



COMHAIRLE CONTAE AN CHLÁIR  
CLARE COUNTY COUNCIL

**APPLICATION FOR SOCIAL HOUSING – UPDATE OF DETAILS 2023**

- Please complete the following form to update your application for social housing with **Clare County Council**.
- Documents needed to update your application are listed on page 2. Please send in the relevant documents with this form.
- If you have any questions, please contact us on **(065) 6846572 or (065) 6846255 or (065) 686550**

or email: [housing@clarecoco.ie](mailto:housing@clarecoco.ie)

- **Updated form to be posted or hand delivered to**
  - **OR drop off to**

Clare County Council Offices,  
Áras Contae an Chláir,  
New Road,  
Ennis,  
Co. Clare

## DOCUMENTS REQUIRED

- These may apply to you if your circumstances have changed recently, since you applied or since you last updated your information with the local authority.
- We may need you to submit further documentation and if needed, we will tell you about this as quickly as possible.

For all households	<ul style="list-style-type: none"> <li>• Proof of current address (e.g., utility bill, lease or rental statement)</li> </ul>
Any new household members (e.g. new babies)	<ul style="list-style-type: none"> <li>• Birth Certificate</li> <li>• Photo ID for adults</li> </ul>
Any recent Marriages or Civil Partnerships	<ul style="list-style-type: none"> <li>• Marriage/Civil Partnership certificate</li> </ul>
Any household member in employment	<ul style="list-style-type: none"> <li>• Evidence of 12 months' income prior to the date of application must be submitted through a combination of the following:   <u>Current Year</u>  <b>Payslips</b> for all employments  <b>or</b>  <b>Pay and Tax Summary (Year to date)</b>. This can be obtained from Revenue's online service, myAccount* and will include all employments in this current year to date.   <u>Previous Year</u>  <b>Statement of Liability</b>. This can be obtained through Revenue's online service, myAccount* or your local tax office  <b>and</b>  <b>Employment Detail Summary</b>. This can be obtained from Revenue's online service, myAccount*. </li> </ul> <p>*<a href="https://www.ros.ie/myaccount-web/home.html">https://www.ros.ie/myaccount-web/home.html</a></p>
Any household member in self-employment	<ul style="list-style-type: none"> <li>• A minimum of 2 years' accounts with an Auditor's Report <b>and</b></li> <li>• A Notice of Assessment and/or Self-Assessment Acknowledgement letter for the preceding 12 months</li> </ul>
Any household members in receipt of social welfare	<ul style="list-style-type: none"> <li>• A recent statement from Department of Social Protection detailing all welfare payments received and commencement date of receipt of such payments. If a household is in receipt of social welfare for less than 12 months, a Statement of Liability for the preceding year and, where applicable, payslips for the intervening period must also be provided.</li> </ul>
Any household member who is a non-EEA national	<ul style="list-style-type: none"> <li>• Proof of citizenship or permission to remain in Ireland for all household members (e.g., letter from the Department of Justice or similar from Garda National Immigration Bureau,).</li> </ul>
Any recent legal separation or divorce	<ul style="list-style-type: none"> <li>• Copy of the agreement</li> </ul>
Any recent custody arrangement	<ul style="list-style-type: none"> <li>• Document which sets out the arrangements</li> </ul>
Any maintenance arrangements	<ul style="list-style-type: none"> <li>• Document which sets out how much maintenance is received</li> </ul>
Applications on grounds of any NEW Medical or Disability Grounds (if applicable)	<ul style="list-style-type: none"> <li>• A completed Medical and/or Disability Information Form (HMD-Form 1), available from your local authority</li> <li>• Occupational therapist's report in respect of any specific accommodation requirements</li> </ul>

PROCESSING DETAILS	
Housing reference number	
Are you still interested in receiving Social Housing? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No

