

# Application form for **SOCIAL HOUSING SUPPORT**



Application to:

**Meath County Council**

(insert name of local authority)



**Meath  
County  
Council**

**Buvinda House, Dublin Road, Navan, Co. Meath C15 Y291**

**0469097250**

## **Important: Please Read the Following Information Carefully**

1. If you are unsure about how to answer any of the questions in this application form, please ask an officer in the Housing Section or Customer Service Unit of your local authority or your local Citizens Information Centre to help you.
2. When filling out this form, please make sure to write clearly so that your application can be processed as quickly as possible.
3. Make sure you have answered all of the questions fully where these are relevant to you. If you do not fully answer all the questions relevant to you, you might not get the correct priority for housing or else we may have to return the form to you, and it would delay your application. Only fully completed applications will be processed.
4. Your rights as a data subject under the General Data Protection Regulation (GDPR) apply in full and will be clearly set out in the relevant data protection policies and procedures for the local authority to whom you are submitting your application. If you have any query in relation to your rights under GDPR, you can contact the nominated Data Protection Officer for that local authority. Details of how to submit your query will be supplied by the local authority directly.
5. This application cannot be completed without a Personal Public Service Number (PPSN) for all members of the household included on the application form. If you are not aware of the PPSN for any children for whom accommodation is sought, they can be obtained by contacting your local Social Welfare Office either by telephone or in person. Please note that you will need to have your own PPSN to hand.

6. You must supply the relevant supporting documentation so that your application can be processed. Please use the checklist provided to make sure you have included everything that is needed to consider your application.

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7. This application cannot be completed without documentary evidence of income details given in this application, as outlined in the checklist below.

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8. In carrying out its functions under the Housing Acts of 1966-2014, the local authority may request and obtain information from 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 occupants 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.

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9. Any change in the details given, particularly any change of address or income, should be notified to the local authority immediately so that your record can be updated.

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10. Local authorities are required to report annually to the Department of Housing, Local Government and Heritage, the number of households in need of social housing support, under a process known as the Summary of Social Housing Assessments. This process may require us in the future to contact you and request you to confirm details provided on this form are accurate and up to date. Failure to respond to any such request may result in your housing application being closed. Information supplied through this process may be shared with the Local Government Management Agency and The Housing Agency for the purpose of compiling the Summary Assessment report, which is a statistical summary at national level that informs policy and future planning in terms of the national housing need.

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11. **Please ensure that you have supplied all the relevant information and supporting documentation to process your application.** However, be advised that the local authority may ask for further supporting documentation at a later stage.

# CHECKLIST FOR APPLICANTS

Applicants are strongly advised to submit their applications in person at this office as posted applications are frequently not completed correctly and have to be returned.



Please ensure that your application includes the following original documentation (an official translation into Irish or English is required, where appropriate):

## 1. Personal Information

- Fully completed application form (including signed declarations)
- Photographic identification (current passport or Irish driving licence)
- Birth certificates for all household members
- PPSNs for all household members
- Marriage certificates for all applicants, where applicable
- Proof of current address (utility bill, lease or rental statement) - for all applicants, where applicable
- If renting, proof of tenancy agreement and Residential Tenancies Board (RTB) registration, where available
- 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).

## 2. Income Information (relevant to all household members where applicable)

- Evidence of income (please arrange to have the attached Certificate of Income completed)

### Employed

- Documentary evidence of the preceding 12 months' income through a combination of the following: 
  - The previous years' Statement of Liability (available from the Revenue Commissioners);
  - Proof of the household's current income, e.g. payslips for the intervening period from Statement of Liability to date of application.

### Social Welfare Income

- 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.

### Self Employed

- A minimum of 2 years' accounts with an Auditor's Report and
- A Notice of Assessment and/or Self-Assessment Acknowledgement letter for the preceding 12 months

### 3. Documentation Required in Relation to Separation/Divorce

- Copy of separation/divorce agreement for both applicants, where applicable  
The agreement must identify:
  - The extent of maintenance being received or paid by the applicant
  - The circumstances under which the maintenance payments can cease
  
- If there is no agreement, a letter from the applicant's solicitor or a legal affidavit signed by a practising solicitor must be included with the application. The letter should confirm:
  - That there is no formal separation agreement
  - That there are no court proceedings pending under family law legislation
  - The position in relation to maintenance and other payments
  - Overnight access/custody arrangements for children
  - Property ownership
  - Evidence of maintenance payments received for previous 12 months, prior to the date of application

### 4. Property Ownership

- If you or any member of your household currently owns property, an affidavit or any other documentation as requested by the local authority is required outlining the location, value, current status of the property and any monies being received in respect of the property.

### 5. Other Documentation Required

- If you are not resident in the local authority area where you are seeking housing support, please provide evidence of your local connection with that area
  
- If you or any member of your household was previously a local authority/Approved Housing Body (AHB) tenant, please provide a letter from the local authority/AHB where you or the household member resided setting out details in relation to the previous tenancy. This letter should include duration of tenancy, reason for leaving, arrears, any other relevant information.
  
- If you wish to apply for a single rural house or demountable dwelling, please include necessary accompanying documentation (see Part 8 of this form)
  
- If it has been deemed that your mortgage is no longer sustainable and you have exited from the Mortgage Arrears Resolution Process (MARP), please include a letter from the Arrears Support Unit of your lender.

