# Application form for

# **SOCIAL HOUSING SUPPORT**



Application to:	/ Comhairle Contae Loch Garman
(insert name of local authority)	Wexford County Council

#### 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 or Customer Service Unit of your local authority or your local Citizens Information Centre to help you.
- 2. When filling out this form, please make sure to write clearly so that your application can be processed as 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.
- Your rights as a data subject under the General Data Protection Regulation (GDPR) apply in full and will be clearly 4. set out in the relevant data protection policies and procedures for the local authority to whom you are submitting your application. If you have any query in relation to your rights under GDPR, you can contact the nominated Data Protection Officer for that local authority. Details of how to submit your query will be supplied by the local authority directly.
- This application cannot be completed without a Personal Public Service Number (PPSN) for all members of the household included on the application form. If you are not aware of the PPSN for any children for whom accommodation is sought, they can be obtained by contacting your local Social Welfare Office either by telephone or in person. Please note that you will need to have your own PPSN to hand.

- 6. You must supply the relevant supporting documentation so that your application can be processed. Please use the checklist provided to make sure you have included everything that is needed to consider your application.
- 7. This application cannot be completed without documentary evidence of income details given in this application, as outlined in the checklist below.
- In carrying out its functions under the Housing Acts of 1966-2014, the local authority may request and obtain 8. information from another local authority, the Criminal Assets Bureau, An Garda Síochána, the Department of Social Protection, the Health Service Executive (HSE), the Revenue Commissioners or an Approved Housing Body in relation to occupants or prospective occupants of, or applicants for, local authority housing. Your data may also be shared with other public bodies in accordance with our obligation to prevent and detect fraud.
- 9. Any change in the details given, particularly any change of address or income, should be notified to the local authority immediately so that your record can be updated.
- 10. Local authorities are required to report annually to the Department of Housing, Local Government and Heritage, the number of households in need of social housing support, under a process known as the Summary of Social Housing Assessments. This process may require us in the future to contact you and request you to confirm details provided on this form are accurate and up to date. Failure to respond to any such request may result in your housing application being closed. Information supplied through this process may be shared with the Local Government Management Agency and The Housing Agency for the purpose of compiling the Summary Assessment report, which is a statistical summary at national level that informs policy and future planning in terms of the national housing need.
- 11. Please ensure that you have supplied all the relevant information and supporting documentation to process your application. However, be advised that the local authority may ask for further supporting documentation at a later stage.

# **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):

1. Personal Information	
- Fully completed application form (including signed declarations)	
- Photographic identification (current passport or Irish driving licence)	
- Birth certificates for all household members	
- PPSNs for all household members	
- Marriage certificates for all applicants, where applicable	
- Proof of current address (utility bill, lease or rental statement) - for all applicants, where applicable	
- If renting, proof of tenancy agreement and Residential Tenancies Board (RTB) registration, where availa	ble
- Proof of citizenship or permission to remain in Ireland for all household members (e.g. letter from the Department of Justice or similar from Garda National Immigration Bureau).	
- Evidence of income (please arrange to have the attached Certificate of Income completed)	
<ul> <li>Employed</li> <li>Documentary evidence of the preceding 12 months' income through a combination of the following:</li> <li>The previous years' Statement of Liability and the Employment Detail Summary*, both available from Re</li> <li>Proof of the household's current income, e.g. payslips for the intervening period from Statement of Liability</li> </ul>	ability to date
of application or a Pay and Tax Summary** – (Year to Date), available from Revenue. Where Additional Contribution (ASC) is payable, the previous year's final payslip and the most recent payslip must be previous.	
Social Welfare Income  - A statement from Department of Social Protection detailing all welfare payments received over the pre	eceding
12 months. This should include the commencement and cessation date of receipt of such payments. If household is in receipt of social welfare for less than 12 months, evidence of employment income must provided (as outlined above) to cover the duration of the employment.	а
Self Employed  - A minimum of 2 years' accounts with an Auditor's Report and	
- A Notice of Assessment and/or Self-Assessment Acknowledgement letter for the preceding 12 months	
* An Employment Detail Summary for the previous year will provide information on the Income tax. PRSI and USC paid by an applicant	in the previous year

An Employment Detail Summary for the previous year will provide information on the Income tax, PRSI and USC paid by an applicant in the previous year.

<sup>\*\*</sup> An applicant's current income can be demonstrated by submitting a Pay and Tax Summary. This summary provides information on PRSI, Income tax and USC for the current year.

