



**APPLICATION FORM
FOR
DUBLIN CITY COUNCIL
RENTAL ACCOMMODATION SCHEME**

**For help with this form please phone
222 5440**

**DATE STAMP
FOR OFFICE USE ONLY**

Please return this completed form to:

**Rental Accommodation Scheme
Housing and Residential services
Block 2
Floor 2
Civic Offices
Wood Quay
Dublin 8**

Please read this section carefully
For help please phone 222 5440

CAN I APPLY?

- **To apply for the Rental Accommodation Scheme you must have claimed Rent Supplement for the last 18 months and be living in Private Rented Accommodation.**
- **If you are from outside the European Union, you and any household member over 16 years, must have a stamp 4 card.**

Please Tick:

	If you supplied it:	If it does not apply:	Office use only:
Proof that you live at your current address (i.e. gas or electricity bill)			
Copy of overnight access/ custody documents if you have any children not residing with you			
Doctors / Consultants report for each person with a serious physical or intellectual medical condition/ disability			
Evidence of a clear rent account for previous Local Authority tenancy			
If employed, please supply proof of income			
Please supply PPS numbers for all applicants listed			
Please provide proof of income for any other family member employed or in receipt of a social welfare payment			
Passport photo			
Copy of any notice to quit			
Copy of Stamp 4 Card			

**Please attach
colour
passport
photo here**

SECTION 1:

Name: _____

Address: _____

Date of Birth: _____

Gender: Male Female

PPSN: _____

Mobile: _____

Home Phone: _____

Email: _____

Marital Status: Single
 Married
 Separated
 Divorced
 Widowed
 Cohabiting (i.e. living together but not married)
 Other

What is your citizenship status: Irish Citizen
 EU Citizen
 Non EU Citizen

If you are not an Irish Citizen in which country were you born: _____

Are you:

- | | |
|---|---|
| <input type="checkbox"/> Employed | <input type="checkbox"/> Unemployed Social Welfare |
| <input type="checkbox"/> Lone Parents | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Self Employed | <input type="checkbox"/> Retired/ Pensioner |
| <input type="checkbox"/> Unemployed in back to work | <input type="checkbox"/> Other (Please Specify) _____ |

Amount of income: (per week) € _____ (fortnightly) € _____ (per month) € _____

SECTION 2:

Details of any people in your family living in your home:

Full Name:	PPSN:	Date of Birth	Relationship to you?

If any of the above are working or in receipt of a social welfare payment please provide proof:

SECTION 3:

What type of accommodation are you in now?

- House
- Apartment
- Cottage
- Bed-sit
- Flat
- Maisonette
- Shared Accommodation

How many Bedrooms do you have? _____

SECTION 4:

- **Is there any reason why you and your family do not want to stay in your current accommodation?** Yes No

Reason: _____

- Are you receiving Rent Supplement for 18 months? Yes No

- When did you start receiving rent Supplement? Date: _____

- Please indicate total rent being paid every month: € _____

- How much do you have to pay towards your rent? € _____

- Are you in arrears, if so how much? € _____

Reason: _____

- When did you start to live at your current address?
Month _____ Year _____

- What is the name and address of your CWO (Community Welfare Officer)?

Name: _____

Address: _____

Continued from Overleaf

- **Please indicate who is your Landlord?**

Landlords/Agents Name: _____

Landlords/Agents Address: _____

Landlord/Agents Number: _____

Are you related to your landlord? Yes No

Have you got a current lease? Yes No

Lease expiry date? _____

SECTION 5:

Where have you lived in the last 5 years?

Address	Dates at Address	Reason for leaving
	From: To:	
	From: To:	
	From: To:	
	From: To:	
	From: To:	
	From: To:	

What was the address of your family home (The address you grew up in)?

Have you or your partner/spouse ever been the owner or part owner of property or land in Ireland or any other country? Yes No

Please give details: _____

Are you on any local authority(s) housing waiting list? Yes No

Please indicate name of authority: _____

Continued from Overleaf

Do you, or any of the other persons listed on this application form have any convictions or currently have any charges pending in respect of matters relating to anti social behaviour or public order offences?

