S.I. No. 73 of 2022

SOCIAL HOUSING ASSESSMENT (AMENDMENT) REGULATIONS 2022
I, DARRAGH O’BRIEN, Minister for Housing, Local Government and Heritage in exercise of powers conferred on me by sections 3, 20 and 32 of the Housing (Miscellaneous Provisions) Act 2009 (No. 22 of 2009), hereby make the following regulations:

Citation

1. These Regulations may be cited as the Social Housing Assessment (Amendment) Regulations 2022.

Commencement

2. These Regulations come into operation on the 14th March 2022.

Substitution

3. The Schedule to the Social Housing Assessment (Amendment) Regulations 2021 is substituted by the following Schedule:

Notice of the making of this Statutory Instrument was published in “Iris Oifigiúil” of 22nd February, 2022.
SCHEDULE

APPLICATION FORM FOR SOCIAL HOUSING SUPPORT

Application to:

[Insert name of local authority]

[Insert local authority logo]

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.

4. Your rights as a data subject under the General Data Protection Regulation (GDPR) apply in full and will be clearly set out in the relevant data protection policies and procedures for the local authority to whom you are submitting your application. If you have any query in relation to your rights under GDPR, you can contact the nominated Data Protection Officer for that local authority. Details of how to submit your query will be supplied by the local authority directly.

5. This application cannot be completed without a Personal Public Service Number (PPSN) for all members of the household included on the application form. If you are not aware of the PPSN for any children for 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.

01 Supporting documentation will have to be provided to the local authority
APPLICATION FOR SOCIAL HOUSING SUPPORT

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.

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

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

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

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

02. SUPPORTING DOCUMENTATION WILL HAVE TO BE PROVIDED TO THE LOCAL 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):

1. Personal Information
   - Fully completed application form (including signed declarations)
   - Photographic identification (current passport or Irish driving licence)
   - Birth certificates for all household members
   - PPSN for all household members
   - Marital 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 available
   - 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).

2. Income Information (relevant to all household members where applicable)
   - Evidence of income (please arrange to have the attached Certificate of Income completed)
   - Employed
     - Documentary evidence of the preceding 12 months’ income through a combination of the following:
       - The previous years’ Statement of Liability and the Employment Detail Summary*, both available from Revenue;
       - Proof of the household’s current income, e.g. payslips for the intervening period from Statement of Liability to date of application or a Pay and Tax Summary** (Year to Date), available from Revenue. Where Additional Supersumation Contribution (ASC) is payable, the previous year’s final payslip and the most recent payslip must be provided.
   - Social Welfare Income
     - A statement from Department of Social Protection detailing all welfare payments received over the preceding 12 months. This should include the commencement and cessation date of receipt of such payments. If a household is in receipt of social welfare for less than 12 months, evidence of employment income must be provided (as outlined above) to cover the duration of the employment.
   - Self Employed
     - A minimum of 2 years’ accounts with an Auditor’s Report and
     - A Notice of Assessment and/or Self-Assessment Acknowledgement letter for the preceding 12 months

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

03 SUPPORTING DOCUMENTATION WILL HAVE TO BE PROVIDED TO THE LOCAL AUTHORITY
APPLICATION FOR SOCIAL HOUSING SUPPORT

3. Documentation Required in Relation to Separation/Divorce
   - Copy of separation/divorce agreement for both applicants, where applicable
     □
   - The agreement must identify:
     ▪ The extent of maintenance being received or paid by the applicant
     □
     ▪ The circumstances under which the maintenance payments can cease
     □
   - If there is no agreement, a letter from the applicant’s solicitor or a legal affidavit signed by a practising
     solicitor must be included with the application. The letter should confirm:
     ▪ That there is no formal separation agreement
     □
     ▪ That there are no court proceedings pending under family law legislation
     □
     ▪ The position in relation to maintenance and other payments
     □
     ▪ Oversight access/custody arrangements for children
     □
     ▪ Property ownership
     □
     ▪ Evidence of maintenance payments received for previous 12 months, prior to the date of application
     □

4. Property Ownership
   - 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.
     □

5. Other Documentation Required
   - If you are not resident in the local authority area where you are seeking housing support, please provide
     evidence of your local connection with that area
     □
   - If you or any member of your household were previously a local authority/Approved Housing Body (AHR)
     tenant, please provide a letter from the local authority/AHR where you or the household member resided
     setting out details in relation to the previous tenancy. This letter should include duration of tenancy,
     reason for leaving, arrears, any other relevant information.
     □
   - If you wish to apply for a single rural house or demountable dwelling, please include necessary accompanying
     documentation (see Part 8 of this Form)
     □
   - If it has been deemed that your mortgage is no longer sustainable and you have exited from the Mortgage
     Arrears Resolution Process (MARP), please include a letter from the Arrears Support Unit of your lender.
     □

6. Applications on Medical or Disability Grounds (if applicable)
   - A completed Medical and/or Disability Information Form (M+D-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.