### 6. Applications on Medical or Disability Grounds (if applicable)

- A completed Medical and/or Disability Information Form (HMD-Form 1), available from your local authority
  
- Occupational therapist's report in respect of any specific accommodation requirements

Notwithstanding the required documentation set out above at points 1-6, in certain situations for example, where a particular document cannot be provided, the local authority may, at its discretion, request alternative documentation to satisfy itself in relation to the specific information being sought.

LOCAL AUTHORITY REFERENCE NO.:

## PART 1: PERSONAL DETAILS

Please complete the following in respect of yourself and Applicant 2 (if applicable).



Please answer ALL questions and place a tick (✓) in the boxes provided. Please use BLOCK LETTERS.

Tick if a joint application

### APPLICANT 1

### APPLICANT 2

1. PPSN

FIGURES						LETTERS					

FIGURES						LETTERS					

2. First name(s)



Surname



Birth surname (if different)



3. Current address



Eircode

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How long have you lived at this address?

YEARS	MONTHS

YEARS	MONTHS

4. Telephone/mobile number



5. Date of birth (attach birth certificates)

D	D	M	M	Y	Y		

D	D	M	M	Y	Y		

6. Gender



7. Marital details

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	<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	<input type="checkbox"/>		

**APPLICANT 1**

**APPLICANT 2**

- Date of marriage (if applicable)  
(attach marriage certificate )
- 8. Please state relationship of Applicant 2 to Applicant 1
- 9. If you wish to receive information by e-mail, please tick
- Email address

D	D	M	M	Y	Y
<input type="checkbox"/>					

D	D	M	M	Y	Y
<input type="checkbox"/>					

## PART 2: NATIONALITY DETAILS

Please complete the following in respect of yourself and Applicant 2 (if applicable).



**APPLICANT 1**

**APPLICANT 2**

- 1. Place and/or country of birth
- 2. Nationality
- 3. Usual language spoken
- 4. Citizenship status  
(attach proof of citizenship)
- Date of entry to Ireland  
(if applicable)
- If you are not an EEA or UK national:  
Basis of stay in Ireland  
(attach copy of residency permission)

Irish	<input type="checkbox"/>	UK	<input type="checkbox"/>		
Other EEA*	<input type="checkbox"/>	Non-EEA	<input type="checkbox"/>		
D	D	M	M	Y	Y

Irish	<input type="checkbox"/>	UK	<input type="checkbox"/>		
Other EEA*	<input type="checkbox"/>	Non-EEA	<input type="checkbox"/>		
D	D	M	M	Y	Y

\* EEA: this refers to the European Economic Area (EEA) whose member states include: Austria, Belgium, Bulgaria, Czech Republic, Croatia, Cyprus, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden.

## PART 3: EMPLOYMENT DETAILS

Please complete the following in respect of yourself and Applicant 2 (if applicable).



	APPLICANT 1	APPLICANT 2																								
1. Employment status	<p>Employed (full-time or part-time) <input type="checkbox"/></p> <p>Self-employed <input type="checkbox"/></p> <p>Participating in a Government employment scheme (e.g. SOLAS scheme) <input type="checkbox"/></p> <p>Unemployed (receiving social welfare payment) <input type="checkbox"/></p> <p>Pensioner/Retired <input type="checkbox"/></p> <p>One-Parent Family Payment <input type="checkbox"/></p> <p>Homemaker (looking after home/family with no income) <input type="checkbox"/></p> <p>Student <input type="checkbox"/></p> <p>Other, please specify</p> <input type="text"/> <input type="text"/>	<p>Employed (full-time or part-time) <input type="checkbox"/></p> <p>Self-employed <input type="checkbox"/></p> <p>Participating in a Government employment scheme (e.g. SOLAS scheme) <input type="checkbox"/></p> <p>Unemployed (receiving social welfare payment) <input type="checkbox"/></p> <p>Pensioner/Retired <input type="checkbox"/></p> <p>One-Parent Family Payment <input type="checkbox"/></p> <p>Homemaker (looking after home/family with no income) <input type="checkbox"/></p> <p>Student <input type="checkbox"/></p> <p>Other, please specify</p> <input type="text"/> <input type="text"/>																								
2. Employer's name (in the case of self-employed, give company name)	<input type="text"/>	<input type="text"/>																								
3. Address of employer (in the case of self-employed, please give company address)	<input type="text"/>	<input type="text"/>																								
4. Occupation	<input type="text"/>	<input type="text"/>																								
5. Employment status (e.g. permanent, full-time, part-time)	<input type="text"/>	<input type="text"/>																								
6. Date commenced present employment	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>D</td> <td>D</td> <td>M</td> <td>M</td> <td>Y</td> <td>Y</td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	D	D	M	M	Y	Y	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>D</td> <td>D</td> <td>M</td> <td>M</td> <td>Y</td> <td>Y</td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	D	D	M	M	Y	Y
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D	D	M	M	Y	Y																					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																					
D	D	M	M	Y	Y																					

## PART 4: WEEKLY INCOME DETAILS

Please complete the following in respect of yourself and Applicant 2 (if applicable).



### Please state gross weekly income

Gross income is the total amount of money earned before any deductions are made. Each source of income should be supported by relevant documentation, i.e. social welfare statement, Statement of Liability (or equivalent), payslips.

