Application form for

SOCIAL HOUSING SUPPORT



Α.		1.0		
Apr	NIIC	Ttc:	α n	to:
\neg v	лιс	.a u	OH	LU.

Roscommon County Council



Important: Please Read the Following Information Carefully

- 1. If you are unsure about how to answer any of the questions in this application form, please ask an officer in the Housing Section or Customer Service Unit of your local authority or your local Citizens Information Centre to help you.
- When filling out this form, please make sure to write clearly so that your application can be processed as quickly as possible.
- 3. Make sure you have answered all of the questions fully where these are relevant to you. If you do not fully answer all the questions relevant to you, you might not get the correct priority for housing or else we may have to return the form to you, and it would delay your application. Only fully completed applications will be processed.
- Your rights as a data subject under the General Data Protection Regulation (GDPR) apply in full and will be clearly set out in the relevant data protection policies and procedures for the local authority to whom you are submitting your application. If you have any query in relation to your rights under GDPR, you can contact the nominated Data Protection Officer for that local authority. Details of how to submit your query will be supplied by the local authority directly.
- This application cannot be completed without a Personal Public Service Number (PPSN) for all members of the household included on the application form. If you are not aware of the PPSN for any children for whom accommodation is sought, they can be obtained by contacting your local Social Welfare Office either by telephone or in person. Please note that you will need to have your own PPSN to hand.

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

CHECKLIST FOR APPLICANTS

Applicants are strongly advised to submit their applications in person at this office as posted applications are frequently not completed correctly and have to be returned.



Please ensure that your application includes the following original documentation (an official translation into Irish or English is required, where appropriate):

1.	Personal Information	
	- Fully completed application form (including signed declarations)	
	- Photographic identification (current passport or Irish driving licence)	
	– Birth certificates for all household members	
	– PPSNs for all household members	
	- Marriage certificates for all applicants, where applicable	
	– Proof of current address (utility bill, lease or rental statement) – for all applicants, where applicable	
	- If renting, proof of tenancy agreement and Residential Tenancies Board (RTB) registration, where 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 dat of application or a Pay and Tax Summary** – (Year to Date), available from Revenue. Where Additional Superannus 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.

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 extent of maintenance being received or paid by the applicant 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	
	Overnight access/custody arrangements for children	
	Property ownership	
	 Evidence of maintenance payments received for previous 12 months, prior to the date of application 	
_	Duran auto Occur aurabia	
4.	Property OwnershipIf 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 was previously a local authority/Approved Housing Body (AHB)	
	tenant, please provide a letter from the local authority/AHB where you or the household member resided	
	setting out details in relation to the previous tenancy. This letter should include duration of tenancy,	
	reason for leaving, arrears, any other relevant information.	
	- 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.	
	Threats Resolution Freeess (First of), please include a letter from the Arrears support of it of your lender.	
6.	Applications on Medical or Disability Grounds (if applicable)	
	, and a second control of the second control	
	- A completed Medical and/or Disability Information Form (HMD-Form 1), available from your local authority	
	- Occupational therapist's report in respect of any specific accommodation requirements	
	- 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.	

LOCAL AUTHORITY REFERENCE NO.:

PART 1: PERSONAL DETAILS

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



Ple	ease answer ALL questions and pl	ace a tick (✓) in	the b	oxes pro	vided	. Please ι	ise BLO	CK LET	TERS.			
Tic	k if a joint application											
		APPLICANT	1				APPL	ICAN [°]	Т2			
1.	PPSN	FIGURES				LETTERS	FIGURE	5				LETTERS
2.	First name(s)											
	Surname											
	Birth surname (if different)											
3.	Current address											
	Eircode											
	How long have you lived at this address?	YEARS		MONTHS			YEARS			MONTH	łS	
4.	Telephone/mobile number											
5.	Date of birth (attach birth certificates)	D D 1	М	M	Y	Υ	D	D	М	М	Y	Υ
6.	Gender											
7.	Marital details	Single		Wid	owed		Single			Wi	dowed	
		Married		Divo	rced		Marrie	ed		Div	orced	
		Civil Partner		Sepa	arated		Civil P	artner		Sel	parated	
		Cohabiting		Lega Sepa	ally arated		Cohab	iting		Le _{ Se	gally parated	ı
		Other					Other					

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

PART 2: NATIONALITY DETAILS

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



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

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

PART 3: EMPLOYMENT DETAILS

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



 Employment status 	1.	Empl	loyment	status
---------------------------------------	----	-------------	---------	--------

