

Offaly County Council Social Housing Needs Assessment 2020



APPLICATION FOR SOCIAL HOUSING – UPDATE OF DETAILS

- Please complete the following form to update your application for social housing with Offaly 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 call the Housing Department on 057 935 7409 or email hna@offalycoco.ie
- Please post or bring your update form and the required documents to **Housing Section, Offaly County Council, Aras an Chontae, Charleville Road, Tullamore, Co. Offaly** OR bring your update form and the required documents to **Municipal District Offices in Tullamore, Birr or Edenderry**

DOCUMENTS REQUIRED

- These may apply to you if your circumstances have changed recently/since you applied or since you last updated your information with Offaly County Council.
- We may need you to submit further documentation and you will be informed if needed.

For all households	<ul style="list-style-type: none"> • Proof of current address for all applicants(e.g. a utility bill or copy of tenancy agreement)
Any new household members (e.g. new babies or partners/spouses)	<ul style="list-style-type: none"> • Birth Certificate (copy) – must be translated into English
Any recent Marriages or Civil Partnerships	<ul style="list-style-type: none"> • Marriage/Civil Partnership certificate (copy) – must be translated into English
Any household member in employment	<ul style="list-style-type: none"> • Completed income certificate • Latest P60 • The last 6 payslips
Any household member in self-employment	<ul style="list-style-type: none"> • Completed income certificate • 2 years of accounts
Any household members in receipt of social welfare	<ul style="list-style-type: none"> • Completed income certificate • Information from the Department of Social Protection on current social welfare payments (payment names and amounts)
Any household member who is a non-EEA national	<ul style="list-style-type: none"> • A copy of the latest GNIB card • A copy of the latest Stamp endorsement on the passport
Any recent legal separation, divorce, custody arrangement or maintenance arrangements	<ul style="list-style-type: none"> • Copy of the agreement • If there is no agreement, a letter from the applicant’s solicitor must be included with the application. The letter should confirm: <ul style="list-style-type: none"> ▪ That there is no formal separation agreement ▪ That there are no court proceedings pending under the family law legislation ▪ The position in relation to maintenance and other payments

PROCESSING DETAILS

Housing list number:	
<u>Are you still interested in receiving Social Housing? (tick)</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No

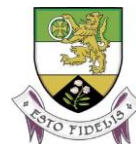
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1. Your details (please write in the following or tick where indicated)			
Full name			
Address			
PPS number		Telephone No.	
Email address			
Civil status (please tick)	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Civil Partner <input type="checkbox"/> Separated <input type="checkbox"/> Cohabiting <input type="checkbox"/> Legally Separated <input type="checkbox"/> Other		
Employment status (please tick the box which applies to you)			
<input type="checkbox"/> Employed (full-time or part-time) <input type="checkbox"/> Unemployed (receiving social community/welfare benefit) <input type="checkbox"/> Homemaker (no income) <input type="checkbox"/> Self-Employed <input type="checkbox"/> Pensioner/Retired <input type="checkbox"/> Student/Child <input type="checkbox"/> Employed in Back to Work/FÁS Scheme <input type="checkbox"/> One Parent Family Support only <input type="checkbox"/> Other, please specify: <input style="width: 50%; border: 1px solid black;" type="text"/>			

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 <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Civil Partner <input type="checkbox"/> Separated <input type="checkbox"/> Cohabiting <input type="checkbox"/> Legally Separated <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 community/welfare benefit) <input type="checkbox"/> Homemaker (no income) <input type="checkbox"/> Self-Employed <input type="checkbox"/> Pensioner/Retired <input type="checkbox"/> Student/Child <input type="checkbox"/> Employed in Back to Work/FÁS Scheme <input type="checkbox"/> One Parent Family Support only <input type="checkbox"/> Other, please specify: <input style="width: 50%; border: 1px solid black;" type="text"/>			

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3. Income details (please fill out the following about WEEKLY income for you and the Joint Applicant)		
Income types (per week)	You	Joint Applicant
Employment income	€	€
Self – employment income	€	€
Social welfare income	€	€
Social Welfare payments <i>(please write in names of the payments received e.g Job Seeker's Allowance)</i>		
Maintenance received	€	€
Any other income	€	€
Other income type <i>(Please write in where any other income is from)</i>		