	APPLICANT 1	APPLICANT 2
1. Employment	€ <input type="text"/>	€ <input type="text"/>
2. Self-Employment	€ <input type="text"/>	€ <input type="text"/>
3. Social welfare	<input type="text"/>	<input type="text"/>
Payment type(s)	<input type="text"/>	<input type="text"/>
Social welfare (total)	€ <input type="text"/>	€ <input type="text"/>
4. Other income sources	€ <input type="text"/>	€ <input type="text"/>
If so, please specify	<input type="text"/>	<input type="text"/>
5. Maintenance received (if applicable)	€ <input type="text"/>	€ <input type="text"/>

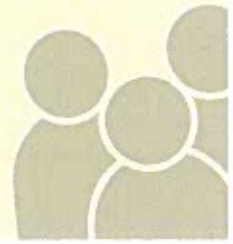


**Please state all weekly deductions**

	<b>APPLICANT 1</b>	<b>APPLICANT 2</b>
6. Weekly deductions		
PAYE	€ <input type="text"/>	€ <input type="text"/>
PRSI	€ <input type="text"/>	€ <input type="text"/>
Universal Social Charge	€ <input type="text"/>	€ <input type="text"/>
Additional Superannuation Contribution (ASC)	€ <input type="text"/>	€ <input type="text"/>
7. Other	€ <input type="text"/>	€ <input type="text"/>
If so, please specify	<input type="text"/>	<input type="text"/>
8. Total deductions	€ <input type="text"/>	€ <input type="text"/>

# PART 5: DETAILS OF OTHER HOUSEHOLD MEMBERS SEEKING ACCOMMODATION

(i.e. excluding Applicant 1 and Applicant 2)  
Please copy this sheet for further household members.



## OTHER HOUSEHOLD MEMBER 1

## OTHER HOUSEHOLD MEMBER 2

1. PPSN

FIGURES										LETTERS					

FIGURES										LETTERS					

2. First name(s)



Surname



Birth surname (if different)



3. Date of birth  
(attach birth certificate)

D	D	M	M	Y	Y		

D	D	M	M	Y	Y		

4. Country of birth



5. Nationality



6. Gender



7. Marital status



8. Relationship to applicant



9. Current address



Eircode

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

How long has the household member lived at this address?

YEARS			MONTHS		

YEARS			MONTHS		

10. Is the household member a dependant?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

Is the household member a joint applicant?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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**OTHER HOUSEHOLD MEMBER 1**

**OTHER HOUSEHOLD MEMBER 2**

11. Citizenship status  
(attach proof of citizenship)

Irish  UK   
 Other EEA\*  Non-EEA

Irish  UK   
 Other EEA\*  Non-EEA

Date of entry to Ireland  
(if applicable)

D D M M Y Y

D D M M Y Y

If the household member is  
not an EEA or UK national:

Basis of stay in Ireland  
(attach copy of residency  
permission)

12. Employment status

Employed (full-time or part-time)   
 Self-employed   
 Participating in a Government  
employment scheme (e.g. SOLAS  
scheme)   
 Unemployed (receiving social  
welfare payment)   
 Pensioner/Retired   
 One-Parent Family Payment   
 Homemaker (looking after  
home/family with no income)   
 Student   
 Other, please specify

Employed (full-time or part-time)   
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employment scheme (e.g. SOLAS  
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 Unemployed (receiving social  
welfare payment)   
 Pensioner/Retired   
 One-Parent Family Payment   
 Homemaker (looking after  
home/family with no income)   
 Student   
 Other, please specify

13. Weekly net income

€  |

€  |

\* Please see footnote on page 06.

# PART 5: DETAILS OF OTHER HOUSEHOLD MEMBERS SEEKING ACCOMMODATION

(i.e. excluding Applicant 1 and Applicant 2)  
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	OTHER HOUSEHOLD MEMBER	OTHER HOUSEHOLD MEMBER																																																																
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2. First name(s)	<input type="text"/>	<input type="text"/>																																																																
Surname	<input type="text"/>	<input type="text"/>																																																																
Birth surname (if different)	<input type="text"/>	<input type="text"/>																																																																
3. Date of birth (attach birth certificate)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td colspan="6"></td> </tr> </table>													D	D	M	M	Y	Y							<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td colspan="6"></td> </tr> </table>													D	D	M	M	Y	Y																						
D	D	M	M	Y	Y																																																													
D	D	M	M	Y	Y																																																													
4. Country of birth	<input type="text"/>	<input type="text"/>																																																																
5. Nationality	<input type="text"/>	<input type="text"/>																																																																
6. Gender	<input type="text"/>	<input type="text"/>																																																																
7. Marital status	<input type="text"/>	<input type="text"/>																																																																
8. Relationship to applicant	<input type="text"/>	<input type="text"/>																																																																
9. Current address	<input type="text"/>	<input type="text"/>																																																																
Eircode	<input type="text"/>	<input type="text"/>																																																																
How long has the household member lived at this address?	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="5">YEARS</td> <td colspan="5">MONTHS</td> </tr> </table>											YEARS					MONTHS					<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="5">YEARS</td> <td colspan="5">MONTHS</td> </tr> </table>											YEARS					MONTHS																												
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10. Is the household member a dependant?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>																																																																
Is the household member a joint applicant?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>																																																																

	<b>OTHER HOUSEHOLD MEMBER</b>	<b>OTHER HOUSEHOLD MEMBER</b>																								
11. Citizenship status (attach proof of citizenship)	Irish <input type="checkbox"/> UK <input type="checkbox"/> Other EEA* <input type="checkbox"/> Non-EEA <input type="checkbox"/>	Irish <input type="checkbox"/> UK <input type="checkbox"/> Other EEA* <input type="checkbox"/> Non-EEA <input type="checkbox"/>																								
Date of entry to Ireland (if applicable)	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> <tr> <td>D</td> <td>D</td> <td>M</td> <td>M</td> <td>Y</td> <td>Y</td> </tr> </table>							D	D	M	M	Y	Y	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> <tr> <td>D</td> <td>D</td> <td>M</td> <td>M</td> <td>Y</td> <td>Y</td> </tr> </table>							D	D	M	M	Y	Y
D	D	M	M	Y	Y																					
D	D	M	M	Y	Y																					
If the household member is not an EEA or UK national:  Basis of stay in Ireland (attach copy of residency permission)	<div style="border: 1px solid black; height: 70px; width: 100%;"></div>	<div style="border: 1px solid black; height: 70px; width: 100%;"></div>																								
12. Employment status	Employed (full-time or part-time) <input type="checkbox"/> Self-employed <input type="checkbox"/> Participating in a Government employment scheme (e.g. SOLAS scheme) <input type="checkbox"/> Unemployed (receiving social welfare payment) <input type="checkbox"/> Pensioner/Retired <input type="checkbox"/> One-Parent Family Payment <input type="checkbox"/> Homemaker (looking after home/family with no income) <input type="checkbox"/> Student <input type="checkbox"/> Other, please specify <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Employed (full-time or part-time) <input type="checkbox"/> Self-employed <input type="checkbox"/> Participating in a Government employment scheme (e.g. SOLAS scheme) <input type="checkbox"/> Unemployed (receiving social welfare payment) <input type="checkbox"/> Pensioner/Retired <input type="checkbox"/> One-Parent Family Payment <input type="checkbox"/> Homemaker (looking after home/family with no income) <input type="checkbox"/> Student <input type="checkbox"/> Other, please specify <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																								
13. Weekly net income	€   <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	€   <div style="border: 1px solid black; width: 150px; height: 20px;"></div>																								

\* Please see footnote on page 06.

## PART 6: CURRENT ACCOMMODATION



### Nature of Current Tenure

1. Select the nature of your current tenure from the list below

- Private household
- Private rented accommodation
- Local authority rented accommodation
- Approved Housing Body (AHB)
- Rental Accommodation Scheme (RAS)
- Housing Assistance Payment (HAP)
- Emergency accommodation/None
- Other

If other, give details

2. If you selected **private household**, please ensure that you complete the relevant sections hereunder

- Owner-occupier
- With parents
- With relatives/friends

3. If you selected **private rented accommodation**, please ensure that you complete the relevant sections hereunder

- In receipt of Rent Supplement
- Not in receipt of Rent Supplement

State Rent Supplement amount per week

€

Date Rent Supplement payment commenced at current address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y

### Rental Information (if currently renting)

1. Tenancy start date        
D D M M Y Y

Weekly rent €

2. Are you in arrears of rent? Yes  No

If yes, state amount of arrears €

3. Have you received a notice of termination? Yes  No

If yes, please state reason

**What type of accommodation are you in now?**

Tick box and add description.

Apartment	<input type="checkbox"/>	Direct Provision centre	<input type="checkbox"/>	Hostel	<input type="checkbox"/>	None/other	<input type="checkbox"/>
Bed and Breakfast	<input type="checkbox"/>	Flat	<input type="checkbox"/>	House	<input type="checkbox"/>	Prison	<input type="checkbox"/>
Caravan	<input type="checkbox"/>	Group housing	<input type="checkbox"/>	Institution	<input type="checkbox"/>	Refuge	<input type="checkbox"/>
Cottage	<input type="checkbox"/>	Halting bay	<input type="checkbox"/>	Maisonette	<input type="checkbox"/>	Sheltered accommodation	<input type="checkbox"/>
Day house	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Mobile home	<input type="checkbox"/>	Transitional accommodation	<input type="checkbox"/>

Description, e.g. semi-detached, detached, terraced, bungalow, etc.

**Which of the following best describes your reason for seeking support?**

Disability grounds	<input type="checkbox"/>	Involuntary sharing facilities	<input type="checkbox"/>	Rent increase	<input type="checkbox"/>
Eviction/notice of termination	<input type="checkbox"/>	Medical grounds	<input type="checkbox"/>	Unable to provide accommodation from own resources	<input type="checkbox"/>
Fire/other damage	<input type="checkbox"/>	Overcrowded	<input type="checkbox"/>	Unfit accommodation	<input type="checkbox"/>
Homeless	<input type="checkbox"/>	Parent/family home (involuntary sharing)	<input type="checkbox"/>	Unsustainable mortgage	<input type="checkbox"/>

Other, give details

**Please indicate the facilities available to your household in its current accommodation**

Bathroom	<input type="checkbox"/>	Kitchen	<input type="checkbox"/>	Water supply – cold	<input type="checkbox"/>
Bedroom – specify number	<input type="checkbox"/>	Living room	<input type="checkbox"/>	Water supply – hot	<input type="checkbox"/>
Central heating	<input type="checkbox"/>	Toilet	<input type="checkbox"/>		

## PART 7: ACCOMMODATION HISTORY

Please give details of previous accommodation over the last 5 years.