04 SUPPORTING DOCUMENTATION WILL HAVE TO BE PROVIDED TO THE LOCAL AUTHORITY
APPLICATION FOR SOCIAL HOUSING SUPPORT

LOCAL AUTHORITY REFERENCE NO: 

PART 1: PERSONAL DETAILS
Please complete the following in respect of yourself and Applicant 2 (if applicable).

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

Tick if a joint application

<table>
<thead>
<tr>
<th>APPLICANT 1</th>
<th>APPLICANT 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPSN</td>
<td></td>
</tr>
<tr>
<td>First name(s)</td>
<td></td>
</tr>
<tr>
<td>Surname</td>
<td></td>
</tr>
<tr>
<td>Birth surname (if different)</td>
<td></td>
</tr>
<tr>
<td>Current address</td>
<td></td>
</tr>
<tr>
<td>Eirecode</td>
<td></td>
</tr>
<tr>
<td>How long have you lived at this address?</td>
<td></td>
</tr>
</tbody>
</table>

4. Telephone/mobile number

5. Date of birth (attach birth certificates)

6. Gender

7. Marital details

SUPPORTING DOCUMENTATION WILL HAVE TO BE PROVIDED TO THE LOCAL AUTHORITY
APPLICATION FOR SOCIAL HOUSING SUPPORT

APPLICANT 1

Data of marriage (if applicable) (attach marriage certificate)

DDMMYYYY

8. Please state relationship of Applicant 2 to Applicant 1

APPLICANT 2

DDMMYYYY

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

1. Place and/or country of birth

2. Nationality

3. Usual language spoken

4. Citizenship status (attach proof of citizenship)

Irish UK

Other EEA* Non-EEA

Date of entry to Ireland (if applicable)

DDMMYYYY

If you are not an EEA or UK national:

Basis of stay in Ireland (attach copy of residency permission)

APPLICANT 2

Irish UK

Other EEA* Non-EEA

DDMMYYYY

* 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.

06 SUPPORTING DOCUMENTATION WILL HAVE TO BE PROVIDED TO THE LOCAL AUTHORITY
### PART 3: EMPLOYMENT DETAILS

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

<table>
<thead>
<tr>
<th><strong>APPLICANT 1</strong></th>
<th><strong>APPLICANT 2</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Employment status</strong></td>
<td><strong>1. Employment status</strong></td>
</tr>
<tr>
<td>Employed (full-time or part-time)</td>
<td>Employed (full-time or part-time)</td>
</tr>
<tr>
<td>Self-employed</td>
<td>Self-employed</td>
</tr>
<tr>
<td>Participating in a Government employment scheme (e.g. SOLAS scheme)</td>
<td>Participating in a Government employment scheme (e.g. SOLAS scheme)</td>
</tr>
<tr>
<td>Unemployed (receiving social welfare payment)</td>
<td>Unemployed (receiving social welfare payment)</td>
</tr>
<tr>
<td>Pensioner/Retired</td>
<td>Pensioner/Retired</td>
</tr>
<tr>
<td>One-Parent Family Payment</td>
<td>One-Parent Family Payment</td>
</tr>
<tr>
<td>Homemaker (looking after home/family with no income)</td>
<td>Homemaker (looking after home/family with no income)</td>
</tr>
<tr>
<td>Student</td>
<td>Student</td>
</tr>
<tr>
<td>Other, please specify</td>
<td>Other, please specify</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>2. Employer’s name</strong></th>
<th><strong>2. Employer’s name</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(In the case of self-employed, give company name)</td>
<td>(In the case of self-employed, give company name)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>3. Address of employer</strong></th>
<th><strong>3. Address of employer</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(In the case of self-employed, please give company address)</td>
<td>(In the case of self-employed, please give company address)</td>
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</tbody>
</table>

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<tr>
<th><strong>4. Occupation</strong></th>
<th><strong>4. Occupation</strong></th>
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<tr>
<th><strong>5. Employment status</strong></th>
<th><strong>5. Employment status</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(e.g. permanent, full-time, part-time)</td>
<td>(e.g. permanent, full-time, part-time)</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th><strong>6. Date commenced present employment</strong></th>
<th><strong>6. Date commenced present employment</strong></th>
</tr>
</thead>
</table>

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07 SUPPORTING DOCUMENTATION WILL HAVE TO BE PROVIDED TO THE LOCAL AUTHORITY
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.

