



Customer No. _____
 File No. _____
 Sub. No. _____

LONGFORD COUNTY COUNCIL
HOUSING DEPARTMENT

Name: _____

Address: _____

Phone No.:

Mr/Mrs/Miss	First Names	Surname	Date of Birth	P.P.S. No.	Marital Status	Nett Weekly Income	Source of Income	Office Use Only
								P.E.
								All.
								Bal.
								X%
								=
								Ch. D.
								R.C.
								S.E.(1)
								S.E.(2)
								T.R.
								R.P.
								K.D.
								P.R.

Signed..... Date.....

*Please attach a payslip, social welfare receipt, copy of your payments book or other proof of income **FOR ALL OCCUPANTS**

I certify that the details given above are true and correct in all respects