protection and FAS.

This proof can be submitted in the form of copy P45's and/or P60's or you can request a copy of your social insurance contributions record via the www.welfare.ie website (online services and forms section).

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).

	APPLICANT	APPLICANT 2: SPOUSE/PARTNER
PLEASE STATE:	Figures Letters	Figures Letters
P.P.S. Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Birth surname [if different]	<input type="text"/>	<input type="text"/>
Current address	<input type="text"/>	<input type="text"/>
How long have you lived at this address?	Years <input type="text"/> Months <input type="text"/>	Years <input type="text"/> Months <input type="text"/>
Mother's birth surname	<input type="text"/>	<input type="text"/>
Telephone/Mobile No.	<input type="text"/>	<input type="text"/>
Date of Birth [dd/mm/yy] [Attach birth certificates]	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security No. [if applicable] with country it applies to	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>	Please state relationship of Applicant 2 to Applicant. <input type="text"/>
If you wish to receive information by e-mail, please tick	<input type="checkbox"/>	<input type="checkbox"/>

PART 2 – NATIONALITY DETAILS

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

	APPLICANT	APPLICANT 2: SPOUSE/PARTNER
PLEASE STATE:		
Place and/or Country of Birth	<input type="text"/>	<input type="text"/>
Usual language spoken	<input type="text"/>	<input type="text"/>
Citizenship status [attach proof of citizenship]	<input type="checkbox"/> Irish <input type="checkbox"/> Other EEA ¹ <input type="checkbox"/> Non-EEA	<input type="checkbox"/> Irish <input type="checkbox"/> Other EEA ¹ <input type="checkbox"/> Non-EEA
<i>If you are not an EEA national:</i>		
(i) basis of stay in Ireland [attach copy of residency permission]	<input type="text"/>	<input type="text"/>
(ii) date of entry to Ireland [dd/mm/yy]	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

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"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Legally Separated
Date of Marriage [dd/mm/yy] [attach marriage certificate]	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

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]	<input type="text"/>	<input type="text"/>
Address of employer [in the case of self-employed, please give company address]	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>
Employment status [e.g. permanent: full-time/part-time]	<input type="text"/>	<input type="text"/>
Date commenced present employment [dd/mm/yy]	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

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, P60, 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	<table border="1"> <tr> <td colspan="4">Figures</td> <td colspan="4">Letters</td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	Figures				Letters				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Figures				Letters																
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Date of Birth [dd/mm/yy] [Attach birth certificate]	<table border="1"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td>/</td><td><input type="text"/></td><td><input type="text"/></td><td>/</td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	Citizenship	<input type="checkbox"/> Irish	<input type="checkbox"/> Other EEA ¹	<input type="checkbox"/> Non-EEA							
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>													
Country of Birth	<input type="text"/>	Basis of Stay	<input type="checkbox"/> Refugee	<input type="checkbox"/> Leave to remain in Ireland	<input type="checkbox"/> Subsidiary Protection Status															
Is the household member a dependant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the household member a joint applicant?	<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]

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Country of Birth	<input type="text"/>	Basis of Stay	<input type="checkbox"/> Refugee	<input type="checkbox"/> Leave to remain in Ireland	<input type="checkbox"/> Subsidiary Protection Status															
Is the household member a dependant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the household member a joint applicant?	<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.

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

OTHER HOUSEHOLD MEMBER 1

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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] [Attach birth certificate]	__ / __ / __	Citizenship	<input type="checkbox"/> Irish <input type="checkbox"/> Other EEA ¹ <input type="checkbox"/> Non-EEA
Country of Birth	<input type="text"/>	Basis of Stay	<input type="checkbox"/> Refugee <input type="checkbox"/> Leave to remain in Ireland <input type="checkbox"/> Subsidiary Protection Status
Is the household member a dependant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the household member a joint applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT STATUS

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Weekly Income	€ <input type="text"/>	

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Is the household member a dependant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the household member a joint applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT STATUS