<b>ن</b>	. Documentation Required in Relation to Separation/Divorce	
	- Copy of separation/divorce agreement for both applicants, where applicable	
	The agreement must identify:	
	<ul> <li>The extent of maintenance being received or paid by the applicant</li> <li>The circumstances under which the maintenance payments can cease</li> </ul>	
	The circumstances under which the maintenance payments can cease	
	- If there is no agreement, a letter from the applicant's solicitor or a legal affidavit signed by a practising	
	solicitor must be included with the application. The letter should confirm:	
	That there is no formal separation agreement	
	That there are no court proceedings pending under family law legislation  The position is relation to reciptor and other payments.	
	<ul> <li>The position in relation to maintenance and other payments</li> <li>Overnight access/custody arrangements for children</li> </ul>	
	Property ownership	
	Evidence of maintenance payments received for previous 12 months, prior to the date of application	
4.	<ul> <li>Property Ownership</li> <li>If you or any member of your household currently owns property, an affidavit or any other documentation as requested by the local authority is required outlining the location, value, current status of the property and any monies being received in respect of the property.</li> </ul>	
5.	- If you are not resident in the local authority area where you are seeking housing support, please provide and the seeking housing support.	
	evidence of your local connection with that area	
	– If you or any member of your household was previously a local authority/Approved Housing Body (AHB)	
	tenant, please provide a letter from the local authority/AHB where you or the household member resided	
	setting out details in relation to the previous tenancy. This letter should include duration of tenancy, reason for leaving, arrears, any other relevant information.	
	reason for leaving, arrears, any other relevant information.	
	- If you wish to apply for a single rural house or demountable dwelling, please include necessary accompanying	
	documentation (see Part 8 of this form)	
	- If it has been deemed that your mortgage is no longer sustainable and you have exited from the Mortgage	
	Arrears Resolution Process (MARP), please include a letter from the Arrears Support Unit of your lender.	
6.	. Applications on Medical or Disability Grounds (if applicable)	
	- A completed Medical and/or Disability Information Form (HMD-Form 1), available from your local authority	
	- Occupational therapist's report in respect of any specific accommodation requirements	
	Notwithstanding the required documentation set out above at points 1-6, in certain situations for example, where a	
	particular document cannot be provided, the local authority may, at its discretion, request alternative documentation to satisfy itself in relation to the specific information being sought.	1

### **LOCAL AUTHORITY REFERENCE NO.:**

# **PART 1: PERSONAL DETAILS**

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



Ple	ase answer ALL questions and pl	ace a ti	ck (√) i	in the l	ooxes	provide	d. Please	use BLO	OCK LE	ETTERS.			
Tic	k if a joint application												
		APPL	ICAN	Т1				APP	LICAI	NT 2			
1.	PPSN	FIGURE	S				LETTERS	FIGUR	ES				LETTERS
2.	First name(s)												
	Surname												
	Birth surname (if different)												
3.	Current address												
	Eircode											I	
	How long have you lived at this address?	YEARS			MON	THS		YEARS			MONTH	НS	
4.	Telephone/mobile number												
5.	Date of birth (attach birth certificates)	D	D	M	M	Y	Y	D	D	М	М	Y	Y
6.	Gender												
7.	Marital details	Single			V	Vidowed	I	Singl	е		Wi	dowed	
		Marrie	ed		D	ivorced		Marr	ied		Div	orced	
		Civil P	artner		S	eparated	t	Civil	Partne	r	Se	parated	Н
		Cohab	oiting			egally eparated	d	Coha	biting			gally parateo	d
		Other						Othe	r				

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

## **PART 2: NATIONALITY DETAILS**

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



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

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

### **PART 3: EMPLOYMENT DETAILS**

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



1.	Emp	loyment	status

# **APPLICANT 1 APPLICANT 2** Employed (full-time or part-time) Employed (full-time or part-time) Self-employed Self-employed Participating in a Government Participating in a Government employment scheme (e.g. SOLAS employment scheme (e.g. SOLAS scheme) scheme) Unemployed (receiving social Unemployed (receiving social welfare payment) welfare payment) Pensioner/Retired Pensioner/Retired One-Parent Family Payment One-Parent Family Payment Homemaker (looking after Homemaker (looking after home/family with no income) home/family with no income) Student Student Other, please specify Other, please specify

2. Employer's name

give company name)

3. Address of employer

(in the case of self-employed,

(in the case of self-employed, please give company address)

- 5. Employment status (e.g. permanent, full-time, part-time)
- 6. Date commenced present employment

# **PART 4: WEEKLY INCOME DETAILS**

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



#### Please state gross weekly income

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

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

### Please state all weekly deductions

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

# **PART 5: DETAILS OF OTHER HOUSEHOLD MEMBERS SEEKING ACCOMMODATION**

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



		OTHI	ER HO	USEF	IOLD	MEM	BER 1	C	THE	R HO	USEH	OLD	MEM	BER 2
1.	PPSN	FIGURES	S				LETTERS	I	FIGURE	S				LETTERS
2.	First name(s)													
	Surname													
	Birth surname (if different)													
3.	Date of birth (attach birth certificate)	D	D	М	M	Y	Y	I	D	D	М	М	Y	Y
4.	Country of birth													
5.	Nationality													
6.	Gender													
7.	Marital status													
8.	Relationship to applicant													
9.	Current address													
	Eircode			I	I									
	How long has the household member lived at this address?	YEARS			MONT	HS			YEARS			MON	ГНЅ	
10.	Is the household member a dependant?	Yes			No	)		,	Yes			N	0	
	Is the household member a joint applicant?	Yes			No	)		,	Yes			N	0	

	OTHER HOUS	EHOLD N	МЕМВ	ER 1	OTH	ER HO	USEH	OLD N	<b>ІЕМВ</b>	ER 2
11. Citizenship status	Irish	UK			Irish			UK		
(attach proof of citizenship)	Other EEA*	Nor	n-EEA		Oth	er EEA*		No	n-EEA	
Date of entry to Ireland (if applicable)	D D M	М	Y	Y	D	D	M	М	Y	Y
If the household member is not an EEA or UK national:										
Basis of stay in Ireland (attach copy of residency permission)										
12. Employment status	Employed (full-tir	ne or part-	-time)		Emp	loyed (fu	ıll-time	or part	-time)	
	Self-employed				Self-	employe	ed			
	Participating in a employment schescheme)					icipating loyment me)				
	Unemployed (recovered welfare payment)	_	ial			mployed are payn		ing soc	ial	
	Pensioner/Retired	d			Pens	sioner/Re	etired			
	One-Parent Famil	ly Paymen	t		One	-Parent I	Family I	Paymen	nt	
	Homemaker (look home/family with		ie)			nemaker e/family			ne)	
	Student				Stud	ent				
	Other, please spe	ecify			Oth	er, please	e specif	У		
13. Weekly net income	€				€					
10. Weekly fiet income										

<sup>\*</sup> Please see footnote on page 06.

# **PART 6: CURRENT ACCOMMODATION**



#### **Nature of Current Tenure**

1.	Select the nature of your current tenure from the list below	2.	If you selected <b>private household</b> , please ensure that you complete the relevant sections hereunder
	Private household		Owner-occupier
	Private rented accommodation		With parents
	Local authority rented accommodation		With relatives/friends
	Approved Housing Body (AHB)	0	
	Rental Accommodation Scheme (RAS)	3.	If you selected <b>private rented accommodation</b> , please ensure that you complete the relevant sections hereunder
	Housing Assistance Payment (HAP)		In receipt of Rent Supplement
	Emergency accommodation/None		
	Other		Not in receipt of Rent Supplement
	If other, give details		State Rent Supplement amount per week
	ii other, give details		€
			Date Rent Supplement payment commenced at current address  D D M M Y Y
<b>Re</b>	Tenancy start date	3.	Have you received a Yes No notice of termination?
	D D M M Y Y		notice of termination:
	Weekly rent €		If yes, please state reason
2.	Are you in arrears Yes No of rent?		
	If yes, state		

#### What type of accommodation are you in now?

Tick box and add description. Apartment **Direct Provision** Hostel None/other centre Bed and Breakfast House Prison Flat Caravan Institution Refuge Group housing Cottage Maisonette Sheltered Halting bay accommodation Mobile home Day house Hospital Transitional accommodation Description, e.g. semi-detached, detached, terraced, bungalow, etc. Which of the following best describes your reason for seeking support? Disability grounds Involuntary sharing facilities Rent increase Eviction/notice of termination Medical grounds Unable to provide accommodation from Fire/other damage Overcrowded own resources Homeless Parent/family home Unfit accommodation (involuntary sharing) Unsustainable mortgage Other, give details Please indicate the facilities available to your household in its current accommodation Kitchen Bathroom Water supply - cold Bedroom - specify number Living room Water supply - hot Central heating Toilet