Address	Nature of tenure (e.g. owner, private rented, staying with relative, etc.)	Date at address		Reason for leaving
		From DD/MM/YY	To DD/MM/YY	
			—	
			—	
			—	
			—	
			—	

### Information about any local authority/Approved Housing Body/Rental Accommodation Scheme (RAS) accommodation

1. Please provide details, including dates and duration of tenancy, of any dwelling or site provided by a local authority, or an Approved Housing Body, previously let or sold to the household or any household member at any time in the past. A letter from the local authority where you or any member of your household was a tenant should be provided in relation to any previous tenancy.

2. Please provide details, including dates and duration of tenancy, of any dwelling previously let to the household or any household member under a **Rental Accommodation Scheme (RAS)** tenancy agreement at any time before the application is made.



## PART 8: HOUSING REQUIREMENTS

Please indicate type of social housing support that best meets your needs.



Adapted housing	<input type="checkbox"/>	Improvement Works In Lieu scheme (IWILs)	<input type="checkbox"/>	Site for private house	<input type="checkbox"/>
Approved Housing Body (AHB)	<input type="checkbox"/>	Rental Accommodation Scheme (RAS)	<input type="checkbox"/>	Transfer (include rent account number below if applicable)*	<input type="checkbox"/>
Demountable dwelling (see below)	<input type="checkbox"/>	Rented local authority accommodation	<input type="checkbox"/>	<input type="text"/>	
Extension to local authority house	<input type="checkbox"/>	Single level housing	<input type="checkbox"/>	Traveller group housing	<input type="checkbox"/>
Housing Assistance Payment (HAP)*	<input type="checkbox"/>	Single rural dwelling (see below)	<input type="checkbox"/>	Traveller halting site bay	<input type="checkbox"/>
				Wheelchair livable	<input type="checkbox"/>

\*Separate application forms are required, discuss with your local authority.

### Single Rural Houses

**Note: The site to be transferred must be clear of any burdens, financial or otherwise. The following must be provided:**

1. Legal evidence of a right of way for the authority to the lands from the nearest public road.
2. Details of all lands in your ownership, including title documentation or a signed affidavit from a solicitor confirming that the lands are registered in your ownership or the ownership of the person providing the site.
3. A written declaration of intention to transfer the site to the local authority free of charge.
4. A written acceptance from you (or the owner of the lands) that the final decision on the location of the proposed cottage on the lands, subject to you qualifying for social housing support, is at the sole discretion of the local authority.
5. Any other documents, such as site location/layout maps, requested by the authority in connection with the application.

Name and address of owner of proposed site:	Exact location of site (incl. townland):

### Demountable Dwelling

The following must be provided:

1. Letter from owner of site confirming that he/she is willing to allow a demountable unit to be placed on the land.
2. Copy of site map.

Name and address of owner of proposed site:	Exact location of site (incl. townland):

**Accommodation on Medical or Disability Grounds**

In support of your application on medical or disability grounds, please provide the following details and a completed Medical and/or Disability Information Form (HMD-Form 1), available from your local authority:

Name of household member with an enduring medical condition/disability that would affect the type of housing you need.	
The nature of the medical condition or disability and noting whether the condition is enduring.	
Where applicable, the type of accommodation (e.g. ground floor), and any specific adaptations required for the medical condition/disability. (Occupational therapist's report to be submitted in support of application)	

**PART 9: BASIS FOR APPLICATION**



Basis for application to: **Meath County Council**

(insert name of local authority)

**NB: it is important to note that you may only apply for social housing support to one local authority, and it must be one of the following:**

- i. A local authority whose area you currently live in
- ii. A local authority that you have a local connection to, or
- iii. There are other reasons why the local authority should accept your application for support.

**Note: local connection means:**

- A household member has resided for a continuous 5 year period at any time in the area concerned; or
- The place of employment of any household member is in the area concerned or is located within 15 kilometres of the area; or
- A household member is in full-time education in any university, college, school or other educational establishment in the area concerned; or
- A household member with an enduring physical, sensory, mental health or intellectual impairment is attending an educational or medical establishment in the area concerned that has facilities or services specifically related to such impairment; or
- A relative of a household member lives in the area concerned and has lived there for a minimum period of 2 years (a relative in this instance means - a parent, adult child or sibling, and may include another relative such as a step-parent, grandparent, grandchild, aunt or uncle, who has a close link with the household member in the form of commitment or dependence).

APPLICATION FOR SOCIAL HOUSING SUPPORT

1. Please indicate the basis for your application as follows (only one box should be ticked):

Household is normally resident in the local authority area

Household has a local connection with the local authority area

Please specify the nature of the local connection (see note above)

The local authority should consider the application for social housing support for the following reason(s)

2. Are you or any household member currently on the housing list of any other local authority?

Yes

No

If yes, please provide the name of the household member and the local authority to which they have applied for social housing support.