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<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. 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 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	Figures <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Letters <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Country of Birth	<input type="text"/>	Basis of Stay	<input type="checkbox"/> Refugee <input type="checkbox"/> Leave to remain in Ireland <input type="checkbox"/> Subsidiary Protection Status
Is the household member a dependant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the household member a joint applicant?	<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	Figures <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Letters <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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] [Attach birth certificate]	__ __ / __ __ / __ __	Citizenship	<input type="checkbox"/> Irish <input type="checkbox"/> Other EEA ¹ <input type="checkbox"/> Non-EEA
Country of Birth	<input type="text"/>	Basis of Stay	<input type="checkbox"/> Refugee <input type="checkbox"/> Leave to remain in Ireland <input type="checkbox"/> Subsidiary Protection Status
Is the household member a dependant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the household member a joint applicant?	<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 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 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 CAVAN COUNTY COUNCIL

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

Rental Information

- Tenancy start date, if renting [dd/mm/yy] ___/___/___ Weekly rent €
- Are you in arrears of rent? No Yes, state amount of arrears: €
- Have you received a notice to quit? No Yes, please state reason:

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		Reason for leaving
		From	To	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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]

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.

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:	<input type="text"/>	<input type="text"/>
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:	<input type="text"/>	<input type="text"/>
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.]	<input type="text"/>	<input type="text"/>
Any other relevant information	<input type="text"/>	<input type="text"/>

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 CHOICE 2.

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].

Cavan County Council

Cavan Town Council

- Arva
- Bailieboro
- Ballinagh
- Ballyconnell
- Ballyhaise
- Ballyjamesduff
- Bawnboy
- Belturbet
- Blacklion
- Bunnoe
- Butlersbridge
- Cootehill
- Corlough
- Dowra
- Glangevlin
- Gowna
- Killeshandra
- Kilnaleck
- Kingscourt
- Mullagh
- Redhills
- Shercock
- Stradone
- Swanlinbar
- Virginia

- Cavan Town

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]

² A household applying to Dublin City Council or to a County or Town Council, and which is either normally resident in that authority's functional area or has a local connection with it, must specify at least one area in that functional area in which it would accept an offer of social housing support. Such a household may also specify areas of choice in the functional areas of other housing authorities in the county concerned [including Dublin City Council but not Cork, Galway, Limerick or Waterford City Councils]. In this context, such a household applying to a Tipperary housing authority may specify areas of choice in other housing authority functional areas across the county.

A household applying to

(a) a City Council other than Dublin City Council, or

(b) a housing authority that agrees to consider its application, even though the household is not normally resident in, and has no local connection with, its functional area,

may specify areas that are in the functional area of the housing authority of application only.

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]

Form SHS1A – CERT OF INCOME/SALARY CERT – (to be completed by Applicants Employer)

EMPLOYMENT DETAILS

Name of Employee: _____

Length of service with the company: Years _____ Months _____

Position held within the company: _____

The exact location of employment: _____

Is employment permanent? Yes No

Is employee on probation period? Yes No

So far are you able to tell will he/she continue to be in your service? Yes No

If so, what is the maximum of such scale and by what annual increments reached?

SALARY DETAILS

	Guaranteed	Regular	Irregular
Gross basic wage/salary: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overtime: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonus: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commission: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other income*: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please give details of other income: _____

THIS SECTION IS TO BE COMPLETED BY AN AUTHORISED COMPANY OFFICAL

Signed by: _____

Position: _____

Company Name: _____

Address: _____

Please authenticate with company stamp or seal

Tel Number: _____ Date: _____

THE INFORMATION GIVEN WILL BE TREATED IN THE STRICTEST CONFIDENCE

EMPLOYMENT DETAILS

Name of Employee: _____

Length of service with the company: Years _____ Months _____

Position held within the company: _____

The exact location of employment: _____

Is employment permanent? Yes No

Is employee on probation period? Yes No

So far are you able to tell will he/she continue to be in your service? Yes No

If so, what is the maximum of such scale and by what annual increments reached?