4. Details of any children/dependents or anyone else to be included on the application (please write in the following or tick where indicated) Please include details of further dependants on a separate sheet if necessary		
Name (1)		
Date of Birth		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
PPSN		
Employment/Education status <i>(please tick the box which applies to this person)</i>		
<input type="checkbox"/> Employed (full-time or part-time)	<input type="checkbox"/> Unemployed (receiving social community/welfare benefit)	<input type="checkbox"/> Homemaker (no income)
<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Pensioner/Retired	<input type="checkbox"/> Student/Child
<input type="checkbox"/> Employed in Back to Work/FÁS Scheme	<input type="checkbox"/> One Parent Family Support only	
<input type="checkbox"/> Other, please specify:	<input style="width: 100%;" type="text"/>	
Their weekly income <i>(If over 18)</i>	€	
Name (2)		
Date of Birth		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
PPSN		
Employment/Education status <i>(please tick the box which applies to this person)</i>		
<input type="checkbox"/> Employed (full-time or part-time)	<input type="checkbox"/> Unemployed (receiving social community/welfare benefit)	<input type="checkbox"/> Homemaker (no income)
<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Pensioner/Retired	<input type="checkbox"/> Student/Child
<input type="checkbox"/> Employed in Back to Work/FÁS Scheme	<input type="checkbox"/> One Parent Family Support only	
<input type="checkbox"/> Other, please specify:	<input style="width: 100%;" type="text"/>	
Their weekly income <i>(If over 18)</i>	€	

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Name (3)	
Date of Birth	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
PPSN	
Employment/Education status <i>(please tick the box which applies to this person)</i>	
<input type="checkbox"/> Employed (full-time or part-time)	<input type="checkbox"/> Unemployed (receiving social community/welfare benefit)
<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Pensioner/Retired
<input type="checkbox"/> Employed in Back to Work/FÁS Scheme	<input type="checkbox"/> One Parent Family Support only
<input type="checkbox"/> Other, please specify:	<input type="checkbox"/> Homemaker (no income)
	<input type="checkbox"/> Student/Child
<input type="checkbox"/> Other, please specify: <input style="width: 500px;" type="text"/>	
Their weekly income <i>(If over 18)</i>	€
Name (4)	
Date of Birth	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
PPSN	
Employment/Education status <i>(please tick the box which applies to this person)</i>	
<input type="checkbox"/> Employed (full-time or part-time)	<input type="checkbox"/> Unemployed (receiving social community/welfare benefit)
<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Pensioner/Retired
<input type="checkbox"/> Employed in Back to Work/FÁS Scheme	<input type="checkbox"/> One Parent Family Support only
<input type="checkbox"/> Other, please specify:	<input type="checkbox"/> Homemaker (no income)
	<input type="checkbox"/> Student/Child
<input type="checkbox"/> Other, please specify: <input style="width: 500px;" type="text"/>	
Their weekly income <i>(If over 18)</i>	€

5. Disability and/or Medical Information	
Does anyone in the household have a disability or medical condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No Person's name _____
Please describe the disability or medical condition (a report from your consultant should be provided to confirm your medical condition)	
If someone in the household has a disability, please indicate if the disability falls into any of the following categories <i>(you may tick more than one)</i>	
• Intellectual disability	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Mental health disability	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Physical disability	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Sensory disability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Due to the disability or medical condition are there any particular requirements needed in a home? <i>(please tick)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please describe the particular requirements (e.g. wheelchair access)	

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6. Traveller specific accommodation	
Do you require Traveller specific accommodation? <i>(please tick)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Where the household lives <i>(please write in the following or tick where indicated)</i>
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Current address <i>(please write in)</i>	
Last previous address before this <i>(please write in)</i>	

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"/> Other, please give details below:	<input type="checkbox"/> Emergency Accommodation/None

If you are renting, please write in when your tenancy started or when you moved in (dd/mm/yy)	
Landlord's name	
Landlord's phone number	
How much rent do you pay a month or week?	€
How much rent supplement do you get each week (if any)?	€

