



STATUTORY INSTRUMENTS.

**S.I. No. 84 of 2011**

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SOCIAL HOUSING ASSESSMENT REGULATIONS 2011

**(Prn. A11/0333)**

## SOCIAL HOUSING ASSESSMENT REGULATIONS 2011

I, MICHAEL FINNERAN, Minister of State at the Department of the Environment, Heritage and Local Government, in exercise of the powers conferred on me by sections 3, 20 and 32 of the Housing (Miscellaneous Provisions) Act 2009 (No. 22 of 2009) and the Environment, Heritage and Local Government (Delegation of Ministerial Functions) Order 2011 (S.I. No. 65 of 2011), hereby make the following regulations:

## Part 1

## PRELIMINARY AND GENERAL

*Citation*

1. These Regulations may be cited as the Social Housing Assessment Regulations 2011.

*Commencement*

2. These Regulations come into operation on 1 April 2011.

*Interpretation*

3. (1) In these Regulations-

“alternative accommodation” means, in respect of a household applying for social housing support, accommodation other than the accommodation currently occupied by the household and, in cases where one or more than one household member is currently living apart from the household, includes the accommodation currently occupied by such member or members;

“application area” means the functional area of one or more than one housing authority in which a household may, in accordance with Regulations 8 and 9, specify areas of choice for the receipt of social housing support

“area of choice” means an area determined by a housing authority in which a household, in accordance with Regulations 8 and 9, may specify that it wishes to receive social housing support;

“functional area” shall be construed within the meaning of section 23(2) of the Act of 1992;

“housing authority of application” means the housing authority to which a household, in accordance with Regulation 5, applies for social housing support;

“PPS Number”, in relation to a person, means the person’s Personal Public Service Number within the meaning of section 262 of the Act of 2005;

*Notice of the making of this Statutory Instrument was published in  
“Iris Oifigiúil” of 1st March, 2011.*

“qualified household” means a household that is determined by a housing authority to be qualified for social housing support;

“relative” refers to a person who is not a member of the household applying for social housing support and means, as regards a member of such a household, a parent, adult child or sibling and may include another relative, such as a step-parent, grandparent, grandchild, aunt or uncle, who has close links with the household member in the form of commitment or dependence;

“the Act of 1966” means the Housing Act 1966 (No. 21 of 1966);

“the Act of 2001” means the Local Government Act 2001 (No. 37 of 2001);

“the Act of 2005” means the Social Welfare Consolidation Act 2005 (No. 26 of 2005); and

“the Act of 2009” means the Housing (Miscellaneous Provisions) Act 2009 (No. 22 of 2009).

- (2) (a) References in these Regulations to a city, county, or town shall be construed in accordance with section 10 of the Act of 2001.
- (b) References in these Regulations to a city council, a county council or a town council shall be construed in accordance with section 11 of the Act of 2001.

## Part 2

### APPLICATION FOR SOCIAL HOUSING SUPPORT

#### *Application form*

4. (1) A housing authority may require a household to complete an application in the prescribed form in order to be assessed for social housing support where:

- (a) the authority is considering carrying out a social housing assessment in respect of the household under Regulation 13, or
- (b) the household was included in the most recent assessment of housing need made under section 9(2) of the Housing Act 1988 (No. 28 of 1988) and the authority proposes to review its qualification for social housing support.

(2) In all cases other than those referred to in paragraph (1), a household seeking social housing support shall complete an application in the prescribed form.

#### *Housing authority of application*

5. A household may apply for social housing support to one housing authority only (the “housing authority of application”), which authority shall be either–

- (a) the housing authority for the functional area in which the household normally resides, or
- (b) the housing authority for the functional area with which the household has a local connection, or
- (c) the housing authority that agrees, at its discretion, to conduct a social housing assessment in respect of that household on receipt of an application from the household.