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

4. Occupation

2. Employer's name

give company name)

3. Address of employer

5. Employment status (e.g. permanent, full-time, part-time)

6. Date commenced present employment

Μ

D

PART 4: WEEKLY INCOME DETAILS

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



Please state gross weekly income

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

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

Please state all weekly deductions

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

PART 5: DETAILS OF OTHER HOUSEHOLD MEMBERS SEEKING ACCOMMODATION

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



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

	OTHER HOUSEHOLD MEME	ER 1	OTHER HOUSEHOLD MEMBER	2
11. Citizenship status	Irish UK		lrish UK	
(attach proof of citizenship)	Other EEA* Non-EEA		Other EEA* Non-EEA	
Date of entry to Ireland (if applicable)	D D M M Y	Y	D D M M Y Y	
If the household member is not an EEA or UK national:				
Basis of stay in Ireland (attach copy of residency permission)				
10. Francis magnitude	Freedowed (full times on your times)		Francisco d'(full time a cumant time a)	
12. Employment status	Employed (full-time or part-time)		Employed (full-time or part-time)	
	Self-employed		Self-employed	
	Participating in a Government employment scheme (e.g. SOLAS scheme)		Participating in a Government employment scheme (e.g. SOLAS scheme)	
	Unemployed (receiving social welfare payment)		Unemployed (receiving social welfare payment)	
	Pensioner/Retired		Pensioner/Retired	
	One-Parent Family Payment		One-Parent Family Payment	
	Homemaker (looking after home/family with no income)		Homemaker (looking after home/family with no income)	
	Student		Student	
	Other, please specify		Other, please specify	
13. Weekly net income	€		€	
13. Weekly Het HICOHIE				

^{*} Please see footnote on page 06.

PART 6: CURRENT ACCOMMODATION



Nature of Current Tenure

1.	Select the nature the list below	of your current tenure from		2.	If you selected private household , please ensure that you complete the relevant sections hereunder
	Private househole	d			Owner-occupier
	Private rented ac	commodation			With parents
	Local authority re	ented accommodation			With relatives/friends
	Approved Housin	g Body (AHB)		3.	If you selected private rented accommodation ,
	Rental Accommo	dation Scheme (RAS)			please ensure that you complete the relevant sections hereunder
	Housing Assistan	ce Payment (HAP)			In receipt of Rent Supplement
	Emergency accor	nmodation/None			Not in receipt of Rent Supplement
	Other				State Rent Supplement amount per week
	If other, give deta	ills			€
					Date Rent Supplement payment commenced at current address D D M M Y Y
Re	ntal Information	n (if currently renting)			
1.	Tenancy start date	D D M M Y	Y	3.	Have you received a Yes No notice of termination?
	Weekly rent	€			If yes, please state reason
2.	Are you in arrears of rent?	S Yes No			
	If yes, state amount of arrears	€			

What type of accommodation are you in now?

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

PART 7: ACCOMMODATION HISTORY

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



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

PART 8: HOUSING REQUIREMENTS



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

Yes	you identify as an Irish Traveller?	No	Prefer not to say
Ple	ase indicate the type of soci	al housing support that best m	neets your needs
Ada	apted housing	Improvement Works In Lieu scheme (IWILs)	Site for private house
Арі	proved Housing Body (AHB)	Rental Accommodation	Transfer (include rent account number below if applicable)*
	mountable dwelling	Scheme (RAS)	
	ension to local hority house	Rented local authority accommodation	Traveller group housing
	using Assistance	Single level housing	Traveller halting site bay
	ment (HAP)*	Single rural dwelling (see below)	Wheelchair livable
Sin	gle Rural Houses		
1.	Legal evidence of a right of way f Details of all lands in your owner	for the authority to the lands from t	or a signed affidavit from a solicitor confirming
	A written declaration of intentior	n to transfer the site to the local au	thority free of charge.
4.			final decision on the location of the proposed cottag at the sole discretion of the local authority.
5.	Any other documents, such as sit	te location/layout maps, requested	by the authority in connection with the application.
N	ame and address of owner of prop	posed site: Exact	location of site (incl. townland):

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

Demountable Dwelling

The following must be provided:

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

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

Accommodation on Medical or Disability Grounds

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

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

PART 9: BASIS FOR APPLICATION



Basis for application to: Roscommon County Council

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

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

Note: local connection means:

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

1.	Please indicate the basis for your application as follows (on	ly o	ne box should be ticke	ed):			
	Household is normally resident in the local authority area						
	Household has a local connection with the local authority a Please specify the nature of the local connection (see note						
	The local authority should consider the application for social	al h	ousing support for the	following re	eason(s)		
0	A control of the cont	. 1: .	L-6	V		NI-	
2.	Are you or any household member currently on the housing any other local authority?	g IIs	T OT	Yes		No	
	If yes, please provide the name of the household member a housing support.	ınd ⁻	the local authority to v	which they h	nave appl	lied for soc	ial
	Household member:		Local authority:				

Areas of Choice*

Please tick the areas, within the local authority, where you would accept an offer of accommodation.

