

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 HOUSEHOLD MEMBER 1	OTHER HOUSEHOLD MEMBER 2																																																																
1. PPSN	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="8">FIGURES</td> <td colspan="8">LETTERS</td> </tr> </table>																	FIGURES								LETTERS								<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="8">FIGURES</td> <td colspan="8">LETTERS</td> </tr> </table>																	FIGURES								LETTERS							
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2. First name(s)	<input type="text"/>	<input type="text"/>																																																																
Surname	<input type="text"/>	<input type="text"/>																																																																
Birth surname (if different)	<input type="text"/>	<input type="text"/>																																																																
3. Date of birth (attach birth certificate)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td colspan="6"></td> </tr> </table>													D	D	M	M	Y	Y							<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td colspan="6"></td> </tr> </table>													D	D	M	M	Y	Y																						
D	D	M	M	Y	Y																																																													
D	D	M	M	Y	Y																																																													
4. Country of birth	<input type="text"/>	<input type="text"/>																																																																
5. Nationality	<input type="text"/>	<input type="text"/>																																																																
6. Gender	<input type="text"/>	<input type="text"/>																																																																
7. Marital status	<input type="text"/>	<input type="text"/>																																																																
8. Relationship to applicant	<input type="text"/>	<input type="text"/>																																																																
9. Current address	<input type="text"/>	<input type="text"/>																																																																
Eircode	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																																																	
How long has the household member lived at this address?	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="6">YEARS</td> <td colspan="6">MONTHS</td> </tr> </table>													YEARS						MONTHS						<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="6">YEARS</td> <td colspan="6">MONTHS</td> </tr> </table>													YEARS						MONTHS																					
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10. Is the household member a dependant?	<table border="1"> <tr> <td>Yes</td><td><input type="checkbox"/></td><td>No</td><td><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<table border="1"> <tr> <td>Yes</td><td><input type="checkbox"/></td><td>No</td><td><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>																																																								
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>																																																															
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>																																																															
Is the household member a joint applicant?	<table border="1"> <tr> <td>Yes</td><td><input type="checkbox"/></td><td>No</td><td><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<table border="1"> <tr> <td>Yes</td><td><input type="checkbox"/></td><td>No</td><td><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>																																																								
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OTHER HOUSEHOLD MEMBER 1

OTHER HOUSEHOLD MEMBER 2

11. Citizenship status
(attach proof of citizenship)

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

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

Date of entry to Ireland
(if applicable)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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)

12. Employment status

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

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

13. Weekly net income

<input type="text"/>
€

<input type="text"/>
€

* Please see footnote on page 06.