*Local connection with the functional area of a housing authority*

6. A housing authority of application shall, in determining if a household has a local connection with its functional area, have regard to whether:

- (a) a household member resided for a continuous 5-year period at any time in the area concerned, or
- (b) the place of employment of a household member is in the area concerned or is located within 15 kilometres of the area, or
- (c) a household member is in full-time education in any university, college, school or other educational establishment in the area concerned, or
- (d) a household member with an enduring physical, sensory, mental health or intellectual impairment is attending a medical or residential establishment in the area concerned that has facilities or services specifically related to such impairment, or
- (e) a relative of a household member resides in the area concerned and has resided there for a minimum period of 2 years.

*Areas of choice*

7. (1) For the purposes of enabling households to specify areas of choice, a housing authority may divide its functional area into 2 or more than 2 areas of choice.

(2) Where the functional area of a housing authority is not divided into areas of choice, such functional area shall be deemed to be a single area of choice for the purposes of these Regulations.

8. (1) A household applying for social housing support shall specify one area of choice in the functional area of the housing authority of application and may, in accordance with paragraph (2), specify one or 2 other areas of choice.

(2) (a) In the case of an application under Regulation 5(a) or (b)-

- (i) where the housing authority of application is Dublin City Council or one of the county councils of Dun Laoghaire-Rathdown, Fingal or South Dublin, any other area of choice specified by the

household shall be in the functional areas of those housing authorities,

- (ii) where the housing authority of application is a county council or town council in the counties of North Tipperary or South Tipperary, any other area of choice specified by the household shall be in the functional areas of the housing authorities in those counties,
  - (iii) where the housing authority of application is a county council or town council other than those referred to in subparagraphs (i) and (ii), any other area of choice specified by the household shall be in the functional areas of the housing authorities in the county concerned, and
  - (iv) where the housing authority of application is a city council other than Dublin City Council, any other area of choice specified by the household shall be in the functional area of the housing authority of application.
- (b) In the case of an application under Regulation 5(c), any other area of choice specified by the household shall be in the functional area of the housing authority of application.

9. (1) Subject to paragraph (2), a qualified household may notify the housing authority of application that it wishes to change one or more than one area of choice in the application area.

(2) A change in an area of choice under paragraph (1) shall comply with the following conditions:

- (a) the household may not change an area of choice within the period of 12 months following notification of that area of choice to the housing authority of application,
- (b) where a household notifies the housing authority of application that it no longer wishes to receive social housing support in an area of choice that it previously specified, the household may not, within the period of 12 months following such notification, change its preferences so as to specify that area of choice again, and
- (c) the total number of areas of choice specified by the household at any time shall not exceed 3.

(3) Where a qualified household changes its areas of choice to specify an area of choice in the functional area of a housing authority in the application area in which it was not, immediately prior to the change, recorded as qualified for social housing support, the date of entry of the household on that housing authority's record of qualified households shall be the date on which the housing authority of application receives notice of the change in the area of choice.

- (4) A qualified household that applied for social housing support-
- (a) under Regulation 5(a) or (b), to one of the city councils of Cork, Galway, Limerick or Waterford, or
  - (b) under Regulation 5(c),

shall be deemed to have withdrawn its application where the household notifies the housing authority of application that it no longer wishes to receive such support in its functional area.

(5) Where a qualified household that applied for social housing support under Regulation 5(a) or (b) to a housing authority other than the city council of Cork, Galway, Limerick or Waterford no longer wishes to receive social housing support in the functional area of the housing authority of application, the household may qualify, or continue to be qualified, for social housing support in the functional area of another housing authority in the application area, provided that, at the time the housing authority of application receives notice of the change in the household's wishes, the household is normally resident in, or has a local connection with, the functional area of a housing authority in the application area.

### Part 3

#### CONDUCT OF SOCIAL HOUSING ASSESSMENT

##### *Scope of assessment*

10. Where a household seeking social housing support specifies, in accordance with Regulation 8 or 9, an area of choice in the functional area of a housing authority other than the housing authority of application, the social housing assessment carried out by the housing authority of application shall include a determination of the household's qualification for social housing support in such functional area.