<table>
<thead>
<tr>
<th></th>
<th>APPLICANT 1</th>
<th></th>
<th>APPLICANT 2</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Employment</td>
<td>€</td>
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<td>€</td>
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<tr>
<td>2. Self-Employment</td>
<td>€</td>
<td></td>
<td>€</td>
<td></td>
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<tr>
<td>3. Social welfare</td>
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<tr>
<td>4. Other income sources</td>
<td>€</td>
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<td>€</td>
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<tr>
<td>5. Maintenance received (if applicable)</td>
<td>€</td>
<td></td>
<td>€</td>
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</tr>
</tbody>
</table>

08 SUPPORTING DOCUMENTATION WILL HAVE TO BE PROVIDED TO THE LOCAL AUTHORITY
Application for Social Housing Support

Please state all weekly deductions

<table>
<thead>
<tr>
<th>Weekly deductions</th>
<th>Applicant 1</th>
<th>Applicant 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAYE</td>
<td>€</td>
<td>€</td>
</tr>
<tr>
<td>PRSI</td>
<td>€</td>
<td>€</td>
</tr>
<tr>
<td>Universal Social Charge</td>
<td>€</td>
<td>€</td>
</tr>
<tr>
<td>Additional Superannuation</td>
<td>€</td>
<td>€</td>
</tr>
<tr>
<td>Contribution (ASC)</td>
<td></td>
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<tr>
<td>Other</td>
<td>€</td>
<td>€</td>
</tr>
<tr>
<td>If so, please specify</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total deductions</td>
<td>€</td>
<td>€</td>
</tr>
</tbody>
</table>

09 Supporting documentation will have to be provided to the local authority
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.

<table>
<thead>
<tr>
<th>OTHER HOUSEHOLD MEMBER 1</th>
<th>OTHER HOUSEHOLD MEMBER 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPSSN</td>
<td></td>
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<td></td>
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<tr>
<td>First name(s)</td>
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<td>Surname</td>
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<tr>
<td>Birth surname (if different)</td>
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<tr>
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<td></td>
</tr>
<tr>
<td>Date of birth</td>
<td></td>
</tr>
<tr>
<td>(attach birth certificate)</td>
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<td>D  D  M  M  Y  Y</td>
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<td></td>
<td></td>
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<tr>
<td>Country of birth</td>
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<tr>
<td>Nationality</td>
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<td></td>
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</tr>
<tr>
<td>Gender</td>
<td></td>
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<td></td>
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<tr>
<td>Marital status</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Relationship to applicant</td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Current address</td>
<td></td>
</tr>
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<td></td>
<td></td>
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<tr>
<td>Barcode</td>
<td></td>
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<tr>
<td>How long has the household member lived at this address?</td>
<td>YEARS</td>
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<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Is the household member a dependent?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the household member a joint applicant?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

10 SUPPORTING DOCUMENTATION WILL HAVE TO BE PROVIDED TO THE LOCAL AUTHORITY
**APPLICATION FOR SOCIAL HOUSING SUPPORT**

### OTHER HOUSEHOLD MEMBER 1

<table>
<thead>
<tr>
<th>Citizenship status</th>
<th>Irish</th>
<th>UK</th>
<th>Other EEA*</th>
<th>Non-EEA</th>
</tr>
</thead>
</table>

#### Date of entry to Ireland (If applicable)

<table>
<thead>
<tr>
<th>Day</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
</table>

#### If the household member is not an EEA or UK national:

**Basic of stay in Ireland** (attach copy of residency permission)

### OTHER HOUSEHOLD MEMBER 2

<table>
<thead>
<tr>
<th>Citizenship status</th>
<th>Irish</th>
<th>UK</th>
<th>Other EEA*</th>
<th>Non-EEA</th>
</tr>
</thead>
</table>

#### Date of entry to Ireland (If applicable)

<table>
<thead>
<tr>
<th>Day</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
</table>

#### If the household member is not an EEA or UK national:

**Basic of stay in Ireland** (attach copy of residency permission)

### Employment status

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

### Weekly net income

<p>| | |</p>
<table>
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<tr>
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</table>

* Please see footnote on page 06.

