

Application Form and Declaration to be completed and returned to Local Authority by Tenant(s)

	Tenant	Joint Tenant
Name		
Address of property		
PPS Number		
Date of Birth		
Contact Phone No.		

Please state the number of bedrooms in the property: _____

Please give details of all members of the tenants' household currently resident in the property

Name	Date of Birth	PPS No.	Relationship to Tenant

Name of any other student (s) currently renting a room in the property:

What is your and/or other members of your household's relationship to the student?

Please provide a brief description of the room to be let i.e. single/double, ground floor etc.

Proposed Rent to be charged to the student per week/calendar month € _____

Is your property specially adapted? Yes/No

Please provide details: _____

ROOM FOR A STUDENT – LOCAL AUTHORITY TENANCIES SCHEME

Declaration by Tenant(s)

I/we declare that the information and particulars given by me on this application are true and correct, and I/we understand that the provision of any false or misleading statements may lead to this application being cancelled. Offaly County Council reserves the right to exclude an applicant from consideration if they supply false information or withholds relevant information on this form or at any subsequent interviews. I/we undertake to notify Offaly County Council immediately should there be any change from the information provided, or in my/our circumstances. I/we authorise Offaly County Council to make necessary enquiries either written or otherwise regarding my/our application to verify information given.

I/we declare that I/we will participate in the Social Housing Rent a Room to a Student Scheme in line with the conditions and obligations of the scheme as detailed below:

- That the rent account in respect of the dwelling above is fully paid up to date and no arrears are outstanding.
- That the dwelling above is in good structural condition and is being maintained to a high standard.
- That the dwelling above has sufficient and adequate sanitary, cooking and storage facilities and that all appliances are in working order.
- That the dwelling above is not overcrowded nor would it become overcrowded by means of my participation in this scheme.
- That I/we, or any member of my household, have not engaged in anti-social behaviour nor have I/we ever been subject to a tenancy warning issued by xx County Council in relation to any breach of my/our tenancy agreement.
- That any disputes that may arise between me/us and the student to whom I/we rent a room are matters between me and the student as the relevant parties and that xx County Council has no role in the arbitration of any disputes.
- That the student to whom I/we intend to rent a room is not a family member nor do I/we or any member of my/our household have any other relationship with the student.
- That I/we do not keep any restricted dog breeds at the address above.
- That the room(s) being made available by me/us for rent to (a) student shall be made available to the student(s) approved by xx County Council only.
- That the room will be vacated by the student at the end of the academic year.
- That I/we will comply with the terms and conditions of the Revenue Rent-a-Room Scheme.

I/we confirm that I/we understand that it is an offence under Section 32(7) of the Housing (Miscellaneous Provisions) Act 2009, for me/us to make this declaration if it is false or misleading in any material respect.

Signed: _____

Date: _____

Print Name: _____

PLEASE READ THIS DECLARATION CAREFULLY AND SIGN AND DATE WHEN YOU ARE SATISFIED THAT YOU UNDERSTAND IT

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 inclusion in this Scheme. 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.

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 Offaly County Council's Privacy Statement. Copies of this are available from www.offaly.ie

If you have any questions about your rights under GDPR, you can contact Offaly County Council's Data Protection Officer, or you may also contact the Data Protection Commission (DPC). For more information, please contact:

Tel: 0579346800

Email: housing@offalycoco.ie

Appendix B

Application Form and Declaration to be completed and returned to Local Authority by the student

Name	
Current address	
Previous Addresses	
PPS Number	
Date of Birth	
Contact Phone No.	
Address of property where you wish to rent a room	
Name of Tenant(s)	
What is your relationship to the Tenant(s) and/or other members of the household?	
Proposed Rent to be charged	
What date do you intend to take up residence in the property?	
Name of Third Level Institution	
Name of Course	
Year enrolled e.g. 1 st , 2 nd , 3 rd etc.	

Please attach proof of enrolment in a Higher Education Institution to this application form

Have you ever applied for social housing? If yes, please provide details	
Do you have any criminal convictions or charges pending? If yes please provide details of charges	

ROOM FOR A STUDENT – LOCAL AUTHORITY TENANCIES SCHEME

Declaration by Student

I declare that the information and particulars given by me on this application are true and correct, and I understand that the provision of any false or misleading statements may lead to this application being cancelled. Offaly County Council reserves the right to exclude an applicant from consideration if they supply false information or withholds relevant information on this form or at any subsequent interviews.

I undertake to notify Offaly County Council immediately should there be any change from the information provided, or in my circumstances.

I authorise Offaly County Council to make necessary enquiries either written or otherwise regarding my/our application to verify information given.

I declare that I will participate in the Social Housing Rent a Room to a Student Scheme in line with the conditions and obligations of the scheme as detailed below:

- That I am a full-time student at a Higher Education Institution.
- That I have viewed the dwelling above and I am satisfied that the dwelling has sufficient and adequate sanitary, cooking and storage facilities and is satisfactory for my needs.
- That I have not previously been engaged in anti-social behaviour.
- That I have never had an application for social housing refused on grounds of anti-social behaviour.
- That I have no criminal convictions or any criminal charges pending.
- That any disputes that may arise between me and the tenant from whom I rent a room are matters between me and the tenant as the relevant parties and that xx County Council has no role in the arbitration of any disputes.
- That the tenant from whom I intend to rent a room is not a family member nor do I have any other relationship with the tenant or any other member of the tenant's household.
- That I will vacate the property at the end of the academic term.

Signed: _____

Print Name: _____

Date: _____



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