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

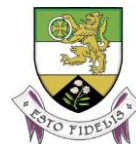
<input type="checkbox"/> House	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Transitional Accommodation	<input type="checkbox"/> Hospital
<input type="checkbox"/> Cottage	<input type="checkbox"/> Maisonette	<input type="checkbox"/> Tigin	<input type="checkbox"/> Institution
<input type="checkbox"/> Apartment	<input type="checkbox"/> Day House	<input type="checkbox"/> Bed and Breakfast	<input type="checkbox"/> Refuge
<input type="checkbox"/> Flat	<input type="checkbox"/> Group Housing	<input type="checkbox"/> Hostel	<input type="checkbox"/> Prison
<input type="checkbox"/> Caravan	<input type="checkbox"/> Halting Bay	<input type="checkbox"/> Sheltered Accommodation	<input type="checkbox"/> None/Other

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? <i>(please write in number)</i>	
Do you share some rooms with another household i.e. persons not on this form? <i>(please tick)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please write in what rooms you have to share.	

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8. Other property/land (please write in the following or tick where indicated)	
Do you or any member of the household own property or land in Ireland or any other country? <i>(please tick)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, does this include a residential property which is vacant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address of the property or land owned <i>(please write in)</i>	

9. Basis of Application	
Under the current rules, you can only have an application for Social Housing open in one council. Please update your details below to confirm if your application can remain with Offaly County Council.	
Resident - my household lives in the Offaly County Council area at the moment <i>(tick)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Local Connection - please indicate if any of the following applies to your household <i>(tick)</i>	
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 <small>(Please provide a letter from the relevant educational institution confirming this)</small>	<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

10. Areas of Choice (area preferences for housing) Please note that you are committed to these areas of choice for a period of 12 months	
Please update your 'Areas of Choice' by ticking the areas you are interested in below, subject to the following rule: <u>you can only pick a maximum of 3 Areas of Choice</u>	
<input type="checkbox"/> Ballycumber	<input type="checkbox"/> Banagher
<input type="checkbox"/> Clara	<input type="checkbox"/> Belmont
<input type="checkbox"/> Crinkill	<input type="checkbox"/> Bracknagh
<input type="checkbox"/> Geashill	<input type="checkbox"/> Clonbullogue
<input type="checkbox"/> Leamonaghan	<input type="checkbox"/> Cloneygowan
<input type="checkbox"/> Portarlinton	<input type="checkbox"/> Daingean
<input type="checkbox"/> Shannonbridge	<input type="checkbox"/> Edenderry
<input type="checkbox"/> Tullamore Town	<input type="checkbox"/> Ferbane
<input type="checkbox"/> Kilcruttin Halting Site	<input type="checkbox"/> Killeigh
<input type="checkbox"/> Croghan Road Halting Site	<input type="checkbox"/> Kinnitty
	<input type="checkbox"/> Mucklagh
	<input type="checkbox"/> Moneygall
	<input type="checkbox"/> Mountbolus
	<input type="checkbox"/> Pullough
	<input type="checkbox"/> Rahan
	<input type="checkbox"/> Rhode
	<input type="checkbox"/> Tober
	<input type="checkbox"/> Walsh Island
	<input type="checkbox"/> Birr Town
	<input type="checkbox"/> Millbrook Park Halting Site



DECLARATION

Once you have finished filling out this form **in full**, please read this declaration carefully and sign and date it when you are satisfied that you understand it.

Collection and Use of Data

The housing authority will use the data which you have supplied to administer your housing application. Data may be shared with other public bodies for the purpose of the prevention or detection of fraud. The housing authority may, in conjunction with the Department of the Environment, Community & Local Government, process this data for research purposes including forward planning in relation to the assessment of housing needs.

The housing authority may, for the purpose of its functions under the Housing Acts of 1966 - 2014, request and obtain information from another housing authority, the Criminal Assets Bureau, An Garda Síochána, the Department for Social Protection, the Health Service Executive [HSE] or an approved housing body, in relation to occupants or prospective occupants of, or applicants for, social housing support, and any other person the authority considers may be engaged in anti-social behaviour.

