



# 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

1<sup>st</sup> pref. \_\_\_\_\_

2<sup>nd</sup> 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 _____	<b>COMPANY STAMP</b>
Block Capitals _____	
Position _____	
Contact No. _____	



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**APPLICANT**

Name	_____
Address	_____
	_____
Phone	_____

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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 _____	<b>COMPANY STAMP</b>
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	<b>STAMP</b>
Signed _____	
Block Capitals _____	
Position _____	
Contact No. _____	



**SOUTH TIPPERARY COUNTY COUNCIL**

**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	<b>STAMP</b>
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)**