# **PART 7: ACCOMMODATION HISTORY**

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



A	ldress	Nature of tenure (e.g. owner, private	Date at address		Reason for leaving
		rented, staying with relative, etc.)	From DD/MM/YY	To DD/MM/YY	
			-	_	
			-		
			-	_	
			-	_	
			-	_	
	ormation about any l commodation	ocal authority/Approve	d Housing Body/	Rental Accommod	ation Scheme (RAS)
1.	or an Approved Housing	ncluding dates and duration g Body, previously let or solo ocal authority where you or ous tenancy.	d to the household o	or any household men	nber <b>at any time in the</b>
2.		ncluding dates and duration under a <b>Rental Accommod</b> a			

# **PART 8: HOUSING REQUIREMENTS**



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

Yes	No	Prefer not to say
Please indicate the type of so	cial housing support that best meet	ts your needs
Adapted housing	Improvement Works In Lieu scheme (IWILs)	Site for private house
Approved Housing Body (AHB)	Rental Accommodation	Transfer (include rent account number below if applicable)*
Demountable dwelling (see below)	Scheme (RAS)	
Extension to local authority house	Rented local authority accommodation	Traveller group housing
Housing Assistance	Single level housing	Traveller halting site bay
Payment (HAP)*	Single rural dwelling (see below)	Wheelchair livable
<ol> <li>Legal evidence of a right of way</li> <li>Details of all lands in your own that the lands are registered in</li> <li>A written declaration of intenti</li> <li>A written acceptance from you on the lands, subject to you qu</li> <li>Any other documents, such as</li> </ol>	y for the authority to the lands from the rership, including title documentation or a your ownership or the ownership of the on to transfer the site to the local author (or the owner of the lands) that the final alifying for social housing support, is at the site location/layout maps, requested by the social housing support.	a signed affidavit from a solicitor confirming person providing the site. rity free of charge. decision on the location of the proposed cottaghe sole discretion of the local authority. the authority in connection with the application
Name and address of owner of pr	oposed site: Exact loca	ation of site (incl. townland):

<sup>\*</sup> Separate application forms are required, discuss with your local authority.

#### **Demountable Dwelling**

The following must be provided:

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

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

#### **Accommodation on Medical or Disability Grounds**

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

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

### **PART 9: BASIS FOR APPLICATION**



Basis for application to:

(insert name of local authority)

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

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

#### Note: local connection means:

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

1.	Please indicate the basis for your application as follows (only on	e box should be ticked):							
	Household is normally resident in the local authority area								
	Household has a local connection with the local authority area Please specify the nature of the local connection (see note above	re)							
	The local authority should consider the application for social housing support for the following reason(s)								
2.	Are you or any household member currently on the housing list any other local authority?	of Yes No							
	If yes, please provide the name of the household member and the housing support.	ne local authority to which they have applied for soci	ial						
	Household member:	Local authority:							

#### Areas of Choice\*

Please tick the areas, within the local 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.

Enniscorthy	Gorey- Kilmuckridge	New Ross	Rosslare	Wexford
Ballindaggin	Ballycanew	Adamstown	Bridgetown	Barntown
Ballyhogue	Ballygarrett	Arthurstown	Carrig-on Bannow	Castlebridge
Bree	Ballymurn Upper	Ballycullane	Clongeen	Crossabeg
Bunclody	Blackwater	Ballywilliam	Duncormick	Curracloe
Caim	Boolavogue	Campile	Foulksmills	Glynn
Castledockrell	Camolin	Clonroche	Killinick	Screen
Clohamon	Coolgreaney	Duncannon	Kilmore	Wexford
Davidstown	Craanford	Fethard-on-Sea	Kilmore Quay	
Enniscorthy	Glenbrien	Killane	Kilrane	
Ferns	Gorey	New Ross	Murrintown	
Kilmyshall	Hollyfort	Newbawn	Our Lady's Island	
Kiltealy	Killinerin	Rathnure	Piercestown	
Marshalstown	Kilmuckridge	Terrerath	Rosslare Harbour	
	Monageer		Rosslare Strand	
	Monamolin		Taghmon	
	Oilgate		Tagoat	
	Oulart		Tomhaggard	
	Riverchapel /			
	Courtown		Wellingtonbridge	
	The Ballagh			

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

### PART 10: OTHER PROPERTY INFORMATION

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



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

# PART 11: PUBLIC ORDER OFFENCES AND OTHER INFORMATION



No

#### **Public Order Offences**

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

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

Yes

Section 5: Disorderly conduct in public place

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

Section 7: Distribution or display in public place of material which is threatening, abusive, insulting or obscene