11. (1) Subject to paragraph (2), a household shall, within 4 weeks of being requested to do so by the housing authority of application, provide to the authority such additional information, including documents and other particulars, sought by the authority for the purpose of verifying information relating to an application for social housing support.

(2) Where requested by the household for stated reasons, the housing authority of application may agree to an extension of the period of 4 weeks referred to in paragraph (1) for providing the additional information requested under the said paragraph.

12. (1) Subject to proper completion of the application form by the household and to paragraph (2), the housing authority of application shall deal with the application within a period of 12 weeks of receipt or, where the authority has requested additional information for the purpose of verifying information relating to the application, within 6 weeks of the receipt of such additional information.

(2) Subject to paragraph (4), where the housing authority of application is unable to deal with an application within the relevant period specified in paragraph (1), the authority shall, before the expiration of the period concerned, notify the household accordingly, specifying the reason therefor and the further period within which the authority expects to deal with the application.

(3) Subject to paragraph (4), a housing authority of application may, where necessary and for stated reasons, extend the further period referred to in paragraph (2) and shall notify the household accordingly.

(4) Any extension to a period granted by a housing authority under paragraph (2) or (3) shall expire on or before the effluxion of 14 weeks following the expiry of the relevant period referred to in paragraph (1).

*Rent supplement*

13. A housing authority may carry out a social housing assessment where a household has been in receipt of a supplement under section 198(3) of the Act of 2005 towards the amount payable by the household in respect of the household's residence for a continuous period of—

(a) 18 months or more, or

(b) such lesser period as the authority considers appropriate, having regard to the number of qualified households and the availability of social housing support in its functional area.

*Sequencing of assessment*

14. In carrying out a social housing assessment, the housing authority of application shall, in the first instance, assess the household's eligibility for social housing support and if the authority determines that the household is not eligible for such support, the authority shall not proceed to assess the household's need for such support.

*Notification of determination of household's qualification for support*

15. (1) On determining a household's qualification for social housing support, the housing authority of application shall forthwith notify the household concerned and, where the household is not so qualified, shall set out the reason therefor.

(2) Where the housing authority of application determines that a household is qualified for social housing support, that authority shall, within 4 weeks, notify its determination to the housing authority for any other functional area to which the determination applies.

*Date of entry on record of qualified households*

16. A household shall be deemed to be entered on a housing authority's record of qualified households on the date that the housing authority of application determines that the household is qualified for social housing support, except that-

- (a) where the housing authority of application did not seek additional information from the household under Regulation 11 and did not determine the household's qualification for social housing support within the period of 12 weeks from the date of receipt of a properly completed application form, the household shall be deemed to be entered on an authority's record of qualified households on the date of expiry of the said period of 12 weeks, or
- (b) where the housing authority of application sought additional information from the household under Regulation 11 and did not determine the household's qualification for social housing support within the period of 6 weeks from the date of receipt of such additional information, the household shall be deemed to be entered on an authority's record of qualified households on the date of expiry of the said period of 6 weeks.

#### Part 4

##### ELIGIBILITY FOR SOCIAL HOUSING SUPPORT

###### *Calculation of income*

17. A household's income shall be calculated for the purposes of these Regulations in accordance with written guidance issued by the Minister to housing authorities (in these Regulations referred to as a "household means policy").

###### *Income limits*

18. A household with an income in excess of the income threshold set by a housing authority shall be ineligible for social housing support in the functional area of that authority.

19. (1) A maximum income threshold of €30,000 applies to a household comprising one person that is seeking social housing support in the functional area of a housing authority specified in the Table to this Regulation.

(2) The maximum income threshold specified in paragraph (1) may be increased by—

- (a) 5% in respect of each additional household member aged 18 years or more, subject to a maximum increase of 10% under this subparagraph, and
- (b) 2.5% in respect of each household member aged less than 18 years, subject to a maximum increase of 10% under this subparagraph.

