

APPLICATION FOR SOCIAL HOUSING – UPDATE OF DETAILS 2020

- Should your circumstances change or appear incorrect, please complete the following form to update your application for social housing support with Clare County Council.
- Documents needed to update your application are listed below. Please send in the relevant documents with this form.
- If you have any questions, please call the Housing Department on (065) 6846334 or (065) 6846403
- Please post your updated form and the required documents to Housing Department Clare County Council New Road, Ennis Co Clare OR bring the form into any of our Council offices
- If this for Annual SSHA Review please return by April 9th 2020.

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 Council.
- We may need you to submit further documentation and we will tell you about this as quickly as possible if needed.

For all households, if address has changed	<ul style="list-style-type: none"> • Proof of current address (e.g. a bill, copy of tenancy agreement)
Any new household members (e.g. new babies)	<ul style="list-style-type: none"> • Birth Certificate and PPS
Any recent Marriages or Civil Partnerships	<ul style="list-style-type: none"> • Marriage/Civil Partnership certificate
Any household member in employment	<ul style="list-style-type: none"> • Latest P60 • The last 6 payslips
Any household member in self-employment	<ul style="list-style-type: none"> • 2 years of accounts
Any household members in receipt of social welfare	<ul style="list-style-type: none"> • Information from the Department of Social Protection on current social welfare payments (payment names and amounts)
Any household member who is a non-EEA national	<ul style="list-style-type: none"> • A copy of the latest GNIB card • A copy of the latest Stamp endorsement on the passport
Any recent legal separation or divorce	<ul style="list-style-type: none"> • Copy of the agreement
Any recent custody arrangement	<ul style="list-style-type: none"> • Document which sets out the arrangements
Any recent maintenance arrangements	<ul style="list-style-type: none"> • Document which sets out how much maintenance is received

PROCESSING DETAILS

Housing Reference number <i>(printed on letter)</i>	
Main applicant name	
Are you still interested in receiving Social Housing? <i>(tick)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

1. Your details <i>(please write in the following or tick where indicated)</i>		
Full name		
Email address		
Phone number		
Civil status <i>(please tick)</i>	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Civil Partner <input type="checkbox"/> Separated <input type="checkbox"/> Cohabiting <input type="checkbox"/> Legally Separated <input type="checkbox"/> Other	
Employment status <i>(please tick the box which applies to you)</i>		
<input type="checkbox"/> Employed (full-time or part-time) <input type="checkbox"/> Unemployed (receiving social community/welfare benefit) <input type="checkbox"/> Homemaker (no income) <input type="checkbox"/> Self-Employed <input type="checkbox"/> Pensioner/Retired <input type="checkbox"/> Student/Child <input type="checkbox"/> Employed in Back to Work/FÁS Scheme <input type="checkbox"/> One Parent Family Support only <input type="checkbox"/> Other, please specify: <input type="text"/>		
2. Joint Applicant details <i>(please write in the following or tick where indicated)</i>		
Name of joint applicant		
Relationship to yourself e.g. partner, spouse.		
Civil status of Joint Applicant <i>(please tick)</i>	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Civil Partner <input type="checkbox"/> Separated <input type="checkbox"/> Cohabiting <input type="checkbox"/> Legally Separated <input type="checkbox"/> Other	
Employment status <i>(please tick the box which applies to the Joint Applicant)</i>		
<input type="checkbox"/> Employed (full-time or part-time) <input type="checkbox"/> Unemployed (receiving social community/welfare benefit) <input type="checkbox"/> Homemaker (no income) <input type="checkbox"/> Self-Employed <input type="checkbox"/> Pensioner/Retired <input type="checkbox"/> Student/Child <input type="checkbox"/> Employed in Back to Work/FÁS Scheme <input type="checkbox"/> One Parent Family Support only <input type="checkbox"/> Other, please specify: <input type="text"/>		
3. Income details <i>(please fill out the following WEEKLY income for you and the Joint Applicant)</i>		
Income types (per week)	You	Joint Applicant
Employment income	€	€
Self – employment income	€	€
Social welfare income	€	€
Social Welfare payments <i>(please write in names of the payments received e.g Job Seeker’s Allowance)</i>		
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)	
<input type="checkbox"/> Employed (full-time or part-time)	<input type="checkbox"/> Unemployed (receiving social community/welfare benefit)
<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Pensioner/Retired
<input type="checkbox"/> Employed in Back to Work/FÁS Scheme	<input type="checkbox"/> One Parent Family Support only
<input type="checkbox"/> Other, please specify:	<input type="text"/>
<input type="checkbox"/> Homemaker (no income)	<input type="checkbox"/> Student/Child
Their weekly income (If over 18)	€