SALARY DETAILS

	Guaranteed	Regular	Irregular
Gross basic wage/salary: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overtime: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonus: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commission: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other income*: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please give details of other income: _____

THIS SECTION IS TO BE COMPLETED BY AN AUTHORISED COMPANY OFFICAL

Signed by: _____

Position: _____

Company Name: _____

Address: _____

Please authenticate with company stamp or seal

Tel Number: _____ Date: _____

THE INFORMATION GIVEN WILL BE TREATED IN THE STRICTEST CONFIDENCE

CAVAN COUNTY COUNCIL

HPL1 FORM - Applicant 1

This form must be completed by the Revenue Commissioners and returned with every application.

YOUR FULL NAME (BLOCK LETTERS)
PREVIOUS NAME (IF ANY)
PRESENT ADDRESS
PREVIOUS ADDRESS (IF ANY)
PPS NO. (PRSI NO.)

TO BE COMPLETED BY INSPECTOR OF TAXES

I hereby certify, in accordance with my records and to the best of my knowledge, that the above named person has not previously claimed income tax relief in respect of interest paid on money borrowed to purchase or build a dwelling.

SIGNED _____ **DATE** ____/____/____

OFFICIAL STAMP

Freepost to:
Collector General, Revenue Commissioner,
Millennium Centre,
Dundalk,
Co. Louth. Contact no. 1890 777 425

CAVAN COUNTY COUNCIL

HPL1 FORM - Applicant 2

This form must be completed by the Revenue Commissioners and returned with every application.

YOUR FULL NAME (BLOCK LETTERS)
PREVIOUS NAME (IF ANY)
PRESENT ADDRESS
PREVIOUS ADDRESS (IF ANY)
PPS NO. (PRSI NO.)

TO BE COMPLETED BY INSPECTOR OF TAXES

I hereby certify, in accordance with my records and to the best of my knowledge, that the above named person has not previously claimed income tax relief in respect of interest paid on money borrowed to purchase or build a dwelling.

SIGNED _____ **DATE** ____/____/____

OFFICIAL STAMP

Freepost to:
Collector General, Revenue Commissioner,
Millennium Centre,
Dundalk,
Co. Louth. Contact no. 1890 777 425

CAVAN COUNTY COUNCIL

Form SHSW1A - Applicant 1 – Statement of Social Welfare Support received

This form must be completed by the relevant Social Welfare Office and returned with every application if you are in receipt of Social Welfare Benefits

PPSN No. NAME: _____

Address: _____

This is to certify that the above-named is in receipt of _____ (insert type of payment) in the sum of € _____ per week as follows:

Personal Rate €	Qualified Adult Allowance	Qualified Child Allowance	From	To

The total amount of Social Welfare Support paid in respect of the previous tax year was €

TO BE COMPLETED BY AN OFFICIAL OF THE DEPARTMENT OF SOCIAL WELFARE/EMPLOYMENT EXCHANGE

I hereby certify, in accordance with my records and to the best of my knowledge that the above named person is in receipt of social welfare payments.

SIGNED

DATE / /

OFFICIAL STAMP

CAVAN COUNTY COUNCIL

Form SHSW1B - Applicant 2 – Statement of Social Welfare Support received

This form must be completed by the relevant Social Welfare Office and returned with every application if you are in receipt of Social Welfare Benefits

PPSN No. NAME: _____

Address: _____

This is to certify that the above-named is in receipt of _____ (insert type of payment) in the sum of € _____ per week as follows:

Personal Rate €	Qualified Adult Allowance	Qualified Child Allowance	From	To

The total amount of Social Welfare Support paid in respect of the previous tax year was €

TO BE COMPLETED BY AN OFFICIAL OF THE DEPARTMENT OF SOCIAL WELFARE/EMPLOYMENT EXCHANGE

I hereby certify, in accordance with my records and to the best of my knowledge that the above named person is in receipt of social welfare payments.

SIGNED

DATE / /

OFFICIAL STAMP