(3) Each housing authority specified in the Table to this Regulation shall set the maximum income threshold calculated in accordance with paragraphs (1) and (2) as its income threshold, except where such authority, having regard to the market rent in respect of, and the average purchase prices for, dwellings in its administrative area, decides to set a lower income threshold for a household comprising one person, in which case the authority shall adjust such threshold



for households comprising more than one person in accordance with paragraph (2).

TABLE

<b>County Councils</b>	<b>City Councils</b>	<b>Town Councils</b>
Dún Laoghaire-Rathdown	Cork	Athy
Fingal	Dublin	Kells
Kildare	Galway	Naas
Meath		Navan
South Dublin		Trim

20. (1) A maximum income threshold of €25,000 applies to a household comprising one person that is seeking social housing support in the functional area of a housing authority specified in the Table to this Regulation.

(2) The maximum income threshold specified in paragraph (1) may be increased by either or both—

- (a) 5% in respect of each additional household member aged 18 years or more, subject to a maximum increase of 10% under this subparagraph, and
- (b) 2.5% in respect of each household member aged less than 18 years, subject to a maximum increase of 10% under this subparagraph.

(3) Each housing authority specified in the Table to this Regulation shall set the maximum income threshold calculated in accordance with paragraphs (1) and (2) as its income threshold, except where such authority, having regard to the market rent in respect of, and the average purchase prices for, dwellings in its administrative area, decides to set a lower income threshold for a household comprising one person, in which case the authority shall adjust such threshold for households comprising more than one person in accordance with paragraph (2).

TABLE

<b>County Councils</b>	<b>City Councils</b>	<b>Borough or Town Councils</b>
Cork	Limerick	Clonakilty
Kerry	Waterford	Cobh
Kilkenny		Drogheda
Limerick		Dundalk
Louth		Enniscorthy
Wexford		Fermoy
		Kilkenny
		Killarney
		Kinsale

County Councils	City Councils	Borough or Town Councils
		Listowel
		Macroom
		Mallow
		Midleton
		New Ross
		Skibbereen
		Tralee
		Wexford
		Youghal

21. (1) A maximum income threshold of €20,000 applies to a household comprising one person that is seeking social housing support in the functional area of a housing authority other than those specified in the Tables to Regulations 19 and 20.

(2) The maximum income threshold specified in paragraph (1) may be increased by either or both—

(a) 5% in respect of each additional household member aged 18 years or more, subject to a maximum increase of 10% under this subparagraph, and

(b) 2.5% in respect of each household member aged less than 18 years, subject to a maximum increase of 10% under this subparagraph.

(3) Each housing authority referred to in paragraph (1) shall set the maximum income threshold calculated in accordance with paragraphs (1) and (2) as its income threshold, except where such authority, having regard to the market rent in respect of, and the average purchase prices for, dwellings in its administrative area, decides to set a lower income threshold for a household comprising one person, in which case the authority shall adjust such threshold for households comprising more than one person in accordance with paragraph (2).

*Alternative accommodation*

22. (1) A household shall be ineligible for social housing support if it has alternative accommodation that the household could reasonably be expected to use to meet its housing need, either by occupying it or by selling the accommodation and using the proceeds to secure suitable accommodation suitable for the household's adequate housing.

(2) A household shall be deemed to have alternative accommodation of the type referred to in paragraph (1), if the accommodation is owned by a household member and—

(a) such accommodation is vacant, or

- (b) if such accommodation is let, the tenancy may be terminated on the grounds specified in paragraphs 3 or 4 of the Table to section 34 of the Residential Tenancies Act 2004 (No. 27 of 2004), or
- (c) such accommodation is occupied by a person other than a person—
  - (i) whose marriage to a household member has been dissolved,
  - (ii) who is married to a household member but who is separated from him or her under an order of a court of competent jurisdiction or by a deed of separation, or
  - (iii) whose civil partnership, within the meaning of the Civil Partnership and Certain Rights and Obligations of Cohabitants Act 2010 (No. 24 of 2010), or whose legal relationship of a kind referred to in section 3(b) of the said Act, with a household member has been dissolved.