Yes No

If yes, please give name of each person and details of charges pending:

Have you, or any of the persons listed on this application form ever been evicted from previous accommodation?

Yes No

If yes please give details of eviction and reason why it happened.

Is there any other information, which you feel is relevant to your application?

SECTION 6:

- **Are you requesting consideration for Housing on Medical Grounds?**

Yes No

Please indicate the name/s of the person/s on your application who is/are suffering form a serious physical or intellectual disability/condition.

1. Name: _____

2. Name: _____

Please state the nature of the serious medical condition or intellectual disability:

NB: Please note that a Doctor's/Consultant's report must be submitted in support of this application

- **Do you, or any of the persons who will be living with you, need accommodation that is specially adapted for a person with disabilities?**

Yes No

If yes please indicate the type of adaptations that would be needed:

SECTION 7:

Please select three preference areas from the following list by ticking the box:

- Area B**
Artane, Killester, Kilmore, Marino, Raheny, Beaumont, Clontarf, Coolock, Donaghmede, Donnycarney, Edenmore, Kilbarrack

- Area E**
Santry, Drumcondra, Whitehall, Cabra, Finglas, Glasnevin

- Area H**
Ballybough, Dorset St/Dominick St., East Wall, North Strand, Phibsboro, Summerhill

- Area J**
Ballyfermot, Bluebell, Chapelizod, Inchicore

- Area K**
Crumlin, Kimmage, Drimnagh, Walkinstown

- Area L**
Clanbrassil St., Dolphin's Barn, James's St., Meath St/Thomas St., Kevin St., Kilmainham, Rialto, Usher's Island, The Coombe

- Area M**
Donnybrook, Sandymount, Pearse St., Townsend St., Ringsend, Irishtown

- Area N**
Harold's Cross, Ranelagh, Rathmines, Rathgar, Terenure

- Area P**
North King St., Church St., Stoneybatter, Smithfield, Prussia St/Aughrim St.

DECLARATION

Please read this declaration carefully and sign and date it when you are satisfied that you understand it. Please note that applications will only be accepted when they have been signed

Collection and use of data:

The Rental Accommodation Scheme will use the data, which you have supplied to assess and administer your application.

The Rental Accommodation Scheme may also process this data for research purpose including forward planning in the assessment of housing needs in conjunction with the Department of the Environment, Heritage and Local Government.

Information may be shared with other public bodies for the purposes of prevention or detection of fraud. Section 15 (2) of the Housing (Miscellaneous Provisions) Act 1997, also provides that a Housing Authority may request from another Housing Authority, the Garda Síochána, Department of Social Welfare, information in relation to any person seeking a letting from the Housing Authority.

Estate Management Policy:

Applicants will have their application considered on Estate Management grounds before a letting is made in accordance with Section 14 (1) and 15(2) of the Housing (Miscellaneous Provisions) Act 1997. Section 14 of the housing (Miscellaneous Provisions) Act 1997, provides that a housing authority may refuse to make or defer the making of a letting to a person where:

1. The Authority considers that the person is or has been engaged in anti social behaviour or that a letting to that person would not be in the interest of good estate management or,
2. The person fails to provide information relating to persons residing or reside with that person, which is requested by the Housing Authority and which the Authority considers necessary in connection with an application for letting.

Declaration:

I/We declare that the information and particulars given by me/us on this application are true and correct, and I/We understand that the provision of any false or misleading statements may lead to this application being cancelled. The Local Authority reserves the right to exclude an applicant from consideration for housing if he/she supplies false information or withholds relevant information on this form or at subsequent interviews.

I/we undertake to notify Dublin City Council immediately should there be any change from the information provided, or in my/our circumstances.

I/we also authorise Dublin city council to make necessary enquiries either written or otherwise regarding my/our application to verify information given.

Signed Applicant 1: _____ **Date:** _____

Signed Applicant 2: _____ **Date:** _____