

## ROSCOMMON COUNTY COUNCIL 2026

Comhairle Contae Ros Comáin

**FAILURE TO RETURN THIS APPLICATION FORM WILL RESULT IN YOUR  
APPLICATION FOR SOCIAL HOUSING BEING CLOSED**

**HOUSING REFERENCE NUMBER:**

### APPLICATION FOR SOCIAL HOUSING – UPDATE OF DETAILS

- Please complete the following form to update your application for social housing with Roscommon County Council.
- Documents needed to update your application are listed below. Please send in the relevant documents with this form.
- If you have any questions, please contact your local authority on 090 6637100
- Please post your updated form and the required documents to Housing Department, Roscommon County Council, Aras an Chontae, Roscommon F42 VR98 OR bring the form into the local authority offices during opening hours which are available on our website [www.roscommoncoco.ie](http://www.roscommoncoco.ie)

### DOCUMENTS REQUIRED

- These may apply to you if your circumstances have changed recently, since you applied or since you last updated your information with the local authority.
- We may need you to submit further documentation and if needed, we will tell you about this as quickly as possible.

|                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| For all households                          | <ul style="list-style-type: none"> <li>• Proof of current address (e.g., utility bill, tenancy agreement or rental statement)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Any new household members (e.g. new babies) | <ul style="list-style-type: none"> <li>• Birth Certificate &amp; PPSN Number</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Any recent Marriages or Civil Partnerships  | <ul style="list-style-type: none"> <li>• Marriage/Civil Partnership certificate</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Any household member in employment          | <ul style="list-style-type: none"> <li>• <b>Evidence of 12 months' income prior to the date of application must be submitted through a combination of the following:</b><br/><br/> <u>Previous Year 2025</u><br/> <b>Statement of Liability for 2025.</b> This can be obtained through Revenue's online service, myAccount* (<b>Guidelines attached</b>) or your local tax office<br/> <b>AND</b><br/> <b>Employment Detail Summary FOR 2025.</b> This can be obtained from Revenue's online service, myAccount* (<b>Guidelines attached</b>)<br/><br/> <u>Current Year 2026</u><br/> <b>Pay and Tax Summary (Year to date).</b> This can be obtained from Revenue's online service, myAccount* and will include all employments in this current year to date (<b>Guidelines attached</b>)<br/> <b>AND</b><br/> <b>Payslips</b> for all employments – your most recent payslips </li> </ul> |

\* <https://www.ros.ie/myaccount-web/home.html>

|                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Any household member in self-employment                                          | <ul style="list-style-type: none"> <li>A minimum of <b>2 years' accounts</b> with an Auditor's Report <b>AND</b></li> <li>A Notice of Assessment and/or Self-Assessment Acknowledgement letter for the preceding 12 months</li> </ul>                                                                                                                                                                                                           |
| Any household members in receipt of social welfare                               | <ul style="list-style-type: none"> <li>A recent statement from Department of Social Protection detailing all welfare payments received and commencement date of receipt of such payments. If a household is in receipt of social welfare for less than 12 months, a Statement of Liability and an employment detail summary for the preceding year and, where applicable, payslips for the intervening period must also be provided.</li> </ul> |
| Any household member who is an EEA national                                      | <ul style="list-style-type: none"> <li>Produce proof of 52 weeks working insurable employment in the state.</li> </ul>                                                                                                                                                                                                                                                                                                                          |
| Any household member who is a non-EEA national                                   | <ul style="list-style-type: none"> <li>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). 5 years reckonable residence on any combination of Stamp 1, 3, 4, or 5 within the last 8 years AND currently hold a valid stamp 1, 3, 4 or 5.</li> </ul>                                                              |
| Any recent legal separation or divorce                                           | <ul style="list-style-type: none"> <li>Copy of the agreement</li> </ul>                                                                                                                                                                                                                                                                                                                                                                         |
| Any recent custody arrangement                                                   | <ul style="list-style-type: none"> <li>Document which sets out the arrangements</li> </ul>                                                                                                                                                                                                                                                                                                                                                      |
| Any maintenance arrangements                                                     | <ul style="list-style-type: none"> <li>Document which sets out how much maintenance is received</li> </ul>                                                                                                                                                                                                                                                                                                                                      |
| Applications on grounds of any NEW Medical or Disability Grounds (if applicable) | <ul style="list-style-type: none"> <li>A completed Medical and/or Disability Information Form (HMD-Form 1), available from your local authority</li> <li>Occupational therapist's report in respect of any specific accommodation requirements</li> </ul>                                                                                                                                                                                       |

#### PROCESSING DETAILS

|                                                                            |                                                                                                  |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Are you still interested in receiving Social Housing? (tick)               | <input type="checkbox"/> Yes <input type="checkbox"/> No                                         |
| In the long term would your preference be to<br>(please tick one box only) | <input type="checkbox"/> Stay in private rented <input type="checkbox"/> Move to a council house |

**1. Your details (please write in the following or tick where indicated)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                         |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                         |  |  |
| PPSN:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                         |  |  |
| Address (including Eircode)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                         |  |  |
| Email address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                         |  |  |
| Phone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                         |  |  |
| Civil status (please tick)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Single <input type="checkbox"/> Widowed<br><input type="checkbox"/> Married <input type="checkbox"/> Divorced<br><input type="checkbox"/> Civil Partner <input type="checkbox"/> Separated<br><input type="checkbox"/> Cohabiting <input type="checkbox"/> Legally Separated<br><input type="checkbox"/> Other |  |  |
| <p>Employment status (please tick the box which applies to you)</p> <div> <input type="checkbox"/> Employed (full-time or part-time)      <input type="checkbox"/> Unemployed (receiving social welfare payment)      <input type="checkbox"/> Homemaker (looking after home/family with no income))<br/> <input type="checkbox"/> Self-Employed      <input type="checkbox"/> Pensioner/Retired<br/> <input type="checkbox"/> Participating in a Government employment scheme (e.g., SOLAS scheme)      <input type="checkbox"/> One Parent Family Payment      <input type="checkbox"/> Student<br/> <input type="checkbox"/> Other, please specify: <input type="text"/> </div> |                                                                                                                                                                                                                                                                                                                                         |  |  |
| <p>Citizenship Status (attach proof of citizenship if applicable)</p> <div> <input type="checkbox"/> Irish                      <input type="checkbox"/> UK                      <input type="checkbox"/> Other EEA                      <input type="checkbox"/> Non-EEA       </div>                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                         |  |  |

:

**2. Joint Applicant details (please write in the following or tick where indicated)**

|                                                 |                                                                                                                                                                                                                                                                                                                                         |  |  |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Name of joint applicant                         |                                                                                                                                                                                                                                                                                                                                         |  |  |
| Relationship to yourself e.g., partner, spouse. |                                                                                                                                                                                                                                                                                                                                         |  |  |
| PPSN:                                           |                                                                                                                                                                                                                                                                                                                                         |  |  |
| Civil status of Joint Applicant (please tick)   | <input type="checkbox"/> Single <input type="checkbox"/> Widowed<br><input type="checkbox"/> Married <input type="checkbox"/> Divorced<br><input type="checkbox"/> Civil Partner <input type="checkbox"/> Separated<br><input type="checkbox"/> Cohabiting <input type="checkbox"/> Legally Separated<br><input type="checkbox"/> Other |  |  |

**Employment status (please tick the box which applies to the Joint Applicant)**

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

**Citizenship Status (attach proof of citizenship if applicable)**

- |                                |                             |                                    |                                  |
|--------------------------------|-----------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Irish | <input type="checkbox"/> UK | <input type="checkbox"/> Other EEA | <input type="checkbox"/> Non-EEA |
|--------------------------------|-----------------------------|------------------------------------|----------------------------------|

**3. Income details (please fill out the following about WEEKLY gross income for you and the Joint Applicant)**

| Income types (per week)                                                                                     | You | Joint Applicant |
|-------------------------------------------------------------------------------------------------------------|-----|-----------------|
| Employment income                                                                                           | €   | €               |
| Self – employment income                                                                                    | €   | €               |
| Social welfare income                                                                                       | €   | €               |
| Social Welfare payment types<br>(please write in names of the payments received e.g Job Seeker's Allowance) |     |                 |
| Maintenance received                                                                                        | €   | €               |
| Any other income                                                                                            | €   | €               |
| Other income type<br>(Please write in where any other income is from)                                       |     |                 |

**4. Details of any children/dependents or anyone else to be included on the application (please write in the following or tick where indicated)**

|               |  |
|---------------|--|
| Name (1)      |  |
| Date of Birth |  |
| PPSN          |  |

