

Application Form for Affordable Housing With Wicklow Local Authorities

Please indicate which local authority you wish to apply to:



Arklow Town Council



Bray Town Council



Wicklow Town Council



Wicklow County Council

Preference areas for Wicklow County Council (Please see attached map)

Area 1: _____

Area 2: _____

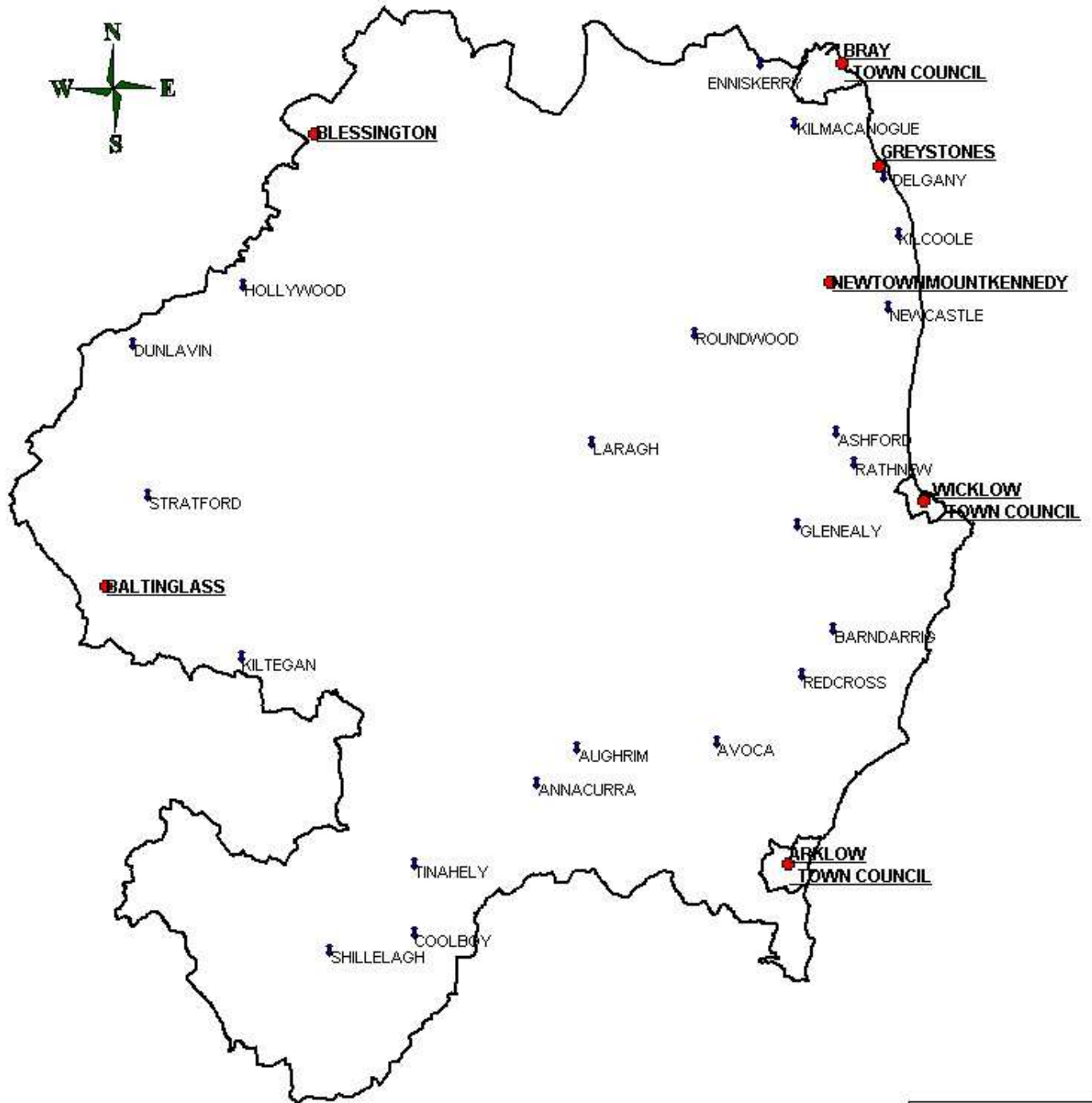
Area 3: _____

Area 4: _____

Area 5: _____

WICKLOW LOCAL AUTHORITIES

NOT TO SCALE
FOR ILLUSTRATION ONLY



Section 1 – Personal Details

Applicant A				Applicant B			
First Name	Surname			First Name	Surname		
Date of Birth	PPS No:			Date of Birth	PPS No:		
DD/MM/YYYY							
<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Male <input type="checkbox"/> Female			
Current Address:				Current Address:			
Day time Phone:	Mobile/Home Phone			Day time Phone:	Mobile/Home Phone		
Nationality				Nationality			
Email:				Email:			
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Engaged <input type="checkbox"/> Other			Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Engaged <input type="checkbox"/> Other		

Section 2 – Confirmation of Eligibility

Eligibility Criteria	Applicant A		Applicant B	
Have you ever owned or had an interest in a property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes please give address and please state the special circumstances that apply that make you eligible for an affordable home				
Have you ever owned or had an interest in land?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes please give address and please state the special circumstances that apply that make you eligible for an affordable home				
I have an indefinite right to remain in Ireland (either through nationality or refugee status)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are not a citizen of the European Union, you must submit evidence of entitlement to reside in Ireland (stamp 4)				
I am in full time permanent employment for at least 6 months (required for at least 1 applicant)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 5 – Accommodation Details