### SUPPORTING DOCUMENTATION WILL HAVE TO BE PROVIDED TO THE LOCAL AUTHORITY
PART 6: CURRENT ACCOMMODATION

Nature of Current Tenure

1. Select the nature of your current tenure from the list below
   - Private household
   - Private rented accommodation
   - Local authority rented accommodation
   - Approved Housing Body (AHB)
   - Rental Accommodation Scheme (RAS)
   - Housing Assistance Payment (HAP)
   - Emergency accommodation/None
   - Other

   If other, give details

2. If you selected private household, please ensure that you complete the relevant sections hereunder
   - Owner-occupier
   - With parents
   - With relatives/friends

3. If you selected private rented accommodation, please ensure that you complete the relevant sections hereunder
   - In receipt of Rent Supplement
   - Not in receipt of Rent Supplement
   - State Rent Supplement amount per week
   - Date Rent Supplement payment commenced at current address

Rental Information (if currently renting)

1. Tenancy start date
   - D  D  M  M  Y  Y

   Weekly rent

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

   If yes, state amount of arrears

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

   If yes, please state reason

SUPPORTING DOCUMENTATION WILL HAVE TO BE PROVIDED TO THE LOCAL AUTHORITY
APPLICATION FOR SOCIAL HOUSING SUPPORT

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

- Apartment  
- B&B or Bed and Breakfast  
- Caravan  
- Cottage  
- Day house  
- Direct Provision centre  
- Flat  
- Group housing  
- Halling bay  
- Hospital  
- Hostel  
- House  
- Institution  
- Maisonette  
- Mobile home  
- None/other  
- Prison  
- Refugee  
- Sheltered accommodation  
- Transitional accommodation  

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

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

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

Other, give details

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

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

[13] SUPPORTING DOCUMENTATION WILL HAVE TO BE PROVIDED TO THE LOCAL AUTHORITY
## APPLICATION FOR SOCIAL HOUSING SUPPORT

### PART 7: ACCOMMODATION HISTORY
Please give details of previous accommodation over the last 5 years.

<table>
<thead>
<tr>
<th>Address</th>
<th>Nature of tenure (e.g. owner, private rented, staying with relative, etc.)</th>
<th>Date at address</th>
<th>Reason for leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>From DD/MM/YY</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To DD/MM/YY</td>
<td></td>
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</tr>
</tbody>
</table>

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

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

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

14 SUPPORTING DOCUMENTATION WILL HAVE TO BE PROVIDED TO THE LOCAL AUTHORITY
# PART 8: HOUSING REQUIREMENTS

Housing authorities must make an assessment of the accommodation needs of Travellers under Section 8 and 7 of the Housing (Traveller Accommodation) Act, 1998. This information is requested for that purpose only and will not be used or have any impact on your eligibility for social housing support.

Do you identify as an Irish Traveller?
- Yes [ ]
- No [ ]
- Prefer not to say [ ]

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

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adapted housing</td>
<td>Improvement Works In Line schewir (KWIL)</td>
</tr>
<tr>
<td>Approved Housing Body (AHB)</td>
<td>Rental Accommodation Scheme (RAS)</td>
</tr>
<tr>
<td>Demountable dwelling (see below)</td>
<td>Rented local authority accommodation</td>
</tr>
<tr>
<td>Extension to local authority house</td>
<td>Single local housing</td>
</tr>
<tr>
<td>Housing Assistance Payment (HAP)*</td>
<td>Single rural dwelling (see below)</td>
</tr>
<tr>
<td>Site for private house</td>
<td>Site for private house</td>
</tr>
<tr>
<td>Transfer (include rent account number below if applicable)*</td>
<td>Transfer (include rent account number below if applicable)*</td>
</tr>
<tr>
<td>Traveller group housing</td>
<td>Traveller group housing</td>
</tr>
<tr>
<td>Traveller housing site bay</td>
<td>Traveller housing site bay</td>
</tr>
<tr>
<td>Wheelchair livable</td>
<td>Wheelchair livable</td>
</tr>
</tbody>
</table>

**Single Rural Houses**

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

Name and address of owner of proposed site:  

Exact location of site (incl. townland):

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

15 SUPPORTING DOCUMENTATION WILL HAVE TO BE PROVIDED TO THE LOCAL AUTHORITY
APPLICATION FOR SOCIAL HOUSING SUPPORT

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.