**Employment/Education status (please tick the box which applies to this person)**

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

|                                  |   |
|----------------------------------|---|
| Their weekly income (If over 18) | € |
|----------------------------------|---|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Name (2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                              |
| Date of Birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                              |
| PPSN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                              |
| <b>Employment/Education status</b> <i>(please tick the box which applies to this person)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                              |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Employed (full-time or part-time)<br/> <input type="checkbox"/> Self-Employed<br/> <input type="checkbox"/> Participating in a Government employment scheme (e.g., SOLAS scheme)<br/> <input type="checkbox"/> Other, please specify: <span style="border: 1px solid black; display: inline-block; width: 500px; height: 1.2em; vertical-align: middle;"></span> </div> <div style="width: 30%;"> <input type="checkbox"/> Unemployed (receiving social welfare payment)<br/> <input type="checkbox"/> Pensioner/Retired<br/> <input type="checkbox"/> One Parent Family Payment                 </div> <div style="width: 30%;"> <input type="checkbox"/> Homemaker (looking after home/family with no income)<br/> <input type="checkbox"/> Student                 </div> </div> |                                                                                                                              |
| Their weekly income (If over 18)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | € <span style="border: 1px solid black; display: inline-block; width: 400px; height: 1.2em; vertical-align: middle;"></span> |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Name (3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                              |
| Date of Birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                              |
| PPSN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                              |
| <b>Employment/Education status</b> <i>(please tick the box which applies to this person)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                              |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Employed (full-time or part-time)<br/> <input type="checkbox"/> Self-Employed<br/> <input type="checkbox"/> Participating in a Government employment scheme (e.g., SOLAS scheme)<br/> <input type="checkbox"/> Other, please specify: <span style="border: 1px solid black; display: inline-block; width: 500px; height: 1.2em; vertical-align: middle;"></span> </div> <div style="width: 30%;"> <input type="checkbox"/> Unemployed (receiving social welfare payment)<br/> <input type="checkbox"/> Pensioner/Retired<br/> <input type="checkbox"/> One Parent Family Payment                 </div> <div style="width: 30%;"> <input type="checkbox"/> Homemaker (looking after home/family with no income)<br/> <input type="checkbox"/> Student                 </div> </div> |                                                                                                                              |
| Their weekly income (If over 18)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | € <span style="border: 1px solid black; display: inline-block; width: 400px; height: 1.2em; vertical-align: middle;"></span> |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Name (4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                              |
| Date of Birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                              |
| PPSN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                              |
| <b>Employment/Education status</b> <i>(please tick the box which applies to this person)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                              |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Employed (full-time or part-time)<br/> <input type="checkbox"/> Self-Employed<br/> <input type="checkbox"/> Participating in a Government employment scheme (e.g., SOLAS scheme)<br/> <input type="checkbox"/> Other, please specify: <span style="border: 1px solid black; display: inline-block; width: 500px; height: 1.2em; vertical-align: middle;"></span> </div> <div style="width: 30%;"> <input type="checkbox"/> Unemployed (receiving social welfare payment)<br/> <input type="checkbox"/> Pensioner/Retired<br/> <input type="checkbox"/> One Parent Family Payment                 </div> <div style="width: 30%;"> <input type="checkbox"/> Homemaker (looking after home/family with no income)<br/> <input type="checkbox"/> Student                 </div> </div> |                                                                                                                              |
| Their weekly income (If over 18)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | € <span style="border: 1px solid black; display: inline-block; width: 400px; height: 1.2em; vertical-align: middle;"></span> |

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.

Do you identify as an Irish Traveller?

☐ Yes ☐ No ☐ Prefer not to say

## 5. Disability and/or Medical Information

Does anyone in the household have an enduring medical condition/disability that would affect the type of housing needed.

☐ Yes ☐ No

Person's name \_\_\_\_\_

Describe the nature of the medical condition or disability and noting whether the condition is enduring.

If someone in the household has a disability, please indicate if the disability falls into any of the following categories (*you may tick more than one*)

- Intellectual disability ☐ Yes ☐ No
- Mental health disability ☐ Yes ☐ No
- Physical disability ☐ Yes ☐ No
- Sensory disability ☐ Yes ☐ No

Please describe where applicable, the type of accommodation (e.g. ground floor), and any specific adaptations required for the medical condition/disability.

## 6. Housing Requirements

Do you require wheelchair liveable accommodation?

☐ Yes ☐ No

## 7. Traveller specific accommodation

Do you require Traveller specific accommodation? (*please tick*)

☐ Yes ☐ No

If yes, please indicate whether you require Traveller Group Housing or Traveller Halting Bay site

☐ Traveller Group Housing ☐ Traveller Halting Bay Site

**8. Where the household lives (please write in the following or tick where indicated)**

|                                                        |  |
|--------------------------------------------------------|--|
| Current address<br>(please write in)                   |  |
| Last previous address before this<br>(please write in) |  |

