

**Housing Dept, Longford County Council, Town Hall, Market Square, Longford, N39 C5F2**

**043 33 43300    [www.longfordcoco.ie](http://www.longfordcoco.ie)    [housing@longfordcoco.ie](mailto:housing@longfordcoco.ie)**

## **REQUEST TO ADD A HOUSEHOLD MEMBER**

### Section 1 – Current Household Details

Tenant/s Name: \_\_\_\_\_ & \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

House Type: Detached ☐ Semi-detached ☐ Terrace ☐ Bungalow ☐ Apartment ☐

Number of Bedrooms \_\_\_\_\_ Number of Toilets \_\_\_\_\_

Is the property adapted for special needs? (i.e. Level access shower) Yes ☐ No ☐

If 'yes' give details: \_\_\_\_\_

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Supply details of all current household members:

Name	Date of Birth	PPSN	Relationship to Tenant	Weekly income

*Use additional sheet if necessary*

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**Section 2 – Person to be Added (one form per person)**

Full Name: \_\_\_\_\_

Previous Names or Known as: \_\_\_\_\_  
 (if applicable)

Date of Birth: \_\_\_\_\_ PPSN: \_\_\_\_\_ Mothers Birth Name: \_\_\_\_\_

Nationality: \_\_\_\_\_ (Provide Proof i.e. Passport) Relationship to Tenant: \_\_\_\_\_

**Non EU Nationals:** Please provide evidence of leave to remain in State (i.e. Current Stamp 4 & Letter from Department of Justice)

**Income Details:**

Occupation: \_\_\_\_\_

Employers Details: \_\_\_\_\_

Weekly Wage: \_\_\_\_\_ Please attach 3 recent payslips

Benefit Claimant: Type of Benefit \_\_\_\_\_

Weekly Entitlement: \_\_\_\_\_ Please attach proof

**Previous Addresses:**

Include all addresses for past 10 years and give dates (use separate sheet if necessary):

1. _____	2. _____	3. _____
_____	_____	_____
_____	_____	_____
Dates: From _____	Dates: From _____	Dates: From _____
To _____	To _____	To _____

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Have they ever been included in a Local Authority Tenancy before: Yes ☐    No ☐

If yes, give details & addresses:

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Do they currently or have they ever owned land in Ireland or abroad: Yes ☐    No ☐

If yes, give details:

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Any medical conditions (including pregnancy): -

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Have they ever had been involved in:

a) Anti-Social Behaviour (*whether or not resulting in legal proceedings*)?

Yes ☐ (*give details below, use separate sheet if necessary*)

No ☐

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b) Public Order Offences or Criminal Proceedings (*whether or not resulting in legal proceeding*)

Yes    ☐ (*give details on next page, use separate sheet if necessary*)                      No    ☐

Details of Public Order Offences or Criminal Proceedings:

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*It is the responsibility of the Tenant to ensure that all members of their household, and visitors to her house, behave in a socially acceptable manner, as per the Tenancy Handbook (copies available on request). Failure to adhere to this instruction may ultimately result in eviction proceedings being instigated against the Tenant and their household members.*

*Tenants or household members will not be rehoused by this Authority if they are found guilty of 'Anti-Social Behaviour' or other breaches of the Tenancy Conditions. Additionally, they will not be entitled to any other form of Social Housing Supports, including Homeless Services.*

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**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 add 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](http://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](mailto:dpo@longfordcoco.ie).

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

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.

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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

**Signed:**

Tenant: \_\_\_\_\_ Full Name: \_\_\_\_\_

Joint Tenant: \_\_\_\_\_ Full Name: \_\_\_\_\_

Applicant: \_\_\_\_\_ Full Name: \_\_\_\_\_

Date: \_\_\_\_\_

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**For Office Use Only:**

**Checks Complete:**

<b>Gardai</b>
<b>Local Authority</b>
<b>C.W.O</b>
<b>Dept. of Social Protection</b>
<b>Dept. of Justice</b>

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Recommendations:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Permission:**                      **Granted**                      **Refused**

**Reason for Refusal:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Investigating Officer:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Dated:** \_\_\_\_\_