<table>
<thead>
<tr>
<th>Name and address of owner of proposed site:</th>
<th>Exact location of site (incl. townland):</th>
</tr>
</thead>
</table>

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:

<table>
<thead>
<tr>
<th>Name of household member with an enduring medical condition/disability that would affect the type of housing you need:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The nature of the medical condition or disability and noting whether the condition is enduring:</td>
</tr>
<tr>
<td>Where applicable, the type of accommodation (e.g. around floor), and any specific adaptations required for the medical condition/disability, (Occupational therapist’s report to be submitted in support of application)</td>
</tr>
</tbody>
</table>

PART 9: BASIS FOR APPLICATION

Basis for application to: ____________________________________________________________

(Ininsert 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:
1. A local authority whose area you currently live in
2. A local authority that you have a local connection to, or
3. There are other reasons why the local authority should accept your application for support.

SUPPORTING DOCUMENTATION WILL HAVE TO BE PROVIDED TO THE LOCAL AUTHORITY
APPLICATION FOR SOCIAL HOUSING SUPPORT

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

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

   Household is normally resident in the local authority area

   Household has a local connection with the local authority area

   Please specify the nature of the local connection (see note above)

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

2. Are you or any household member currently on the housing list of any other local authority?

   Yes    No

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

   Household member:

   Local authority:

SUPPORTING DOCUMENTATION WILL HAVE TO BE PROVIDED TO THE LOCAL AUTHORITY
APPLICATION FOR SOCIAL HOUSING SUPPORT

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.

* 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).

SUPPORTING DOCUMENTATION WILL HAVE TO BE PROVIDED TO THE LOCAL AUTHORITY
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

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 [ ]

2. If yes, is the property vacant?
   - Yes [ ]
   - No [ ]

Address of the property

OTHER HOUSEHOLD MEMBER

- Yes [ ]
- No [ ]

PART 11: PUBLIC ORDER OFFENCES AND OTHER INFORMATION

Public Order Offences

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

In the 5 year period prior to the date of this application, has any member of the household been convicted of an offence under any of the following statutory provisions (1-19)?

   - 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

SUPPORTING DOCUMENTATION WILL HAVE TO BE PROVIDED TO THE LOCAL AUTHORITY
APPLICATION FOR SOCIAL HOUSING SUPPORT

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 237F 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):

SUPPORTING DOCUMENTATION WILL HAVE TO BE PROVIDED TO THE LOCAL AUTHORITY
APPLICATION FOR SOCIAL HOUSING SUPPORT

Other Information

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

6. If 'Yes', please state address and dates of occupancy
   Address
   From [ ] [ ] [ ] [ ] [ ] [ ] [ ] To [ ] [ ] [ ] [ ] [ ] [ ]

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

PART 12: OTHER INFORMATION

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

SUPPORTING DOCUMENTATION WILL HAVE TO BE PROVIDED TO THE LOCAL AUTHORITY
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 national level of statistical reports that inform policy and future planning in terms of the national housing need.

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

Your rights as a data subject under the General Data Protection Regulation (GDPR) apply in full and are clearly set out in Privacy Statement. Copies of this are available from [insert contact details].

If you have any questions about your rights under GDPR, you can contact [insert contact details] Data Protection Officer, or you may also contact the Data Protection Commission (DPC).

For more information, please contact [insert contact details].

Tel: [insert contact details]  Email: [insert contact details]

Supporting documentation will have to be provided to the local authority
APPLICATION FOR SOCIAL HOUSING SUPPORT

Declaration

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

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

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

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

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

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

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

Applicant 1

Signed ____________________________ Date ____________

Applicant 2

Signed ____________________________ Date ____________

SUPPORTING DOCUMENTATION WILL HAVE TO BE PROVIDED TO THE LOCAL AUTHORITY
GIVEN under my Official Seal,
16 February, 2022.

DARRAGH O’BRIEN,
Minister for Housing, Local Government and Heritage.
EXPLANATORY NOTE

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

These Regulations amend the Social Housing Assessment Regulations 2021 (S.I. No. 116 of 2021) to—

• Provide for a revised Schedule containing an updated social housing support application form.

The Regulations come into force on the 14th March 2022.