|  |
| --- |
| Office Use Only |
| App Ref: |  |
| Rec’d |  |
| Assess’d |  |
| Reply |  |

**KATHLEEN & MICHAEL**

**CONNOLLY FOUNDATION, MALIN**

**HOUSING APPLICATION FORM**

**For use by applicants living within approximately 50 miles and able to be assessed within their own home**

**Please read the following notes before completing this application**

1. Returned applications will be acknowledged in writing. Please note it may be necessary to contact you by telephone to obtain more information or further details. Please ensure you provide the correct contact telephone number.
2. As you are living within our home visit area. You will be contacted to arrange an appointment for someone to come and make an assessment of your housing need.
3. In order to process this application, you must supply proof of identity, connection with Ireland and age.
This may consist of one of the following: Current Driving License (with photo), Current passport, Travel pass (with photo) or National identity card.

If none of the above is available or contains insufficient information then, two or more of the following will do: Benefit book, Birth certificate, Marriage certificate, Utility Bill (previous quarter).
**Only photocopies are necessary at this stage**.
4. In addition to this application you should receive a booklet giving general information about the ‘Selection Scheme’ and how your housing needs are assessed. Your housing need will be assessed in the same manner as all other applicants, and if eligible you will be awarded points accordingly and registered on the waiting list. You will receive a letter to confirm the outcome of your application and your points.

**SECTION 1: Personal Details**

|  |  |
| --- | --- |
| **APPLICANT DETAILS** | **ADDRESS** (include number/street/town/county |
| Title  |  |  |
| First Name  |  |  |
| Surname |  |  |
| Date of Birth |  | Post Code |  |
| Gender |  | Mobile No. |  |
| Tel No. |  | E-mail |  |

|  |  |
| --- | --- |
| Reasons for Applying – Connection with Ireland |  |
| How long can you remain in your current address? |  |

**Marital Status** (Tick one category)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Single |  | Married |  | Co-Habiting |  |
| Separated |  | Divorced |  | Widow(er) |  |

**Other Household Members** (to be housed)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title | First Name | Surname | Gender | Date of Birth | Relationship to Applicant |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Employment Details / Income:**

|  |  |
| --- | --- |
| If you or your partner are working, please complete the following: | Employers Name & Address |
| Name: |  |
| Name: |  |

**Benefits:** Are you or your fellow applicants receiving state benefit(s)?

Yes No If Yes please give details below:

|  |  |
| --- | --- |
| Applicant / Other Applicants Name | Details of Benefit(s) |
|  |  |
|  |  |
|  |  |

Are you or any member of your household being hospitalised or discharged from hospital, or other institution? Yes No If Yes date:

 **P.T.O**

**DECLARATIONS**

**Please read carefully the declarations below, complete, sign and date at the bottom of the page:**

Has anyone ever made any complaint against you, or a member of your household, in relation to anti-social behaviour committed in, or in the locality of, any home occupied by you at that time? **YES / NO**

Have you or any member of your household any unspent convictions, of a serious offence commited in, or in the locality of, any home occupied by you at that time? **YES / NO**

I / We understand that giving false information or withholding information within this application or during any home assessment visits may lead to the loss of any tenancy as a result of this application.

I / We know that I / We must advise at once of any changes in my / our circumstances.

**Enquires Declaration**

I / We permit the foundation,(or any person duly authorised) to make enquires, and obtain such information, as they consider necessary, for the Specified Purposes (which are listed below), from such persons as they deem appropriate.

**Data Protection Declaration**

I We give consent to the processing, for the Specified Purposes, of all personal information provided in connection with this housing application; and/or any tenancy granted to me/us.

The “Specified Purposes” are as follows:

* Purposes connected with this application;
* Purposes connected with any tenancy which results from this application
* Purposes connected with complying with any Statutory/Statistical (anonymous) information requests that may be necessary from time to time.

**Signed: Date:**

**Signed: Date:**