

Application to remove an occupier / household member from your housing application / tenancy

| | |
|---|--|
| Account number: | |
| Tenant's name: | |
| Joint Tenant's name (if applicable): | |
| Tenant's address & Eircode: | |
| Phone No. / email | |

- To remove a household member from your tenancy **please provide one or more of the following items** of documentary evidence for the household member you wish to remove:
 Lease • Rent Book • Bank Statement • Utility Bill
- A household member will only be removed from the tenancy from the date all requested documentation is provided.
- An occupier will not be removed from the tenancy if they are claiming social welfare from your address.
- You must submit a written formal request to have the household member removed from your tenancy.
- *This form is not to be used to request a **joint tenant** to be removed from the tenancy; this is a separate process and requires a different application.*

Details of occupier to be removed from the rent account:

| | |
|------------------------|--|
| Name | |
| Current address | |
| PPS number | |
| Date of birth | |



Please include details for all remaining household members, including children, and provide proof of income where applicable.

| Full name Print name | Date of birth DD/MM/YY | PPS number | Weekly income | Source of income (Employment, Social Welfare, Pension etc.) |
|--------------------------------|----------------------------------|-------------------|----------------------|---|
| | / / | | € | |
| | / / | | € | |
| | / / | | € | |
| | / / | | € | |
| | / / | | € | |
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| | / / | | € | |
| | / / | | € | |

Please post this form and all documents to Housing Rents, Longford County Council, Town Hall, Market Square, Longford, **or you can email all documents to** rents@longfordcoco.ie

I / We declare that the information given above is complete and correct and that all household members and all incomes have been declared. I / We attach all relevant documentation.

Signature of tenant:

Date:

Signature of joint tenant (if applicable):

Date:

Phone number:

Email:

Section 3 - DECLARATION

I / We understand that the information & particulars supplied on this form are true & correct, and I / we understand that the provision of false or misleading information / withholding information may result in permission to remove the requested household member being denied or withdrawn.

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 Longford County Council's Privacy Statement.

Copies of this are available from Longford County Council or www.longfordcoco.ie. If you have any questions about your rights under GDPR, you can contact Longford County Council's Data Protection Officer, or you may also contact the Data Protection Commission (DPC).

For more information, please contact Tel 043 3344207: Email: dpo@longfordcoco.ie.

I / We undertake to inform Longford Local Authorities of any change in our circumstances.

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

Signature of tenant:

Date:

Signature of joint tenant (if applicable):

Date:

Phone number:

Email:

*version Oct 2023