1. Your details (please write in the following or tick where indicated)	
Full name	
PPSN:	
Address (including Eircode)	
Email address	
Phone number	
Civil status (please tick)	<div><input type="checkbox"/> Single</div> <div><input type="checkbox"/> Married</div> <div><input type="checkbox"/> Civil Partner</div> <div><input type="checkbox"/> Cohabiting</div> <div><input type="checkbox"/> Other</div> <div><input type="checkbox"/> Widowed</div> <div><input type="checkbox"/> Divorced</div> <div><input type="checkbox"/> Separated</div> <div><input type="checkbox"/> Legally Separated</div>
Employment status (please tick the box which applies to you)	
<div><input type="checkbox"/> Employed (full-time or part-time)</div> <div><input type="checkbox"/> Unemployed (receiving social welfare payment)</div> <div><input type="checkbox"/> Homemaker (looking after home/family with no income))</div> <div><input type="checkbox"/> Self-Employed</div> <div><input type="checkbox"/> Pensioner/Retired</div> <div><input type="checkbox"/> Participating in a Government employment scheme (e.g., SOLAS scheme)</div> <div><input type="checkbox"/> One Parent Family Payment</div> <div><input type="checkbox"/> Student</div> <div><input type="checkbox"/> Other, please specify:<div></div></div>	

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)	<div><input type="checkbox"/> Single</div> <div><input type="checkbox"/> Married</div> <div><input type="checkbox"/> Civil Partner</div> <div><input type="checkbox"/> Cohabiting</div> <div><input type="checkbox"/> Other</div> <div><input type="checkbox"/> Widowed</div> <div><input type="checkbox"/> Divorced</div> <div><input type="checkbox"/> Separated</div> <div><input type="checkbox"/> Legally Separated</div>	
Employment status (please tick the box which applies to the Joint Applicant)		
<div><input type="checkbox"/> Employed (full-time or part-time)</div> <div><input type="checkbox"/> Self-Employed</div> <div><input type="checkbox"/> Participating in a Government employment scheme (e.g. SOLAS) )scheme in Back to Work/FÁS Scheme</div> <div><input type="checkbox"/> Unemployed (receiving social welfare payment)</div> <div><input type="checkbox"/> Pensioner/Retired</div> <div><input type="checkbox"/> One Parent Family Payment</div> <div><input type="checkbox"/> Homemaker (looking after home/family with no income)</div> <div><input type="checkbox"/> Student</div> <div><input type="checkbox"/> Other, please specify: <div></div></div>		
3. Income details (please fill out the following about WEEKLY gross income for you and the Joint Applicant)		
Income types (per week)	You	Joint Applicant
Employment income	€	€
Self – employment income	€	€
Social welfare income	€	€
Social Welfare payment types (please write in names of the payments received e.g Job Seeker’s Allowance)		
Maintenance received	€	€
Any other income	€	€
Other income type (Please write in where any other income is from)		
4. Details of any children/dependents or anyone else to be included on the application (please write in the following or tick where indicated)		
Name (1)		
Date of Birth		
PPSN		
Employment/Education status (please tick the box which applies to this person)		
<div><input type="checkbox"/> Employed (full-time or part-time)</div> <div><input type="checkbox"/> Self-Employed</div> <div><input type="checkbox"/> Participating in a Government employment scheme (e.g. SOLAS scheme)</div> <div><input type="checkbox"/> Unemployed (receiving social welfare payment)</div> <div><input type="checkbox"/> Pensioner/Retired</div> <div><input type="checkbox"/> One Parent Family Payment</div> <div><input type="checkbox"/> Homemaker (looking after home/family with no income)</div> <div><input type="checkbox"/> Student</div> <div><input type="checkbox"/> Other, please specify: <div></div></div>		
Their weekly income (If over 18)	€	

Name (2)		
Date of Birth		
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 welfare payment)	<input type="checkbox"/> Homemaker (looking after home/family with no income)
<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Pensioner/Retired	
<input type="checkbox"/> Participating in a Government employment scheme (e.g., SOLAS scheme)	<input type="checkbox"/> One Parent Family Payment	<input type="checkbox"/> Student
<input type="checkbox"/> Other, please specify:		
Their weekly income <i>(If over 18)</i> €		

Name (3)		
Date of Birth		
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 welfare payment)	<input type="checkbox"/> Homemaker (looking after home/family with no income)
<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Pensioner/Retired	
<input type="checkbox"/> Participating in a Government employment scheme (e.g., SOLAS scheme)	<input type="checkbox"/> One Parent Family Payment	<input type="checkbox"/> Student
<input type="checkbox"/> Other, please specify:		
Their weekly income <i>(If over 18)</i> €		