Applicant A		Applicant B	
Years living at Current Address:		Years living at Current Address:	
Please provide details of where you have lived for the past 15 years or more			
Previous Address 1 (if applicable)		Previous Address 1 (if applicable)	
Years lived at Previous Address 1:		Years living at Previous Address 1:	
Previous Address 2 (if applicable)		Previous Address 2 (if applicable)	
Years lived at Previous address 2		Years lived at Previous address 2	
Previous Address 3 (if applicable)		Previous Address 3 (if applicable)	
Years lived at Previous address 3		Years lived at Previous address 3	

Section 6 – Financial & Employment Details

	Applicant A	Applicant B
Occupation:		
No of years in full time employment		
Employer:		
Employers Address:		
Date of Commencement of present employment:	DD/MM/YYYY	DD/MM/YYYY
If current employment has been less than one year, state name and address of previous employer:		
Current Annual Income for previous year (enclose P60, P21)	€ _____	€ _____
<p><u>SELF EMPLOYED:</u> If you are self-employed, you must submit an Agreed Tax Assessment (signed and stamped by the Inspector of Taxes) together with Certified Audited Accounts for the tax year immediately preceding the date of application, together with Current Projected Income for the coming 12 months.</p>		
Do you have savings at a bank, building society, or credit union?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Accumulated Savings: (Please provide supporting evidence of total savings)	€ _____	€ _____

Section 6 – Financial & Employment Details Cont.

	Applicant A		Applicant B	
Do you have any outstanding loans? (Please provide supporting evidence of total loans)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Total Loan Balance:	€ _____		€ _____	
Repayment Amount:	€ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly	€ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly

Section 7 – Checklist

You **must submit** the following items with this application

- A copy of a birth Certificate or Passport for each applicant
- A Copy of Marriage Certificate (if applicable)
- Certificate of earnings or other official statements of earnings (i.e. P60, P21 for 2006 tax year)
- Copies of 4 most recent payslips (for both applicants if applicable)
- If you are Self – Employed, you must submit an Agreed Tax Assessment (signed and stamped by the Inspector of Taxes) together with Certified Audited Accounts for the tax year immediately preceding the date of application, together with current Projected Income for the coming 12 months
- If you are not a citizen of the European Union, you must submit evidence of entitlement to reside in Ireland (Stamp 4)
- Form HPL1 (attached) – this form must be completed by the Revenue Commissioners on behalf of the applicants. Please forward it to **Inspector of Taxes, East & South East Region, Wicklow District, 4 Claremount Road, Sandymount, Dublin 4** (postal service only)
- Documentary Evidence of a Recent Regular Savings Record for a period of three consecutive months must be submitted with each application. If you wish to pay a higher deposit than required please advise of the amount of deposit in writing.
- If applicable, please include details of separation or divorce documentation that indicates financial settlements that may be included as income.
- Documentary Evidence of existing loans including the term of the loan, monthly/weekly repayments and total amount borrowed

Please note that any spouse must be included on the application form as a joint applicant

Section 8 – Declaration

I/We declare that the information given in this form is correct to the best of my/our Knowledge and belief.

I/We declare that I/we have submitted all the required additional information to support my/our application and understand that my/our application will not be accepted onto the affordable housing waiting list until all additional information has been supplied.

I/We hereby authorise the relevant local authority to make any official inquiries necessary to process this application.

I/We understand that acceptance of this application form does not imply an acceptance by the local authority of your eligibility for an affordable home.

Applicant A

Applicant B

Signed: _____

Signed: _____

Date: _____

Date: _____

Section 9 – Contact List

Affordable Housing Section
Wicklow County Council
County Buildings
Station Road
Wicklow Town
Tel: 0404 20120
Fax: 0404 67792
Email: affordable@wicklowcoco.ie
Website: www.wicklow.ie

Bray Town Council
Civic Offices
Main St.
Bray
Co. Wicklow
Tel: 01 2744900
Email: tclerk@braytc.ie
Website: www.braytowncouncil.ie

Wicklow Town Council
Town Hall
Market Square
Wicklow Town
Co. Wicklow
Tel: 0404 67327
Email: tclerk@wicklowudc.ie

Arklow Town Council
Town Hall
Arklow
Co. Wicklow
Tel: 0402 32819
Email: arklowudc@eircom.net

Appendix 1 – Employment form

(Please submit this to your employer for completion)

Applicant A	Applicant B
Name: _____	Name: _____
PPSN: _____	PPSN: _____
Employers Name: _____	Employers Name: _____
Employers Address: 	Employers Address:
Location of employment: _____	Location of employment: _____
Date of Commencement: _____	Date of Commencement: _____
Terms of Employment: Part time Temporary <input type="checkbox"/> Full time Temporary <input type="checkbox"/> Part time Permanent <input type="checkbox"/> Full time Permanent <input type="checkbox"/>	Terms of Employment: Part time Temporary <input type="checkbox"/> Full time Temporary <input type="checkbox"/> Part time Permanent <input type="checkbox"/> Full time Permanent <input type="checkbox"/>
If temporary employment date of contract termination _____	If temporary employment date of contract termination _____
Employers Signature: _____	Employers Signature _____
Date: _____	Date: _____
Company Stamp	Company Stamp

Appendix 2 – Inspector of Taxes

Applicant A	Applicant B
Name: _____	Name: _____
PPSN: _____	PPSN: _____
Current Address:	Current Address:
TO BE COMPLETED BY THE INSPECTOR OF TAXES: I hereby certify that in accordance with my records and to the best of my knowledge, the above named person has not previously claimed income tax relief in respect of tax paid on money borrowed to purchase or build a dwelling Signed: _____ Date: _____ Official Stamp:	TO BE COMPLETED BY THE INSPECTOR OF TAXES: I hereby certify that in accordance with my records and to the best of my knowledge, the above named person has not previously claimed income tax relief in respect of tax paid on money borrowed to purchase or build a dwelling Signed: _____ Date: _____ Official Stamp: