



Comhairle Chontae na Gaillimhe Galway County Council



NOTES REGARDING APPLICATION FOR ADDITION OF NEW OCCUPANT OR JOINT TENANT IN HOUSEHOLD

Where an additional adult wishes to be included in a household and rent account the following will apply:

1. The applicant must complete the Housing Application form and the tenant & applicant must submit the attached form with the Housing Application Form.
2. The Tenant should note that they are responsible for the actions of all members of the household, and breaches of tenancy may result in a termination of tenancy.
3. The property must be suitable to meet the housing needs of the household.
4. The Council will examine each application and the decision of the Council will be confirmed in writing to the current tenant(s).
5. The Rent Account of the tenant must be assessed up to date and be clear of any arrears.
6. Inclusion on the rent account does not in any way give the applicant the right to succeed to the tenancy of the dwelling.

Note: The acceptance of this form by the Council for consideration does not in any way imply that consent has been granted to the applicant to reside in this dwelling. Approval or refusal to reside will be given in writing to the Tenant.

CURRENT TENANT

I/We, being the tenant(s) of the property referred to above, hereby agree to the inclusion of _____ on my/our household and rent account subject to the approval of Galway County Council and in accordance with the current Differential Rent Scheme.

Please note that any person included on your rent assessment will not be removed from the assessment unless and until satisfactory documentary evidence is provided.

Signature of Tenant: _____

**Signature of Joint Tenant:
(if applicable)** _____

Contact Phone Number: _____

Date: _____

APPLICANT

grant permission to Galway County Council to carry out any checks necessary in the processing of this application.

I understand that inclusion on the rent account does not in any way give me the right to succeed to the tenancy of the dwelling.

Signature of Applicant: _____

Address for correspondence: _____

Date: _____

Contact Phone Number: _____