Where do you live now?  
(please tick the box which best describes your current living arrangement)

|                                                               |                                                            |
|---------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> With parents                         | <input type="checkbox"/> Private Rented Accommodation      |
| <input type="checkbox"/> With relatives/friends               | <input type="checkbox"/> with rent supplement              |
| <input type="checkbox"/> Owner occupier                       | <input type="checkbox"/> without rent supplement           |
| <input type="checkbox"/> Housing Assistance Payment (HAP)     | <input type="checkbox"/> Emergency Accommodation/None      |
| <input type="checkbox"/> Local authority rented accommodation | <input type="checkbox"/> Rental Accommodation Scheme       |
| <input type="checkbox"/> Approved Housing Body (AHB)          | <input type="checkbox"/> Other, please give details below: |

|                                                                                               |   |
|-----------------------------------------------------------------------------------------------|---|
| If you are renting, please write in when your tenancy started or when you moved in (dd/mm/yy) |   |
| How much rent do you pay a month or week?                                                     | € |
| How much rent supplement do you receive each week (if any)?                                   | € |

What type of accommodation do you live in at present?  
(please tick the box below which describes your current accommodation)

|                                            |                                                  |                                      |                                                     |
|--------------------------------------------|--------------------------------------------------|--------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Apartment         | <input type="checkbox"/> Direct Provision Centre | <input type="checkbox"/> Hostel      | <input type="checkbox"/> None/other                 |
| <input type="checkbox"/> Bed and Breakfast | <input type="checkbox"/> Flat                    | <input type="checkbox"/> House       | <input type="checkbox"/> Prison                     |
| <input type="checkbox"/> Caravan           | <input type="checkbox"/> Group Housing           | <input type="checkbox"/> Institution | <input type="checkbox"/> Refuge                     |
| <input type="checkbox"/> Cottage           | <input type="checkbox"/> Halting Bay             | <input type="checkbox"/> Maisonette  | <input type="checkbox"/> Sheltered accommodation    |
| <input type="checkbox"/> Day House         | <input type="checkbox"/> Hospital                | <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Transitional accommodation |

What facilities do you have in your current accommodation? (please tick the boxes which apply)

|                                          |                                              |                                             |                                 |
|------------------------------------------|----------------------------------------------|---------------------------------------------|---------------------------------|
| <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 |                                 |

|                                                                                             |                                                          |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------|
| How many bedrooms are there in your current property?<br>(please write in number)           |                                                          |
| Do you share some rooms with another household i.e. persons not on this form? (please tick) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If so, please write in what rooms you have to share.                                        |                                                          |

### 9. Other property/land (please write in the following or tick where indicated)

|                                                                                                                                    |                                                          |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Do you or any member of your household currently own or have a financial interest in any property in Ireland or any other country? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, is the property vacant?                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Address of the property                                                                                                            |                                                          |

### 10. Basis of Application

Under the current rules, you can only have an application for Social Housing open in **one** local authority. You may be able to pick areas in other local authorities within the county (see Section 10), but your application can only be based in one local authority. Please update your details below to confirm if your application can remain with Roscommon County Council.

|                                                                                         |                                                          |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------|
| Resident - my household lives in the Roscommon County Council area at the moment (tick) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------|

Local Connection - please indicate if any of the following applies to your household (tick)

- |                                                                                                                           |                                                          |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| a) The household lived in the area for 5 years or more in the past                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Someone in the household works in or near the area                                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Someone in the household goes to full-time education in the area                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d) A relative resides in the area and has resided there for over 2 years.                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e) Someone in the household with a disability or medical condition attends related services and/or facilities in the area | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### 11. Areas of Choice (area preferences for housing)

Please update your 'Areas of Choice' by ticking the areas you are interested in below, subject to the following rules -

- you can only pick a maximum of 3 Areas of Choice
- you must pick at least 1 area in Roscommon County Council
- you can indicate a maximum of 2 more from the list below
- If you select an Area of Choice in a new local authority area, your time on the list in that local authority will start when your request is processed and confirmed.

|                          |                 |
|--------------------------|-----------------|
| <input type="checkbox"/> | Monksland       |
| <input type="checkbox"/> | Roscommon       |
| <input type="checkbox"/> | Cortober        |
| <input type="checkbox"/> | Boyle           |
| <input type="checkbox"/> | Castlerea       |
| <input type="checkbox"/> | Ballaghaderreen |
| <input type="checkbox"/> | Strokestown     |
| <input type="checkbox"/> | Elphin          |
| <input type="checkbox"/> | Ballyleague     |
| <input type="checkbox"/> | Rooskey         |