Name (2)	
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 community/welfare benefit)
<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Pensioner/Retired
<input type="checkbox"/> Employed in Back to Work/FÁS Scheme	<input type="checkbox"/> One Parent Family Support only
<input type="checkbox"/> Other, please specify:	<input type="text"/>
<input type="checkbox"/> Homemaker (no income)	<input type="checkbox"/> Student/Child
Their weekly income (If over 18)	€

Name (3)	
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 community/welfare benefit)
<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Pensioner/Retired
<input type="checkbox"/> Employed in Back to Work/FÁS Scheme	<input type="checkbox"/> One Parent Family Support only
<input type="checkbox"/> Other, please specify:	<input type="text"/>
<input type="checkbox"/> Homemaker (no income)	<input type="checkbox"/> Student/Child
Their weekly income (If over 18)	€

Name (4)	
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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 community/welfare benefit)
<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Pensioner/Retired
<input type="checkbox"/> Employed in Back to Work/FÁS Scheme	<input type="checkbox"/> One Parent Family Support only
<input type="checkbox"/> Homemaker (no income)	<input type="checkbox"/> Student/Child
<input type="checkbox"/> Other, please specify:	<input type="text"/>
Their weekly income <i>(if over 18)</i>	€
5. Disability and/or Medical Information	
Does anyone in the household have a disability or medical condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No Person's name _____
Please describe the disability or medical condition	
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>	
• Intellectual disability	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Mental health disability	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Physical disability	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Sensory disability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Due to the disability or medical condition are there any particular requirements needed in a home? <i>(please tick)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please describe the particular requirements (E.g. wheelchair access needed) and provide supporting professional documentation	
6. Traveller specific accommodation	
Do you require Traveller specific accommodation? <i>(please tick)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. 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?

(please tick the box which best describes your current living arrangement)

- | | |
|--|---|
| <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"/> Other, please give details below: | <input type="checkbox"/> Emergency Accommodation/None |

If you are renting, please write in when your tenancy started or when you moved in (dd/mm/yy)

Landlord's name

Landlord's phone number

How much rent do you pay a month or week?

€

How much rent supplement do you get each week (if any)?

€

8. Other property/land (please write in the following or tick where indicated)

Do you or any member of the household own property or land in Ireland or any other country? (please tick)

Yes

No

If so, does this include a residential property which is vacant?

Yes

No

Address of the property or land owned (please write in)

9. Basis of Application

Under the current rules, you can only have an application for Social Housing open in **one** council. 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)

Yes

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

Yes

No

b) Someone in the household works in or near the area

Yes

No

c) Someone in the household goes to full-time education in the area

Yes

No

d) A relative resides in the area and has resided there for over 2 years.

Yes

No

e) Someone in the household with a disability or medical condition attends related services and/or facilities in the area

Yes

No

DECLARATION

Once you have finished filling out this form **in full**, please read this declaration carefully and sign and date it when you are satisfied that you understand it.

Collection and Use of Data The housing authority will use the data which you have supplied to administer your housing application. Data may be shared with other public bodies for the purpose of the prevention or detection of fraud. The housing authority may, in conjunction with the Department of the Environment, Community & Local Government, process this data for research purposes including forward planning in relation to the assessment of housing needs.

The housing authority may, for the purpose of its functions under the Housing Acts of 1966 - 2014, share information with another housing authority, the Criminal Assets Bureau, An Garda Síochána, the Department for Social Protection, the Health Service Executive [HSE] or an approved housing body, in relation to occupants or prospective occupants of, or applicants for, social housing support, and any other person the authority considers may be engaged in anti-social behaviour.

Clare County Council Housing Privacy Policy is available on our website at www.clarecoco.ie

Declaration

I/We declare that the information and particulars given by me/us on this form are true and correct.

I/We undertake to notify the housing authority of any change in my/our household circumstances (e.g. address, household composition, employment, medical conditions etc.)

I/We also authorise the housing authority to make whatever enquiries it considers necessary to verify details on my/our application.

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

Completed forms and relevant documentation should be returned to the Housing Department, Clare County Council, New Road, Ennis Co Clare.