A maximum of 3 areas of choice may be ticked from the following list of areas of choice. Please note that listing of areas of choice on the application form is not a priority listing, i.e. all areas of choice specified on the form are deemed to be of equal priority. It should be noted that you are committed to these areas of choice for a period of 12 months.

You can pick a maximum of 3 Areas of Choice (main towns are highlighted in bold) and you must pick at least 1 area.

Monksland	Frenchpark	Cootehall
Roscommon	Termonbarry	Loughglinn
Cortober	Knockcroghery	Castleplunket
Boyle	Cloonfad	Ballintober
Casterea	Ballinlough	Keadue
Ballaghaderreen	Athleague	Bellanagare
Strokestown	Tulsk	Arigna
Elphin	Croghan	
Ballyleague	Ballyforan	Rural Athlone
Rooskey	Ballinameen	Rural Roscommon
	Ballyfarnan	Rural Boyle

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

PART 10: OTHER PROPERTY INFORMATION

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



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

PART 11: PUBLIC ORDER OFFENCES AND OTHER INFORMATION



No

Public Order Offences

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

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

Yes

1. Criminal Justice (Public Order) Act 199	1.	Criminal Ju	stice (Public	Order)	Act	199
--	----	-------------	---------------	--------	-----	-----

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

-41	0
~1	- (1, -)

If 'Yes', please give details (including name, address and details of conviction):
Sections 3, 3A and 4 of the Housing (Miscellaneous Provisions) Act 1997: Sections 3, 3A and 4 of the Housing (Miscellaneous Provisions) Act 1997: Yes No
If 'Yes', please give details (including name, address and details of excluding order/interim excluding order):
Section 117 of the Criminal Justice Act 2006: failure to comply with Yes No a behaviour order
If 'Yes', please give details (including name, address and details of conviction):
Section 257F of the Children Act 2001 (No. 24 of 2001): failure to comply Yes No
with a behaviour order.
If 'Yes', please give details (including name, address and details of conviction):

Ot	ther Information
5.	Have you, or any of the other persons listed on this application form, Yes ever squatted in a local authority dwelling?
6.	If 'Yes', please state address and dates of occupancy
	Address
	From D D M M Y Y D D M M Y Y
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
	ease provide any other information which you might consider relevant to your application. you need more space, attach another page)

Application for SOCIAL HOUSING SUPPORT DECLARATION

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

Collection and Use of Personal Data

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

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

Tel: (090) 6637100	Email: housing@roscommoncoco.ie
For more information, please contact Ro	common County Council.
Data Protection Officer, or you may also	contact the Data Protection Commission (DPC).
If you have any questions about your rigl	nts under GDPR, you can contact Roscommon County Council's
are available from Roscommon County Cou	ncil.
set out in Roscommon County Council's	Privacy Statement. Copies of this
Your rights as a data subject under the G	eneral Data Protection Regulation (GDPR) apply in full and are clearly

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 Date Signed

IMPORTANT INFORMATION REGARDING INCOME DOCUMENTATION REQUIRED:

Further to Checklist on Page 3 – Section 2 – Income Information (relevant to all household members where applicable)

EMPLOYED

Evidence of 12 months' income prior to the date of application must be submitted through a combination of the following:

- A) Current Year
 - Pay and Tax Summary (Year to Date)* or
 - o Payslips for all employment
 - Where Additional Superannuation Contribution (ASC) is payable, the previous year's final payslip and most recent payslip must be provided.
- B) Previous Year
 - Statement of Liability*
 - AND
 - Employment Detail Summary*

SOCIAL WELFARE INCOME

Provide a Statement of Social Welfare Payments for the 12-month period preceding your application date. This is available on www.mywelfare.ie.

If 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.

^{*} This information can be obtained from the myAccount section of Revenue's online service (<u>www.revenue.ie</u>), or your local Tax Office.