



SOUTH TIPPERARY COUNTY AFFORDABLE HOUSING APPLICATION FOR ASSESSMENT

Personal details

	First Applicant	Second Applicant
First name/s	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>
P.R.S.I. number	<input type="text"/>	<input type="text"/>
Relationship with Second Applicant	<input type="text"/>	<input type="text"/>
Current address	<input type="text"/>	<input type="text"/>
Home telephone no.	<input type="text"/>	<input type="text"/>
Work telephone no.	<input type="text"/>	<input type="text"/>
Previous address (if less than 5 years at current address)	<input type="text"/>	<input type="text"/>
Number of dependants	<input type="text"/>	<input type="text"/>
Age/s of dependants	<input type="text"/>	<input type="text"/>

Financial Commitments

(e.g. loans, personal borrowings, lease agreements, credit card purchases, etc.):

Financial institution/s (list if more than one)	Amount/s now owing €	Repayment amount/s (monthly) €

Current accommodation (tick applicable box)

are you:-	First Applicant	Second Applicant
A Home Owner	<input type="checkbox"/>	<input type="checkbox"/>
A Local Authority Tenant	<input type="checkbox"/>	<input type="checkbox"/>
A Voluntary Housing Tenant	<input type="checkbox"/>	<input type="checkbox"/>
On a Local Authority Waiting List	<input type="checkbox"/>	<input type="checkbox"/>
If so, which authority	_____	_____
Application Date	_____	_____
How long on the list	_____	_____
Renting Private Accommodation	<input type="checkbox"/>	<input type="checkbox"/>
Amount of Rent Per Week	_____	_____
Rent Supplement (if applicable)	_____	_____
Living with Parents/Relatives	<input type="checkbox"/>	<input type="checkbox"/>
Amount of Rent Per Week	_____	_____
First Time Buyer (If not, please give details below)	<input type="checkbox"/>	<input type="checkbox"/>

Living conditions:

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	First Applicant	Second Applicant
How many people live in your current accommodation?	_____	_____
How many bedrooms in your current accommodation do you occupy?	_____	_____
Do you share a bathroom?	_____	_____
if yes, with how many people?	_____	_____

Current accommodation condition

Please indicate 1,2, or 3 below
(Provide reason if fair or poor condition)

1. Sound condition (no remedial works on the property is required)	<input type="checkbox"/>	<input type="checkbox"/>
2. Fair condition (no major refurbishment of the property is required)	<input type="checkbox"/> _____	<input type="checkbox"/> _____
3. Poor condition (works are required to prevent serious deterioration to structure / fabric of house or to attend to a safety or health hazard)	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Location preference

Please indicate your location preference in South Tipperary

1st pref. _____

2nd pref. _____

Please state reason for preference:

Declaration

I declare that the information and particulars provided by me on this form are true and correct and I undertake to notify the South Tipperary local authorities of any change in the information and particulars provided.

Note: the furnishing of false or misleading information is an offence liable for prosecution.

First applicant signature: _____ **Date:** _____

Second applicant signature: _____ **Date:** _____



SOUTH TIPPERARY COUNTY COUNCIL

TO BE COMPLETED AND RETURNED WITH EVERY APPLICATION FORM

APPLICANT

Name	_____
Address	_____

Phone	_____

EMPLOYMENT DETAILS

In relation to the above named, I wish to confirm the following information:	
Is employment	Permanent <input type="checkbox"/> Fulltime <input type="checkbox"/>
	Temporary <input type="checkbox"/> Part-time <input type="checkbox"/>
Annual Salary/Wage	Basic € _____
	Overtime € _____
	Bonus € _____
	Shift Allowance € _____
	Other € _____
Is employee subject to a salary scale	yes <input type="checkbox"/> no <input type="checkbox"/>
Please state position on scale _____	Max. Salary € _____

I certify the above information is accurate

Signed _____	COMPANY STAMP
Block Capitals _____	
Position _____	
Contact No. _____	



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APPLICANT

Name	_____
Address	_____

Phone	_____

EMPLOYMENT DETAILS

In relation to the above named, I wish to confirm the following information:		
Is employment	Permanent <input type="checkbox"/>	Fulltime <input type="checkbox"/>
	Temporary <input type="checkbox"/>	Part-time <input type="checkbox"/>
Annual Salary/Wage	Basic	€ _____
	Overtime	€ _____
	Bonus	€ _____
	Shift Allowance	€ _____
	Other	€ _____
Is employee subject to a salary scale	yes <input type="checkbox"/>	no <input type="checkbox"/>
Please state position on scale	_____	Max. Salary € _____

I certify the above information is accurate

Signed _____	COMPANY STAMP
Block Capitals _____	
Position _____	
Contact No. _____	



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TO BE COMPLETED AND RETURNED WITH APPLICATION FORM

APPLICANT

Name	_____
Address	_____

Phone	_____

BENEFIT DETAILS

In relation to the above named, I wish to confirm the following information:	
Type of Benefit	_____
Weekly Amount	€ _____

I certify the above information is accurate	STAMP
Signed _____	
Block Capitals _____	
Position _____	
Contact No. _____	



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TO BE COMPLETED AND RETURNED WITH APPLICATION FORM

APPLICANT

Name	_____
Address	_____

Phone	_____

BENEFIT DETAILS

In relation to the above named, I wish to confirm the following information:	
Type of Benefit	_____
Weekly Amount	€ _____

I certify the above information is accurate	STAMP
Signed _____	
Block Capitals _____	
Position _____	
Contact No. _____	

FORM S.L.4

TO BE COMPLETED BY APPLICANT

1. Your full name: _____
2. Previous name (if applicable) _____

3. Present address _____
4. Previous address _____
5. Full address of new house _____
6. Income tax reference number _____

TO BE COMPLETED BY INSPECTOR OF TAXES

I hereby certify, in accordance with my records and to the best of my knowledge that the above named person has/has not previously claimed in come tax relief in respect of interest paid on money borrowed to purchase or build a dwelling.

Date/ _____

Official Stamp:

Signed/ _____

TO BE COMPLETED BY APPLICANT

7. Name of spouse or intended spouse _____
8. Previous name of spouse (if any) _____
9. Previous address of spouse (if any) _____
10. Full address of new house _____
11. Income tax reference of spouse _____

TO BE COMPELETED BY INSPECTOR OF TAXES

I hereby certify, in accordance with my records and to the best of my knowledge that the above named person has/has not previously claimed income tax in respect of interest paid on money borrowed to purchase or build a dwelling.

Date/ _____

Official Stamp:

Signed/ _____

PLEASE ENSURE THAT THE FOLLOWING DOCUMENTS ARE ENCLOSED WITH YOUR APPLICATION

- **Application Form**
- **Original P60**
- **Original Payslips (4)**
- **Original Statement of Loans**
- **Original Statement of Savings**
- **Salary Cert, stamped by your employer (if applicable)**
- **Social Welfare Benefit Cert, stamped by Social Welfare Office (if applicable)**
- **SL4 Form, completed by Inspector of Taxes**
- **Original Birth certificate(s)**

