**APPLICATION TO ADD OCCUPANT**

**Section 1. Current Household Details**

|  |  |
| --- | --- |
| **Account number** |  |
| **Tenant(s)** |  |
| **Address & Eircode** |  |
| **Phone number** |  |
| **Email**  |  |
| **House type**  | Detached | Semi detached | Terrace0 | Bungalow | Two storey |
| **Number of bedrooms \_\_\_\_\_ Number of toilets \_\_\_\_** |  |  |
| **Is the property adapted for special needs (i.e. level access shower) Yes No** **If yes, give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***(continue on separate sheet if necessary)* |

**List the names, date of birth, PPS number of all household members normally resident with the tenant. This must include relationship to the tenant and their weekly income.**

*(use additional sheet if necessary)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Date of Birth** | **PPSN** | **Relation to tenant** | **Income per week €** |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

 **Please see page 2**

**Section 2. Person to be added**

Please complete a separate form for each person you propose to include in your household.

Please include the following documentation for the person to be added with the application:

 **Birth Certificate Photo ID Proof of income HPL1 form (enclosed)**\*

 *\* must be sent to Revenue Commissioners to be completed*

|  |  |
| --- | --- |
| **Full Name** |  |
| **Previous surnames** |  |  |
| **Date of Birth** |  |
| **PPS Number** |  |
| **Mothers maiden name** |  |
| **Nationality** |  |

* Proof of Nationality **must** be provided (i.e. Passport)
* **Non EU Nationals must** provide evidence of leave to remain in State (i.e. Stamp 4 and letter from Department of Justice.)

*Employed*

|  |  |
| --- | --- |
| **Occupation** |  |
| **Employers details** |  |
| **Weekly Wage €** |  *(Please provide three recent payslips)* |
| *Benefit Claimants* |
| **Type of benefit** |  |
| **Weekly entitlement €**  |  *(Please provide proof)* |
|  |

**Previous addresses for last 10 years. Please also provide dates.**

 **(*use separate sheet if necessary*)**

|  |  |
| --- | --- |
| **Address** |  |
| **From - To** |  |
| **Reason for leaving** |  |
|  |  |
| **Address** |  |
| **From - To** |  |
| **Reason for leaving** |  |
|  |  **Continued on Page 3** |
| **Address** |  |
| **From - To** |  |
| **Reason for leaving** |  |
|  |  |
| **Address** |  |
| **From - To** |  |
| **Reason for leaving** |  |

**Has this person ever been included in a Local Authority Tenancy before?**

**Yes No If yes, give details:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Do they have or have they ever owned, property or land either in Ireland or abroad?**

**Yes No If yes, give details:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Any medical conditions?**

**Yes No If yes, give details:**

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**Has the person you are requesting to be added to your household ever been involved in:**

1. **Antisocial behaviour ?(*whether or not resulting in legal proceedings)***

**Yes No If yes, give details:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Public Order Offences or Criminal Proceedings? (*whether or not resulting in legal proceedings)***

**Yes No If yes, give details:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 **Please sign declaration**

***It is the responsibility of the Tenant to ensure that all members of their household and visitors to their 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. Tenants or members of the household will not be rehoused by this authority if they are found guilty of ‘Antisocial Behaviour’ or other breaches of Tenancy Conditions. They may also be refused ‘Rent allowance’ by the Community Welfare Officer.***

 **Please sign declaraSection 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 Siochana, 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, 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.

1. 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.
2. 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.
3. 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.
4. 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.
5. I (or we) understand that my (or our) personal data will be shared with other public bodies only as provided by law.
6. 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.

**1. Signature of tenant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_**

 ***Print name* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Phone Number* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Signature of tenant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_**

 ***Print name* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Phone Number* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**FOR OFFICE USE ONLY**

|  |  |
| --- | --- |
|  | **GARDAI** |
|  | **LOCAL AUTHORITY** |
|  | **COMMUNITY WELFARE OFFICER** |
|  | **DEASP** |
|  | **DEPT OF JUSTICE** |

**CHECKS COMPLETE:**

**COMMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**RECOMMENDATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Permission Granted**  | **Permission Refused**  |

**Reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**INVESTIGATING OFFICER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_**

**APPROVED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_**