Name (4)		
Date of Birth		
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 welfare payment)	<input type="checkbox"/> Homemaker (looking after home/family with no income)
<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Pensioner/Retired	<input type="checkbox"/> Student
<input type="checkbox"/> Participating in a Government employment scheme (e.g., SOLAS scheme)	<input type="checkbox"/> One Parent Family Payment	
<input type="checkbox"/> Other, please specify:		
Their weekly income <i>(If over 18)</i> €		

Housing authorities must make an assessment of the accommodation needs of Travellers under Section 6 and 7 of the Housing (Traveller Accommodation) Act, 1998. This information is requested for that purpose only and will not be used or have any impact on your eligibility for social housing support.

Do you identify as an Irish Traveller?

☐ Yes    ☐ No    ☐ Prefer not to say

5. Disability and/or Medical Information	
Does anyone in the household have an enduring medical condition/disability that would affect the type of housing needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No  Person's name _____
Describe the nature of the medical condition or disability and noting whether the condition is enduring.	
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> )	
<div><div>• Intellectual disability</div><div><input type="checkbox"/> Yes    <input type="checkbox"/> No</div></div> <div><div>• Mental health disability</div><div><input type="checkbox"/> Yes    <input type="checkbox"/> No</div></div> <div><div>• Physical disability</div><div><input type="checkbox"/> Yes    <input type="checkbox"/> No</div></div> <div><div>• Sensory disability</div><div><input type="checkbox"/> Yes    <input type="checkbox"/> No</div></div>	
Please describe where applicable, the type of accommodation (e.g. ground floor), and any specific adaptations required for the medical condition/disability.	

6. Housing Requirements	
Do you require wheelchair liveable accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Traveller specific accommodation	
Do you require Traveller specific accommodation? ( <i>please tick</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please indicate whether you require Traveller Group Housing or Traveller Halting Bay site	<input type="checkbox"/> Traveller Group Housing <input type="checkbox"/> Traveller Halting Bay Site

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

Where do you live now? <i>(please tick the box which best describes your current living arrangement)</i>	
<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"/> Housing Assistance Payment (HAP	<input type="checkbox"/> Emergency Accommodation/None
<input type="checkbox"/> Local authority rented accommodation	<input type="checkbox"/> Rental Accommodation Scheme
<input type="checkbox"/> Approved Housing Body (AHB)	<input type="checkbox"/> Other, please give details below:
<div></div>	
If you are renting, please write in when your tenancy started or when you moved in (dd/mm/yy)	
How much rent do you pay a month or week?	€
How much rent supplement do you receive each week (if any)?	€
What type of accommodation do you live in at present? <i>(please tick the box below which describes your current accommodation)</i>	
<input type="checkbox"/> Apartment	<input type="checkbox"/> Direct Provision Centre
<input type="checkbox"/> Bed and Breakfast	<input type="checkbox"/> Flat
<input type="checkbox"/> Caravan	<input type="checkbox"/> Group Housing
<input type="checkbox"/> Cottage	<input type="checkbox"/> Halting Bay
<input type="checkbox"/> Day House	<input type="checkbox"/> Hospital
<input type="checkbox"/> Hostel	<input type="checkbox"/> House
<input type="checkbox"/> Institution	<input type="checkbox"/> Maisonette
<input type="checkbox"/> Mobile Home	<input type="checkbox"/> None/other
<input type="checkbox"/> Prison	<input type="checkbox"/> Refuge
<input type="checkbox"/> Sheltered accommodation	<input type="checkbox"/> Transitional accommodation
What facilities do you have in your current accommodation? <i>(please tick the boxes which apply)</i>	
<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.	
9. Other property/land <i>(please write in the following or tick where indicated)</i>	
Do you or any member of your household currently own or have a financial interest in any property in Ireland or any other country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is the property vacant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address of the property	

10. Basis of Application			
Under the current rules, you can only have an application for Social Housing open in <b>one</b> local authority. You may be able to pick areas in other local authorities within the county (see Section 10), but your application can only be based in one local authority. Please update your details below to confirm if your application can remain with Clare County Council.			
Resident - my household lives in the Clare County Council area at the moment (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Local Connection - please indicate if any of the following applies to your household (tick)			
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		<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