(3) In determining whether alternative accommodation would meet a household's housing need, if the household were to occupy it, the housing authority of application shall have regard to the matters referred to in paragraphs (b) to (d) of Regulation 23 in respect of that accommodation.

## Part 5

### NEED FOR SOCIAL HOUSING SUPPORT

#### *Housing need criteria*

23. In determining a household's need for social housing support, the housing authority of application shall have regard to the following matters relating to the household's current accommodation—

- (a) whether it is an institution, emergency accommodation or a hostel,
- (b) whether it is overcrowded within the meaning of section 63 of the Act of 1966,
- (c) its fitness for human habitation, having regard to the matters set out in the Second Schedule to the Act of 1966,
- (d) the extent to which it meets any accommodation requirement arising from the enduring physical, sensory, mental health or intellectual impairment of a household member
- (e) where it is shared with another household, whether the household that has applied for social housing support has a reasonable requirement for separate accommodation, and
- (f) whether it is unsuitable for the household's adequate housing—
  - (i) in any other material respect, having regard to particular household circumstances, or

- (ii) on exceptional medical or compassionate grounds.

## Part 6

### CONSIDERATIONS RELATING TO PROVISION OF SOCIAL HOUSING SUPPORT

#### *Classification of accommodation need and requirements*

24. For the purposes of determining the form of social housing support appropriate for a qualified household, a housing authority of application shall, in its record of qualified households—

- (a) classify the household's accommodation need by reference to the following matters:
  - (i) the total number of persons in the household, and
  - (ii) the total number of persons of each gender in the household aged 18 years of more, the total number of persons of each gender aged less than 18 years and their inter-relationships;
- (b) classify any specific accommodation requirements of the household by reference to whether one, or more than one household member—
  - (i) is aged 65 years or more,
  - (ii) is a traveller within the meaning of section 2 of the Housing (Traveller Accommodation) Act (No. 33 of 1998),
  - (iii) is homeless within the meaning of section 2 of the Act of 1988, or
  - (iv) has an enduring physical, sensory, mental health or intellectual impairment; and
- (c) specify any specific accommodation requirement of the household, other than those classified under subparagraph (b)(iv), that arises from exceptional medical grounds for the determination that the household is qualified for social housing support.

#### *Support previously provided*

25. In making a determination as to the most appropriate form of social housing support for a qualified household, a housing authority shall not consider the provision of the social housing supports referred to in paragraphs (a), (c) and (d) of section 19(2) of the Act of 2009 where a household member—

- (a) damaged a dwelling or site previously provided by any housing authority and neither repaired the property nor paid for the cost of repairing the property,
- (b) was previously a tenant of a dwelling or site provided by a housing authority and either or both-

- (i) incurred arrears of rent for an accumulated period of 12 weeks or more in any period of 3 years as such tenant, which arrears have not been paid and the household member concerned has not entered into an arrangement with the housing authority for the payment of such moneys, and
- (ii) breached the terms of the tenancy agreement, in consequence of which the housing authority terminated the tenancy.

## Part 7

### UPDATE AND REVIEW OF SOCIAL HOUSING ASSESSMENTS

#### *Update of assessment record*

26. Where a housing authority of application becomes aware of changes in household circumstances or of other information relevant to the social housing assessment carried out in respect of a qualified household, the authority shall

- (a) update its records of the assessment and qualified households accordingly, and
- (b) notify the housing authority for any other functional area to which the assessment relates of the update, which authority shall update its records of the assessment and qualified households accordingly.

#### *Review of assessment*

27. (1) A review of a social housing assessment by a housing authority shall involve a fresh determination of whether the household concerned qualifies for social housing support and, where the assessment applied to the functional area of more than one housing authority, the fresh determination shall apply to each such functional area.

(2) A housing authority shall have the same powers in reviewing a social housing assessment as a housing authority of application has in carrying out a social housing assessment.

(3) For the avoidance of doubt, in order for a household to qualify for social housing support on review of a social housing assessment, the housing authority carrying out the review must be satisfied that the household fulfils the requirements of Regulations 5 to 9.

