

# HPL 1 FORM

**THIS FORM MUST BE COMPLETED IN RESPECT OF APPLICANT AND/OR APPLICANT'S SPOUSE/PARTNER. THE FORM MUST ALSO BE CERTIFIED BY THE REVENUE COMMISSIONERS BEFORE SUBMISSION WITH YOUR COMPLETED APPLICATION FOR SOCIAL HOUSING SUPPORT.**

**FOR CERTIFICATION PLEASE FORWARD TO:  
REVENUE COMMISSIONERS OFFICE  
GEATA NA CATHRACH  
FAIRGREEN  
GALWAY**

**TO BE COMPLETED BY APPLICANT:**

1. Full Name: \_\_\_\_\_
2. Previous Name (if any): \_\_\_\_\_
3. Present Address: \_\_\_\_\_
4. Previous Address (if any): \_\_\_\_\_
5. Income Tax Reference Number (PPS Number) \_\_\_\_\_

**TO BE COMPLETED BY THE REVENUE COMMISSIONERS.**

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

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICIAL STAMP**

**TO BE COMPLETED BY SPOUSE/PARTNER:**

1. Full Name: \_\_\_\_\_
2. Previous Name (if any): \_\_\_\_\_
3. Present Address: \_\_\_\_\_
4. Previous Address (if any): \_\_\_\_\_
5. Income Tax Reference Number (PPS Number) \_\_\_\_\_

**TO BE COMPLETED BY THE REVENUE COMMISSIONERS.**

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

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICIAL STAMP**