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| **2017 SOCIAL HOUSING ASSESSMENT** |

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| **Name** |  |
| Address |  |
| Email address: | Phone no. : |
| Housing list reference number  *(on attached letter)* |  |
| PPS no. |  |
| Are you still interested in being on the Social Housing Support List? *(tick box)* | Yes No |

Please list your household members below

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Relationship to applicant** | **Nationality** | **Income Type** | **NET Weekly income** |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

Has there been any change in your income/ employment status or that of any other adult included on your application

Yes No

If yes please give details

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Employment Income | Self-employment income | Social Welfare income | Social welfare payment type | Maintenance received | Any other income | Other income type |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Current accommodation**

If you have changed your address please give your new address here and X the appropriate box below

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With Parents Private rented Emergency accommodation

Owner Occupier With relatives/friends Other

If you are in private rented accommodation please provide the following information

Your monthly rent €

Are you in receipt of rent supplement Yes No

If yes please state the amount you receive each month €

**Disability/Medical information**

Does anyone in the household have a disability or medical condition Yes No

Person’s Name:

If someone in the household has a disability, please indicate if the disability falls into any of the following categories (you may X more than one)

Intellectual disability Physical disability Mental Health disability Sensory disability

If you wish to have your application assessed on medical grounds you are requested to submit a Consultant’s report that details how the provision of social housing support accommodation would in a material way improve the health of the applicant, relieve the condition from which they are suffering and/or significantly improve their ability to cope with that condition.

An Occupational Therapist’s report in respect of any specific accommodation requirements (if any) should be submitted

**Declaration**

**Once you have finished filling out this form in full, please read this declaration carefully and sign and date it.**

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| **Collection and Use of Data**  The housing authority will use the data which you have supplied to administer your housing application. Data may be shared with other public bodies for the purpose of the prevention or detection of fraud. The housing authority may, in conjunction with the Department of the Environment, Community & Local Government, process this data for research purposes including forward planning in relation to the assessment of housing needs.  The housing authority may, for the purpose of its functions under the Housing Acts of 1966 - 2009, request and obtain information from another housing authority, the Criminal Assets Bureau, An Garda Síochána, The Department for Social Protection, the Health Service Executive [HSE] or an approved housing body, in relation to occupants or prospective occupants of, or applicants for, local authority housing, and any other person the authority considers may be engaged in anti-social behaviour.  **Declaration**  I/We declare that the information and particulars given by me/us on this form are true and correct.  I/We undertake to notify the housing authority of any change in my/our household circumstances (e.g. address, household composition, employment, medical conditions etc.)  I/We also authorise the housing authority to make whatever enquiries it considers necessary to verify details on my/our application.  Signature of Main Applicant Date  Signature of Joint Applicant Date |