#### *Discretion to review an assessment*

28. A housing authority of application may—

- (a) where it becomes aware of changes in household circumstances or of other information relevant to the social housing assessment carried out in respect of a qualified household, or
- (b) whenever it considers it appropriate,

review the social housing assessment carried out in respect of the household.

*Requirement to review an assessment*

29. Where a housing authority is considering the provision, or the facilitation of the provision, of social housing support to a qualified household, the authority shall review the social housing assessment carried out in respect of that household.

*Notification where household no longer qualifies for support*

30. Where a housing authority reviews the social housing assessment of a qualified household and determines that the household is no longer qualified for social housing support, the authority shall forthwith notify the household and the housing authority for any other functional area to which the determination applies, setting out the reason therefor.

SCHEDULE  
APPLICATION FORM FOR SOCIAL HOUSING SUPPORT

(Regulation 4)

**APPLICATION TO \_\_\_\_\_ [i] \_\_\_\_\_ FOR SOCIAL HOUSING SUPPORT**

**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.

[i] [Insert name of housing authority]

**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:	[ii]	Tel:
		Tel:
		Tel:

[ii] [Insert contact details for housing authority]



## 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
- PPS Numbers for all household members
- Marriage certificates for all applicants, where applicable
- Proof of current address [utility bill, lease or rental statement] – for both spouse/partner, where applicable
- 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 [please arrange to have the attached Certificate of Income completed]
- Employed*
- an up-to-date P60 and/or a minimum of 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
- 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

**APPLICATION FOR SOCIAL HOUSING SUPPORT****CHECKLIST FOR APPLICANTS [Continued]**

**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]:**

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**

<b>Housing Authority Reference No.:</b>	
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Please answer ALL questions and place a tick (✓) in the boxes provided. Please use **BLOCK LETTERS**.

<b>PART 1 – PERSONAL DETAILS</b>	<b>[Tick if Joint Application] <input type="checkbox"/></b>																							
Please complete the following in respect of yourself and Applicant 2: spouse/partner (if applicable).																								
	<b>APPLICANT</b>	<b>APPLICANT 2: SPOUSE/PARTNER</b>																						
<b>PLEASE STATE:</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: small;">Figures</td> <td style="border-bottom: 1px solid black; width: 15px; height: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px; height: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px; height: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px; height: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px; height: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px; height: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px; height: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px; height: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px; height: 15px;"></td> <td style="text-align: center; font-size: small;">Letters</td> </tr> </table>	Figures										Letters	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: small;">Figures</td> <td style="border-bottom: 1px solid black; width: 15px; height: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px; height: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px; height: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px; height: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px; height: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px; height: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px; height: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px; height: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px; height: 15px;"></td> <td style="text-align: center; font-size: small;">Letters</td> </tr> </table>	Figures										Letters
Figures										Letters														
Figures										Letters														
P.P.S. Number	<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]	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px;"></td> </tr> </table>											<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px;"></td> </tr> </table>												
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"/>																						

<b>PART 2 – NATIONALITY DETAILS</b>																						
Please complete the following in respect of yourself and Applicant 2: spouse/partner (if applicable).																						
	<b>APPLICANT</b>	<b>APPLICANT 2: SPOUSE/PARTNER</b>																				
<b>PLEASE STATE:</b>																						
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 <sup>1</sup> <input type="checkbox"/> Non-EEA	<input type="checkbox"/> Irish <input type="checkbox"/> Other EEA <sup>1</sup> <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]	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px;"></td> </tr> </table>											<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px;"></td> <td style="border-bottom: 1px solid black; width: 15px;"></td> </tr> </table>										

<sup>1</sup> 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.