Section 14: Riot

Section 15: Violent disorder, or

Section 19: Assault or obstruction of peace officer

es', please give details (including name, address and details of conviction)	:		
tions 3, 3A and 4 of the Housing (Miscellaneous Provisions) Act 1997:	Yes	No	
es', please give details (including name, address and details of excluding c	rder/interim	n excluding order):	
=			
	Yes	No	
es', please give details (including name, address and details of conviction)	:		
	Yes	No	
es', please give details (including name, address and details of conviction)	:		
	ctions 3, 3A and 4 of the Housing (Miscellaneous Provisions) Act 1997: oject of an excluding order or interim excluding order  (es', please give details (including name, address and details of excluding of excluding of the Criminal Justice Act 2006: failure to comply with ehaviour order  (es', please give details (including name, address and details of conviction)  etion 257F of the Children Act 2001 (No. 24 of 2001): failure to comply habehaviour order.	etions 3, 3A and 4 of the Housing (Miscellaneous Provisions) Act 1997: Yes object of an excluding order or interim excluding order  (es', please give details (including name, address and details of excluding order/intering etion 117 of the Criminal Justice Act 2006: failure to comply with ehaviour order  (es', please give details (including name, address and details of conviction):	ctions 3, 3A and 4 of the Housing (Miscellaneous Provisions) Act 1997: Yes No object of an excluding order or interim excluding order  (es', please give details (including name, address and details of excluding order/interim excluding order):  (ction 117 of the Criminal Justice Act 2006: failure to comply with Yes No ehaviour order  (es', please give details (including name, address and details of conviction):

Othor	Inforr	nation
Other	HIUULI	паноп

5.	Have you						on this	applica	tion for	m,	`	Yes			No	
6.	If 'Yes', pl	ease st	ate ado	dress aı	nd date	s of oc	cupancy									
	Address															
	From	D	D	M	M	Y	Y		То	D	D	M	M	Y	Y	
7.	Have you If 'Yes', pl															
	PART	12:	: 01	ΉE	R IN	IFO	RMA	ATIC	ON							
	ase provic ou need r						might c	onsider	releva	nt to y	our app	licatio	า.			

# Application for SOCIAL HOUSING SUPPORT DECLARATION

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

#### Collection and Use of Personal Data

ALL data supplied by you when completing this form (including any personal data you submit) will be used for the purposes of assessing and administering your application for Social Housing Support. The law allows this local authority in certain circumstances to share your data with other public bodies. For example, we may share your data with the Central Statistics Office under the Statistics Act 1993. The data supplied by you when completing this application may be shared with the Local Government Management Agency (LGMA) and The Housing Agency in order to fulfil a statutory requirement to provide an annual Summary of Social Housing Assessments, including the production at a national level of statistical reports that inform policy and future planning in terms of the national housing need.

In carrying out its functions under the Housing Acts of 1966-2014, the local authority may request and obtain information from other organisations. These include another local authority, the Criminal Assets Bureau, An Garda Síochána, the Department of Social Protection, the Health Service Executive (HSE), the Revenue Commissioners or an Approved Housing Body in relation to current or prospective occupants of, or applicants for, local authority housing. Your data may also be shared with other public bodies in accordance with our obligation to prevent and detect fraud.

Your rights as a data subject under the Ge	neral Data Protection Regula	tion (GDPR) apply in full and are clearly
set out in	Privacy Statement. Copies of this	
are available from		
If you have any questions about your right	s under GDPR, you can cont	act
Data Protection Officer, or you may also co	ontact the Data Protection C	Commission (DPC).
For more information, please contact		
Tel:	Email:	

#### **Declaration**

1.	I (or we) declare that the information and details given by me (or us) on this application are true and correct.
2.	I (or we) promise to notify the local authority of any change in my (or our) household circumstances such as our address, the people who make up the household, their wages or payments, or medical conditions if this changes from the details we gave on this form.
3.	I (or we) also agree that the local authority can make whatever enquiries it considers necessary to check that the details of this application are correct.
4.	I am (or we are) aware that it is against the law to give false information on this form and that I (or we) can be prosecuted for doing that.
5.	I (or we) understand that my (or our) personal data will be shared with the LGMA, and The Housing Agency for the purposes set out above.
6.	I (or we) understand that my (or our) personal data will be shared with other public bodies only as provided by law.
7.	I (or we) understand that a failure to respond to a request for updated information, as part of the Summary of Social Housing Assessments process, may result in my (or our) housing application being closed.
	plicant 1
Sig	ned Date D M M Y Y
Αр	plicant 2
Sig	ned Date D M M Y Y