Household member:

Local authority:

**Areas of Choice\*\***

Please tick the areas, within the local authority, where you would accept an offer of accommodation.

A maximum of 3 areas of choice may be ticked from the following list of areas of choice. Please note that listing of areas of choice on the application form is not a priority listing, i.e. all areas of choice specified on the form are deemed to be of equal priority. It should be noted that you are committed to these areas of choice for a period of 12 months.

<b>ASHBOURNE</b>	<b>RATOATH</b>	<b>KELLS</b>
<input type="checkbox"/> ARDCATH <input type="checkbox"/> ASHBOURNE <input type="checkbox"/> BELLEWSTOWN <input type="checkbox"/> CLONALVY <input type="checkbox"/> KENTSTOWN <input type="checkbox"/> KILBRIDE <input type="checkbox"/> SKRYNE <input type="checkbox"/> STAMULLEN <input type="checkbox"/> GORMANSTON	<input type="checkbox"/> BATTERSTOWN <input type="checkbox"/> CLONEE <input type="checkbox"/> DUNBOYNE <input type="checkbox"/> DUNSANY <input type="checkbox"/> DUNSHAUGHLIN <input type="checkbox"/> KILMESSAN <input type="checkbox"/> RATOATH	<input type="checkbox"/> CASTLETOWN KP <input type="checkbox"/> ATHBOY <input type="checkbox"/> CARLANSTOWN <input type="checkbox"/> CARNAROSS <input type="checkbox"/> CORTOWN <input type="checkbox"/> CROSSAKIEL <input type="checkbox"/> DRUMCONRATH <input type="checkbox"/> FORDSTOWN <input type="checkbox"/> KELLS <input type="checkbox"/> KILBERRY <input type="checkbox"/> KILMAINHAMWOOD <input type="checkbox"/> MEATH HILL <input type="checkbox"/> MOYNALTY <input type="checkbox"/> NOBBER <input type="checkbox"/> OLDCASTLE
<b>NAVAN</b>	<b>LAYTOWN BETTYSTOWN</b>	<b>TRIM</b>
<input type="checkbox"/> BOHERMEEN <input type="checkbox"/> DUNDERRY <input type="checkbox"/> NAVAN <input type="checkbox"/> ROBINSTOWN <input type="checkbox"/> RATHKENNY	<input type="checkbox"/> BETTYSTOWN <input type="checkbox"/> DONACARNEY <input type="checkbox"/> DONORE <input type="checkbox"/> DROGHEDA <input type="checkbox"/> DULEEK <input type="checkbox"/> GRANGERATH <input type="checkbox"/> JULIANSTOWN <input type="checkbox"/> LAYTOWN <input type="checkbox"/> LOBINSTOWN <input type="checkbox"/> MORNINGTON <input type="checkbox"/> NEWTOWN <input type="checkbox"/> SLANE	<input type="checkbox"/> BALLINABRACKKEY <input type="checkbox"/> BALLIVOR <input type="checkbox"/> CLONARD <input type="checkbox"/> ENFIELD <input type="checkbox"/> KILDALKEY <input type="checkbox"/> LONGWOOD <input type="checkbox"/> RATHMOLYON <input type="checkbox"/> SUMMERHILL <input type="checkbox"/> TRIM <input type="checkbox"/> KILCOCK

\*\* It should be noted that a household meeting either the residence or local connection condition may specify up to three areas of choice for receipt of support in the areas of all local authorities in the county and city concerned and, if qualified, will be entered on the housing waiting list of each of those local authorities. Accordingly, under existing arrangements, a household that applies, for example, to Dublin City Council can, if qualified for support and should they choose to do so, be entered on the waiting list of three of the four local authorities in Dublin city and county (same applies in Cork and Galway).

## PART 10: OTHER PROPERTY INFORMATION

Information in this section will be cross-checked with the Revenue Commissioners by the local authority, utilising the PPSN(s) provided.



	APPLICANT 1	OTHER HOUSEHOLD MEMBER
1. Do you or any member of your household currently own or have a financial interest in any property in Ireland or any other country? (Please include accompanying documentation/ affidavit)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. If yes, is the property vacant?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address of the property	<input type="text"/>	<input type="text"/>

## PART 11: PUBLIC ORDER OFFENCES AND OTHER INFORMATION



### Public Order Offences

Under Section 14 of the Housing (Miscellaneous Provisions) Act 1997, a local authority may refuse to allocate or defer the allocation of a dwelling to a person where the authority considers that the person is or has been engaged in anti-social behaviour or that an allocation to that person would not be in the interest of good estate management.

In the 5 year period prior to the date of this application, has any member of the household been convicted of an offence under any of the following statutory provisions (1-4)?