11. Areas of Choice (area preferences for housing)			
Please update your 'Areas of Choice' by ticking the areas you are interested in below, subject to the following rules -			
<ul style="list-style-type: none"><li>you can only pick a maximum of 3 Areas of Choice,</li></ul>			
<b>Note:</b> these can only be changed once within a 12 month period.			
Clarecastle	<input type="checkbox"/>	Kildysart/Ballynacally	<input type="checkbox"/>
Clonlara	<input type="checkbox"/>	Kilkee/Cross/Carrigaholt	<input type="checkbox"/>
Cooraclare/Doonbeg	<input type="checkbox"/>	Lisdoonvarna/Ballyvaughan	<input type="checkbox"/>
Corofin/Ruan	<input type="checkbox"/>	Kilrush Town	<input type="checkbox"/>
Ennis	<input type="checkbox"/>	Miltown Malbay/Mullagh/Quilty	<input type="checkbox"/>
Inagh/Ennistymon/Lahinch	<input type="checkbox"/>	Meelick/Parteen/Westbury	<input type="checkbox"/>
Feakle/Scariff/Whitegate	<input type="checkbox"/>	Newmarket On Fergus	<input type="checkbox"/>
Kilmihil	<input type="checkbox"/>	Quin	<input type="checkbox"/>
Kilfenora	<input type="checkbox"/>	Sixmilebridge	<input type="checkbox"/>
Kilmaley	<input type="checkbox"/>	Shannon	<input type="checkbox"/>
Killaloe	<input type="checkbox"/>	Tulla/Kilkishen/Broadford	<input type="checkbox"/>



**DECLARATION**  
Please read the following information relating to the collection and use of your personal data and the declaration carefully. The declaration should only be signed and dated if you are entirely satisfied that you understand all of the information presented in this form. Please note that an application for social housing support can only be accepted when the application has been completed, and this declaration has been signed.

**Collection and Use of Personal Data**  
ALL data supplied by you when completing this form (including any personal data you submit) will be used for the purposes of assessing and administering your application for Social Housing Support. The law allows this local authority in certain circumstances to share your data with other public bodies. For example, we may share your data with the Central Statistics Office under the Statistics Act 1993. The data supplied by you when completing this application may be shared with the Local Government Management Agency (LGMA) and The Housing Agency in order to fulfil a statutory requirement to provide an annual Summary of Social Housing Assessments, including the production at a national level of statistical reports that inform policy and future planning in terms of the national housing need.  
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 Clare County Council's Privacy Statement. Copies of this are available from [www.clarecoco.ie](http://www.clarecoco.ie).  
If you have any questions about your rights under GDPR, you can contact 's Data Protection Officer, or you may also contact the Data Protection Commission (DPC).  
For more information, please contact  
Tel: (065) 6846405  
Email: [DPA@clarecoco.ie](mailto:DPA@clarecoco.ie)

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

Appendix 1

Additional children/dependents

Details of any children/dependents or anyone else to be included on the application (please write in the following or tick where indicated)	
Name	
Date of Birth	
PPSN	
Employment/Education status (please tick the box which applies to this person)	
<input type="checkbox"/> Employed (full-time or part-time)	<input type="checkbox"/> Unemployed (receiving social welfare payment)
<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Pensioner/Retired
<input type="checkbox"/> Participating in a Government employment scheme (e.g. SOLAS scheme)	<input type="checkbox"/> One Parent Family Payment
<input type="checkbox"/> Other, please specify:	<input type="checkbox"/> Homemaker (looking after home/family with no income)
	<input type="checkbox"/> Student
Their weekly income (If over 18)	€

Details of any children/dependents or anyone else to be included on the application (please write in the following or tick where indicated)	
Name	
Date of Birth	
PPSN	
Employment/Education status (please tick the box which applies to this person)	
<input type="checkbox"/> Employed (full-time or part-time)	<input type="checkbox"/> Unemployed (receiving social welfare payment)
<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Pensioner/Retired
<input type="checkbox"/> Participating in a Government employment scheme (e.g. SOLAS scheme)	<input type="checkbox"/> One Parent Family Payment
<input type="checkbox"/> Other, please specify:	<input type="checkbox"/> Homemaker (looking after home/family with no income)
	<input type="checkbox"/> Student
Their weekly income (If over 18)	€

