

**Kerry County Council Housing Department**

**Please complete form below and return to:**

**Housing Department, Kerry County Council, County Buildings, Rathass, Tralee**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Reference:** | **(1) PPS No: (2) PPS No:** | | | | |
| **Name of Applicant(s):**  **(Photo ID to be submitted – tick box)** | (1) Photo ID (2) Photo ID | | | | |
| **Contact Number(s):** |  | | | | |
| **Current Address:**  **(Proof of address to be submitted – tick box)** | **Eircode:**  Proof of address | | | | |
| **Date of Commencement of Tenancy:** |  | | | | |
| **Rent per week/month:** | **€ Rent Allowance: €** | | | | |
| **Date Rent Supplement Commenced:** |  | | | | |
| **Please list Income Details:**  **(Proof to be submitted – tick box)** | **Income:€ Income: €**  **(Applicant 1) (Applicant 2, if applicable) Payment Type: Payment Type:** | | | | |
| **Proof of Income** |  | **Proof of Income** |  |  |
| **Maintenance:**  **(If applicable)** | **€** | | | | |
| **If application is based on Medical Grounds, please submit supporting Medical Documentation.** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **Areas of Choice:**  **(Please note:** You can only change your areas of choice **once** within a 12 month period.**)** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **A maximum of 3 areas of choice within the County** may be indicated. Please note that listing of areas of choice on the application form is not a priority listing, i.e. all areas of choice specified on the form are deemed to be of equal priority. | | | | |

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**Kerry County Council**

**Housing Department**

**Change of Circumstances / Update of Application**

**NOTE: Names of ALL PERSONS who are part of your housing application should appear below and *full particulars to be given* in each case – i.e. copy of birth certificate (under 18) if not already submitted.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **PPS Number** | **Date of**  **Birth** | **Relationship to**  **Applicant** |
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# Collection and Use of Data

The housing authority will use the data which you have supplied to assess and 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, Heritage & 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 application 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 of my/our application.

I/We am/are aware that the furnishing of false or misleading information is an offence liable to prosecution.

**\**Please ensure all fields are completed & supporting documentation is submitted (Proof of ID, Address & Income) as failure to do so will result in your form being returned to you.***

***Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***(Applicant 1)***

***Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***(Applicant 2)***

***Collection and use of Data -*** *Kerry County Council will use the data which you have supplied to assess and administer your application. Data may be shared and verified with other public bodies for the purpose of prevention or detection of fraud. Kerry County Council’s data protection policy is available at* [*www.kerrycoco.ie.*](http://www.kerrycoco.ie/)

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