

RENTAL ACCOMMODATION SCHEME

EXPRESSION OF INTEREST FORM

Contact Details

Name of Landlord: _____

Address of Landlord: _____

Telephone Numbers: _____

Email Address: _____

Property Details

Address of Property: _____

_____ Eircode _____

Description of Property: _____

Rental Charge: _____

Signature of Landlord:

Date:

FOR LANDLORDS WITH EXISTING TENANTS

Deposit Details

Deposit (Yes/No): _____

If Yes, Source of Deposit: _____

Amount: _____

Has any amount been added or subtracted from the deposit, if so how much and why?

Agreed future use of deposit: _____

Other

Name of Existing Tenant: _____

Date(s) of Lease: _____

Registered with PRTB: _____

Tax Clearance Certificate: _____

Other comments and/or details of other properties that the landlord may wish to have considered for the Rental Accommodation Scheme.

**Please return to : Rental Accommodation Scheme,
Roscommon County Council,
Áras an Chontae,
Roscommon.**