|                          |               |
|--------------------------|---------------|
| <input type="checkbox"/> | Frenchpark    |
| <input type="checkbox"/> | Termonbarry   |
| <input type="checkbox"/> | Knockcroghery |
| <input type="checkbox"/> | Cloonfad      |
| <input type="checkbox"/> | Ballinlough   |
| <input type="checkbox"/> | Athleague     |
| <input type="checkbox"/> | Tulsk         |
| <input type="checkbox"/> | Croghan       |
| <input type="checkbox"/> | Ballyforan    |
| <input type="checkbox"/> | Ballinameen   |
| <input type="checkbox"/> | Ballyfarnan   |

|                          |                 |
|--------------------------|-----------------|
| <input type="checkbox"/> | Cootehall       |
| <input type="checkbox"/> | Loughglinn      |
| <input type="checkbox"/> | Castleplunket   |
| <input type="checkbox"/> | Ballintober     |
| <input type="checkbox"/> | Keadue          |
| <input type="checkbox"/> | Bellanagare     |
| <input type="checkbox"/> | Arigna          |
| <input type="checkbox"/> | Rural Athlone   |
| <input type="checkbox"/> | Rural Roscommon |
| <input type="checkbox"/> | Rural Boyle     |

## 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.

Your rights as a data subject under the General Data Protection Regulation (GDPR) apply in full and are clearly set out in Roscommon County Council's Privacy Statement. Copies of this are available from Roscommon County Council.

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

For more information, please contact

Tel: 090 6637100

Email: [housing@roscommoncoco.ie](mailto:housing@roscommoncoco.ie)

### 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.

|                                                |  |
|------------------------------------------------|--|
| <b>Signature of Main Applicant</b>             |  |
| <b>Print full name (BLOCK CAPITALS please)</b> |  |
| <b>Signature of Joint Applicant</b>            |  |
| <b>Print full name (BLOCK CAPITALS please)</b> |  |
| <b>Date (dd/mm/yy)</b>                         |  |

## Appendix

### Additional children/dependents

| Details of any children/dependents or anyone else to be included on the application <i>(please write in the following or tick where indicated)</i>                                                                                                      |                                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name                                                                                                                                                                                                                                                    |                                                                                                                                                                            |
| Date of Birth                                                                                                                                                                                                                                           |                                                                                                                                                                            |
| PPSN                                                                                                                                                                                                                                                    |                                                                                                                                                                            |
| Employment/Education status <i>(please tick the box which applies to this person)</i>                                                                                                                                                                   |                                                                                                                                                                            |
| <input type="checkbox"/> Employed (full-time or part-time)<br><input type="checkbox"/> Self-Employed<br><input type="checkbox"/> Participating in a Government employment scheme (e.g. SOLAS scheme)<br><input type="checkbox"/> Other, please specify: | <input type="checkbox"/> Unemployed (receiving social welfare payment)<br><input type="checkbox"/> Pensioner/Retired<br><input type="checkbox"/> One Parent Family Payment |
| <input type="checkbox"/> Homemaker (looking after home/family with no income)<br><input type="checkbox"/> Student                                                                                                                                       |                                                                                                                                                                            |
| <div style="border: 1px solid black; height: 20px; width: 590px; margin-top: 5px;"></div>                                                                                                                                                               |                                                                                                                                                                            |
| Their weekly income <i>(If over 18)</i>                                                                                                                                                                                                                 | €                                                                                                                                                                          |

| Details of any children/dependents or anyone else to be included on the application <i>(please write in the following or tick where indicated)</i>                                                                                                      |                                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name                                                                                                                                                                                                                                                    |                                                                                                                                                                            |
| Date of Birth                                                                                                                                                                                                                                           |                                                                                                                                                                            |
| PPSN                                                                                                                                                                                                                                                    |                                                                                                                                                                            |
| Employment/Education status <i>(please tick the box which applies to this person)</i>                                                                                                                                                                   |                                                                                                                                                                            |
| <input type="checkbox"/> Employed (full-time or part-time)<br><input type="checkbox"/> Self-Employed<br><input type="checkbox"/> Participating in a Government employment scheme (e.g. SOLAS scheme)<br><input type="checkbox"/> Other, please specify: | <input type="checkbox"/> Unemployed (receiving social welfare payment)<br><input type="checkbox"/> Pensioner/Retired<br><input type="checkbox"/> One Parent Family Payment |
| <input type="checkbox"/> Homemaker (looking after home/family with no income)<br><input type="checkbox"/> Student                                                                                                                                       |                                                                                                                                                                            |
| <div style="border: 1px solid black; height: 20px; width: 590px; margin-top: 5px;"></div>                                                                                                                                                               |                                                                                                                                                                            |
| Their weekly income <i>(If over 18)</i>                                                                                                                                                                                                                 | €                                                                                                                                                                          |