1. Criminal Justice (Public Order) Act 1994	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Section 5: Disorderly conduct in public place		
Section 6: Threatening, abusive or insulting behaviour in public place		
Section 7: Distribution or display in public place of material which is threatening, abusive, insulting or obscene		
Section 14: Riot		
Section 15: Violent disorder, or		
Section 19: Assault or obstruction of peace officer		

If 'Yes', please give details (including name, address and details of conviction):

2. Sections 3, 3A and 4 of the Housing (Miscellaneous Provisions) Act 1997: subject of an excluding order or interim excluding order      Yes            No

If 'Yes', please give details (including name, address and details of excluding order/interim excluding order):

3. Section 117 of the Criminal Justice Act 2006: failure to comply with a behaviour order      Yes            No

If 'Yes', please give details (including name, address and details of conviction):

4. Section 257F of the Children Act 2001 (No. 24 of 2001): failure to comply with a behaviour order.      Yes            No

If 'Yes', please give details (including name, address and details of conviction):

**Other Information**

5. Have you, or any of the other persons listed on this application form, ever squatted in a local authority dwelling?

Yes

No

6. If 'Yes', please state address and dates of occupancy

Address

From

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y

To

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y

7. Have you, or any of the other persons listed on this application form, ever been evicted from previous accommodation? If 'Yes', please give details of eviction and the reason why it happened (if you need more space, attach another page):

## PART 12: OTHER INFORMATION



Please provide any other information which you might consider relevant to your application. (if you need more space, attach another page)

## Application for SOCIAL HOUSING SUPPORT 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 Meath County Council's Privacy Statement. Copies of this are available from Meath County Council, Buvinda House, Dublin Road, Navan, Co. Meath.

If you have any questions about your rights under GDPR, you can contact Meath County Council's Data Protection Officer, or you may also contact the Data Protection Commission (DPC).

For more information, please contact Meath County Council, Corporate Services Department, Bunvinda House, Dublin Road, Navan.

Tel: 0469097000 Email: dataprotection@meathcoco.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.

**Applicant 1**

Signed \_\_\_\_\_ Date 

D	D	M	M	Y	Y

**Applicant 2**

Signed \_\_\_\_\_ Date 

D	D	M	M	Y	Y

***PART II (a)***

***COUNTRY OF ORIGIN - OWNERSHIP OF PROPERTY***

**Applicants who own land and or property in their country of origin or any other country should submit original documentation or sworn affidavit from the relevant authorities in that country outlining the exact location, size, and value of such property(s)/land and also confirm if the property is fit for human habitation.**

- **If any such property or land was sold, you must submit documentation stating how much the property/land was sold for and how the proceeds from the sale were disposed of.**
- **If there are two applicants seeking social housing support, the above evidence should be provided by both applicants.**

**Applicants who do not own land or property in their country of origin should submit proof from the relevant authorities in that country that they do not own land and/or property.**

**The above information is required in order for your social housing application to be processed.**

**Details of how to obtain the above documents can be requested from your Embassy.**

# CERTIFICATE OF INCOME

A Certificate must be completed in respect of every member of the household who is at present in receipt of income of any kind.

**PART 1** if employed, to be completed and signed by the employer

**PART 2** if unemployed, to be completed and certified by the Dept. Social Welfare/Post Office

**PART 3** to be completed by the Self-employed/land owners

This form should be completed **in full** in Block Capitals, except where a signature is required.

Name :	<input type="text"/>	Occupation:	<input type="text"/>
Address :	<input type="text"/>	FPS No:	<input type="text"/>
	<input type="text"/>	Weekly Income: £	<input type="text"/>
	<input type="text"/>		

## PART 1: FOR COMPLETION BY YOUR EMPLOYER

The following are the details of the weekly gross income received by the above named:

Occupation:	<input type="text"/>	Overtime:	<input type="text"/>
Is Position Permanent?	<input type="text"/>	Shift Allowance:	<input type="text"/>
Date Employment Commenced:	<input type="text"/>	Any Other Payments:	<input type="text"/>
Gross Weekly Wages:	<input type="text"/>	Give Details:	<input type="text"/>
Total Net Weekly Income:	<input type="text"/>		<input type="text"/>

Name of Employer:	<input type="text"/>	Telephone No:	<input type="text"/>
Address:	<input type="text"/>	Email Address:	<input type="text"/>
	<input type="text"/>		

I / We certify that the particulars set out above are correct in respect of the above named employee.

Signed:   
Occupation:

Stamped

**Note:** This Certificate must be signed and stamped by the Secretary, Accountant or Partner in the Firm.

**N.B.** If you are employed in your current position for less than 5 years please give details of previous employment on a separate page.

# CERTIFICATE OF INCOME

A Certificate must be completed in respect of every member of the household who is at present in receipt of income of any kind.

**PART 1** if employed, to be completed and signed by the employer

**PART 2** if unemployed, to be completed and certified by the Dept. Social Welfare/Post Office

**PART 3** to be completed by the Self-employed/land owners

This form should be completed **in full** in Block Capitals, except where a signature is required.

Name :	<input type="text"/>	Occupation:	<input type="text"/>
Address :	<input type="text"/>	PPS No:	<input type="text"/>
	<input type="text"/>	Weekly Income: X	<input type="text"/>
	<input type="text"/>		

## PART 1: FOR COMPLETION BY YOUR EMPLOYER

The following are the details of the **weekly gross income** received by the above named:

Occupation:	<input type="text"/>	Overtime:	<input type="text"/>
Is Position Permanent?	<input type="text"/>	Shift Allowance:	<input type="text"/>
Date Employment Commenced:	<input type="text"/>	Any Other Payments:	<input type="text"/>
Gross Weekly Wages:	<input type="text"/>	Give Details:	<input type="text"/>
Total Net Weekly Income:	<input type="text"/>		<input type="text"/>

Name of Employer:	<input type="text"/>	Telephone No:	<input type="text"/>
Address:	<input type="text"/>	Email Address:	<input type="text"/>
	<input type="text"/>		

I / We certify that the particulars set out above are correct in respect of the above named employee.

