



COMHAIRLE CHONTAE NA GAILLIMHE Galway County Council

Rental Accommodation Scheme

Expression of Interest by Landlord



Contact Details

Name: _____

Address: _____

Tel. No: _____ Mobile No: _____

Email: _____

Property Details

Address: _____

Description of Property:

House Apartment Other (please specify) _____

If House is it a: Bungalow Two Storey Other

If Apartment: which Floor Elevator: Yes No

No. of Bedrooms: No. of Bed Spaces:

No. of Bathrooms: Of which downstairs:

Are there currently tenants in the property: Yes No

If yes, are any in receipt of Rent Supplement: Yes No

Is the Tenancy registered with the P.R.T.B.? Yes No

Please give any other relevant details:

This is an expression of interest only and acceptance of this form does not signify any intent on the part of Galway County Council to enter into an Agreement with a Landlord. Please note that in order to participate in the Scheme all Landlords must submit a Tax Clearance Certificate and are required to be registered with the Private Residential Tenancies Board. Also all properties must comply with the Housing (Standards for Rented Houses) Regs 1993. Please return this form to: **RAS, Housing Section, Galway County Council, Áras an Chontae, Prospect Hill, Galway.** If you require further information please contact us on (091) 509293 or 509011