**Supporting documentation will have to be provided to the local authority**

**PART 3 – MARITAL DETAILS**

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

Are you?	<b>APPLICANT</b>		<b>APPLICANT 2: SPOUSE/PARTNER</b>	
	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed
	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced
	<input type="checkbox"/> Civil Partner	<input type="checkbox"/> Separated	<input type="checkbox"/> Civil Partner	<input type="checkbox"/> Separated
	<input type="checkbox"/> Cohabiting	<input type="checkbox"/> Legally Separated	<input type="checkbox"/> Cohabiting	<input type="checkbox"/> Legally Separated
	<input type="checkbox"/> Other		<input type="checkbox"/> Other	
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).

	<b>APPLICANT</b>	<b>SPOUSE/PARTNER</b>
Employment Status	<input type="checkbox"/> Employed [Full-Time or Part-Time] <input type="checkbox"/> Self-Employed <input type="checkbox"/> Employed in Back to Work/FAS 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/FAS 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]	_ / _ / _	_ / _ / _

Supporting documentation will have to be provided to the local authority

**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	€ <input type="text"/>	€ <input type="text"/>
Self-Employment	€ <input type="text"/>	€ <input type="text"/>
<b>Social Welfare</b> - Payment Type(s)	<input type="text"/>	<input type="text"/>
- social welfare [Total]	€ <input type="text"/>	€ <input type="text"/>
Maintenance received [if applicable]	€ <input type="text"/>	€ <input type="text"/>
Other income sources	€ <input type="text"/>	€ <input type="text"/>
Please specify	<input type="text"/>	<input type="text"/>
<b>Weekly Deductions</b>		
PAYE	€ <input type="text"/>	€ <input type="text"/>
PRSI	€ <input type="text"/>	€ <input type="text"/>
Universal Social Charge	€ <input type="text"/>	€ <input type="text"/>
Other [e.g. maintenance payments]	€ <input type="text"/>	€ <input type="text"/>
Please specify	<input type="text"/>	<input type="text"/>

Supporting documentation will have to be provided to the local authority

PART 6 – DETAILS OF OTHER HOUSEHOLD MEMBERS SEEKING ACCOMMODATION [i.e. excluding Applicant and Applicant 2: Spouse/Partner]			
<b>OTHER HOUSEHOLD MEMBER 1</b>			
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"/> Letters <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 <sup>1</sup> <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	
<b>EMPLOYMENT STATUS</b>			
<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/FAS 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]			
<b>OTHER HOUSEHOLD MEMBER 2</b>			
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"/> Letters <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 <sup>1</sup> <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	
<b>EMPLOYMENT STATUS</b>			
<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/FAS 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.

<sup>1</sup> Please see footnote 1. on page [insert page number]

Supporting documentation will have to be provided to the local authority

**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]

Supporting documentation will have to be provided to the local authority

**PART 8 - BASIS FOR APPLICATION TO \_\_\_\_\_ [i]**

Please indicate the basis for your application to \_\_\_\_\_ [i] 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]:



**Supporting documentation will have to be provided to the local authority**

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 style="width: 100%;" 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. <input style="width: 100%;" type="text"/>			
Please provide directions to your current accommodation. <input style="width: 100%; height: 50px;" type="text"/>			
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"/> Central Heating	<input type="checkbox"/> Water supply - COLD	<input type="checkbox"/> Water supply - HOT	<input type="checkbox"/> Bedroom - specify number <input style="width: 20px;" type="text"/>
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 style="width: 50px;" 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 style="width: 100%;" type="text"/>	
Rental Information			
Tenancy start date, if renting [dd/mm/yy] ___/___/___		Weekly rent	€ <input style="width: 100%;" type="text"/>
Are you in arrears of rent?		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes, state amount of arrears: € <input style="width: 100%;" type="text"/>
Have you received a notice to quit?		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes, please state reason: <input style="width: 100%;" type="text"/>
<b>NOTE: Please indicate name and address of either the landlord or agent as applicable</b>			
Landlord's Name	<input style="width: 100%;" type="text"/>	Agent's Name	<input style="width: 100%;" type="text"/>
Landlord's Address	<input style="width: 100%;" type="text"/>	Agent's Address	<input style="width: 100%;" type="text"/>