Signed:

Stamped

Occupation:

**Note:** This Certificate must be signed and stamped by the Secretary, Accountant or Partner in the Firm.

**N.B.** If you are employed in your current position for less than 5 years please give details of previous employment on a separate page.

# Disability and/or Medical Information Form



## About this form

This form is for anyone who is applying for social housing or a social housing transfer **due to a disability or medical grounds**. The information provided will be used to assess if priority status should be awarded to an application.

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## What is priority status and who we give it to

When we give a person priority status on disability or medical grounds, this means they go **nearer to the top of the waiting list**, as set out in the Local Authority's Allocation Scheme.

Priority status may be awarded if the following three criteria apply to your household:

- you or someone in your household has a disability or a medical condition and
  - the current accommodation is not suitable to meet the needs of the person with a disability or medical condition and
  - a change in housing will improve or stabilise the circumstances of the person with a disability or medical condition.
- 



## Who needs to fill out and sign each section of this form

**Section 1 and 2** to be filled out and signed by the person with a disability or medical condition or by the applicant for social housing support if the person with a disability or medical condition is a dependant of the applicant.

**Section 3 and 4** to be filled out by two Healthcare Professionals who work with the person with a disability or medical condition.

---



## Other information

A Healthcare Professional includes the following professions: Consultant, General Practitioner (GP), Mental Health Nurse, Public Health Nurse, Occupational Therapist and Social Worker. If you are considering using a Healthcare Professional not listed above, please contact your Local Authority to confirm if this is acceptable.

An Occupational Therapist report **must be provided** where there is a need for a specific accommodation requirement.

If you require extra space to complete the form please include additional pages.

---



## Section 1: Disability and/or Medical Information

This section must be filled out by the applicant.

Please tick (✓) the box to show the category you are applying under.

Disability grounds

Medical grounds

Please state your disability and/or medical condition

If you are a person with a disability, please tick (✓) which category of disability applies to you.

Physical

Mental Health

Intellectual

Sensory



## Section 2: Personal Details

This section must be filled out as outlined on page 1. Please make sure the details you fill out here are the same as on your Social Housing Application Form.

Please fill in the details of the main housing applicant below.

First name

Surname

PPS number

Date of Birth

### Declaration

I permit the Healthcare Professionals in Section 3 to give relevant medical details to the Local Authority to identify my housing needs.

Signature

Date

If the person with a disability or medical condition is not the main housing applicant, please fill in their details below.

First name

Surname

PPS number

--	--	--	--	--	--	--	--

Date of Birth

--	--	--



### Section 3A: Medical Reference

This section must be filled out by two Healthcare Professionals (see page 1) who work with the person with a disability or medical condition.

#### Details of Healthcare Professionals completing this form

##### Healthcare Professional 1

First name

Surname

Name of organisation

Telephone

Email

Please indicate the professional service you provide to the person with a disability or medical condition.

Please tell us the total length of time the person with a disability or medical condition has been receiving your service.

One consultation only

Weeks (number)

Months (number)

Years (number)

## Healthcare Professional 2

First name

Surname

Name of organisation

Telephone

Email

Please indicate the professional service you provide to the person with a disability or medical condition.

Please tell us the total length of time the person with a disability or medical condition has been receiving your service.

One consultation  
only

Weeks  
(number)

Months  
(number)

Years  
(number)



### Section 3B: Applicant's Current Accommodation

This section must be filled out by two Healthcare Professionals who work with the person with a disability or medical condition.

Is the person with a disability or medical conditions current accommodation directly or negatively affecting their disability or medical condition? If the answer is yes, please explain below.

Healthcare Professional 1



Healthcare Professional 2

---



### Section 3C: Accommodation Need of Applicant

This section must be filled out by two Healthcare Professionals who work with the person with a disability or medical condition.

**How would a change in location of accommodation benefit the person with a disability or medical condition?**

Healthcare Professional 1

Healthcare Professional 2

**What change in the type of accommodation would benefit the person with a disability or medical condition? and how?**

Healthcare Professional 1

Healthcare Professional 2

**What change in the design of accommodation would benefit the person with a disability or medical condition? and how?**

Healthcare Professional 1

Healthcare Professional 2



### Section 3D: Support Needs for the Applicant

This section must be filled out by two Healthcare Professionals who work with the person with a disability or medical condition.

**Are supports currently needed to enable the person with a disability or medical condition to live independently? Please provide details.**

Healthcare Professional 1    Yes     No

Healthcare Professional 2    Yes     No

**Will the person with a disability or medical condition need any additional or new supports? Please provide details.**

Healthcare Professional 1    Yes     No

Healthcare Professional 2    Yes     No



## Section 4: Healthcare Professional Declaration

### Healthcare Professional 1

I declare that the information and details I have provided on this form are correct and true.

I agree to the Local Authority contacting me, if necessary, to verify the details I have provided.

Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

### Healthcare Professional 2

I declare that the information and details I have provided on this form are correct and true.

I agree to the Local Authority contacting me, if necessary, to verify the details I have provided.

Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

If you require extra space to complete the form please include additional pages.