Declaration

I/We declare that the information and particulars given by me/us on this form are true and correct.

I/We undertake to notify the housing authority of any change in my/our household circumstances (e.g. address, household composition, employment, medical conditions etc.)

I/We also authorise the housing authority to make whatever enquiries it considers necessary to verify details on my/our application.

Signature of Main Applicant	
Print full name (BLOCK CAPITALS please)	
Signature of Joint Applicant	
Print full name (BLOCK CAPITALS please)	
Date (dd/mm/yy)	

Checklist

Are all sections of the form completed? Please ensure that all sections of the form are completed. An Incomplete form will be returned and your housing application will be closed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all relevant documents submitted as listed on page 1 of the form	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you signed the above declaration	<input type="checkbox"/> Yes <input type="checkbox"/> No

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APPLICATION TO OFFALY LOCAL AUTHORITY FOR SOCIAL HOUSING SUPPORT

	<h3>Housing Application</h3> <h3>Certificate of Income Form</h3>
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NAME: _____

ADDRESS: _____

REFERENCE NUM: _____

PLEASE INSERT PHONE NO: _____

FORM 1 – Please List Spouse/ Partner & All Occupants of Household who are part of your application

<i>Surname</i>	<i>First Name</i>	<i>Date of Birth</i>	<i>PPS Number</i>	<i>Relationship to Applicant</i>	<i>Gross Weekly Income per Week</i>	<i>Employer Name & Address</i>

I declare the above information to be correct:

Signed: _____ **(Applicant)**

Date: _____

Note: Certificate of Income should be submitted for all occupants of the household, whether from Employment/ Social Welfare or other. In the case of self-employed the most recent Notice of Assessment should be submitted
FAILURE TO DECLARE ALL HOUSEHOLD INCOME WILL RESULT IN YOUR REMOVAL FROM OFFALY COUNTY COUNCIL'S HOUSING LIST

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Housing Authority

Reference No.:

FORM 2 – Section A - EMPLOYMENT DETAILS (Employed Person including Community Employment/ Back to Work Scheme)

Name & Address: _____ PPS Number: _____

Is employed by me as _____

Weekly Deductions from wages for:

R.S.I. is € _____ Only employee's share of P.R.S.I. should be shown

Income TAX € _____ If No Income TAX is payable, insert "Nil" U.S.C. € _____

Gross Weekly Wage € _____ From (Date): _____

Please note that Gross weekly wage should be inclusive of shift allowances and bonus payments but should not include overtime.

GROSS ANNUAL INCOME: € _____ FOR YEAR ENDING 31ST DECEMBER _____

Is this employment

Permanent Temporary Part-Time Community Employment Back to Work Scheme

Commencement Date: _____

Certified Correct: (Employers Signature) _____

Date: _____

Employers Name: _____

Address: _____

Registration Number: _____

Phone Number: _____

Employers Official Stamp and Registration No.

FORM 2 - Section B If applicants are in receipt of any other Income (e.g. Family Income Supplement) please confirm amount and source.

Name: _____ € _____ per week Source: _____

Name: _____ € _____ per week Source: _____

Are you in receipt of Family Income Supplement? Yes No

If Yes please state amount per week € _____

To be certified by Employer, Social Welfare Officer or Community Welfare Officer.

Signed: _____ Position: _____ Date: _____

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Housing Authority Reference No.:

FORM 3 – Section A - Unemployed Person

Name: _____ PPS Number: _____

Address: _____

Has been in receipt of _____ for self and _____ Dependents

Since _____ The current rate of payment (including Pay Related Benefit, where applicable) at

_____ of _____ 20__ is

€ _____ Flat Rate

€ _____ Qualified Adult

€ _____ Children

€ _____ Family Income Supplement

€ _____ Fuel

€ _____ Living Alone Allowance

€ _____ Reduction due to means/ overpayment _____ Reason for Reduction

€ _____ Total

€ _____ Maintenance

Official Stamp:

Signed: _____ Date: _____

Form 3 – Section B

If applicants are in receipt of any other Income please confirm Amount and Source

Name: _____ € _____ per week Source: _____

Name: _____ € _____ per week Source: _____