Supporting documentation will have to be provided to the local authority

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 style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>
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**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		
	APPLICANT	OTHER HOUSEHOLD MEMBER
<b>Other Property</b>		
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:		
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:		
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.]		
Any other relevant information		

## Supporting documentation will have to be provided to the local authority

**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]

## Supporting documentation will have to be provided to the local authority

<b>PART 13 - HOUSING REQUIREMENTS</b>		
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		
<b>Single Rural Houses</b>		
Name and Address of Owner of Proposed Site [incl. townland]		<p>Note: The site to be transferred must be clear of any burdens, financial or otherwise. The following must be provided:</p> <ol style="list-style-type: none"> <li>1. Legal evidence of a right of way for the authority to the lands from the nearest public road.</li> <li>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.</li> <li>3. A written declaration of intention to transfer the site to the housing authority free of charge.</li> <li>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.</li> <li>5. Any other documents, such as site location/layout maps, requested by the authority in connection with the application.</li> </ol>
<input type="text"/>		
Exact Location of Proposed Site		
<input type="text"/>		
<b>Demountable Dwelling</b>		
Name and Address of Owner of Proposed Site [incl. townland]		<p>The following must be provided:</p> <ol style="list-style-type: none"> <li>1. Letter from owner of site confirming that he/she is willing to allow a demountable unit to be placed on the land.</li> <li>2. Copy of site map.</li> </ol>
<input type="text"/>		
Exact Location		
<input type="text"/>		

**Supporting documentation will have to be provided to the local authority**

**PART 14 – AREAS OF CHOICE <sup>2</sup>.**  
**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].**

[iii]	[iv]	[iv]
_____	_____	_____
<input type="checkbox"/> [v]	<input type="checkbox"/> [v]	<input type="checkbox"/> [v]
<input type="checkbox"/> [v]	<input type="checkbox"/> [v]	<input type="checkbox"/> [v]
<input type="checkbox"/> [v]	<input type="checkbox"/> [v]	<input type="checkbox"/> [v]

**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]

<sup>2</sup> 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.

[iii] [Insert name of housing authority of application]  
 [iv] [Insert name of one housing authority in the county concerned in which a household may specify an area of choice [Where there are more than two housing authorities in the county concerned, the local authority should expand this table]].  
 [v] [Insert name of area of choice]

## 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]

GIVEN under my hand,  
24 February 2011.

MICHAEL FINNERAN,  
Minister of State at the Department of the Environment,  
Heritage and Local Government.

## EXPLANATORY NOTE

*(This note is not part of the Instrument and does not purport to be a legal interpretation)*

These Regulations prescribe the procedures for households to apply to housing authorities for social housing support and the conduct and review of social housing assessments. Under the Regulations, households will normally apply for support to the housing authority for the area where they live but a household may instead apply to the housing authority for support in an area with which it has a local connection or to any housing authority which agrees to consider its application. The Regulations prescribe 3 bands of maximum household income limits for eligibility for social housing support that will apply in different parts of the country.

The Regulations come into force on 1 April 2011.

BAILE ÁTHA CLIATH  
ARNA FHOILSIÚ AG OIFIG AN tSOLÁTHAIR  
Le ceannach díreach ón  
OIFIG DHÍOLTA FOILSEACHÁN RIALTAIS,  
TEACH SUN ALLIANCE, SRÁID THEACH LAIGHEAN, BAILE ÁTHA CLIATH 2,  
nó tríd an bpost ó  
FOILSEACHÁIN RIALTAIS, AN RANNÓG POST-TRÁCHTA,  
AONAD 20 PÁIRC MIONDÍOLA COIS LOCHA, CLÁR CHLAINNE MHUIRIS,  
CONTAE MHAIGH EO,  
(Teil: 01 - 6476834 nó 1890 213434; Fax: 094 - 9378964 nó 01 - 6476843)  
nó trí aon díoltóir leabhar.

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€6.60



Wt. (B28297). 320. 2/11. Cahill. Gr. 30-15.