

**Iarratas ar Thithíocht Shóisialta
Sonraí a Nuashonrú**



Comhairle Chontae na Gaillimhe
Galway County Council

**Application for Social Housing
Update of Details**

Tá an fhoirm seo le fáil i gcló mór chomh maith

This form is also available in large print

Tá leagan Gaeilge den fhoirm seo ar fáil ach í a iarraidh

Tá míle fáilte an fhoirm seo a líonadh i nGaeilge

APPLICATION FOR SOCIAL HOUSING – UPDATE OF DETAILS

- Please complete the following form to update your application for social housing with Galway County Council Council.
- Documents needed to update your application are listed below. Please send in the relevant documents with this form.
- If you have any questions, please call the Housing Department on 091 509300
- Please post your update form and the required documents to Housing Section, Galway County Council, Prospect Hill, Galway OR bring the form into the Council offices.

DOCUMENTS REQUIRED

- These may apply to you if your circumstances have changed recently/since you applied or since you last updated your information with the Council.
- We may need you to submit further documentation and we will tell you about this as quickly as possible if needed.

For all households	<ul style="list-style-type: none"> • Proof of current address (e.g. a bill, copy of tenancy agreement)
Any new household members (e.g. new babies)	<ul style="list-style-type: none"> • Birth Certificate
Any recent Marriages or Civil Partnerships	<ul style="list-style-type: none"> • Marriage/Civil Partnership Certificate
Any household member in employment	<ul style="list-style-type: none"> • Latest P60 • The last 4 payslips
Any household member in self-employment	<ul style="list-style-type: none"> • 2 years of accounts
Any household members in receipt of social welfare	<ul style="list-style-type: none"> • Information from the Department of Social Protection on current social welfare payments (payment names and amounts)
Any household member who is a non-EEA national	<ul style="list-style-type: none"> • A copy of the latest GNIB card • A copy of the latest Stamp endorsement on the passport
Any recent legal separation or divorce	<ul style="list-style-type: none"> • Copy of the agreement
Any recent custody arrangement	<ul style="list-style-type: none"> • Document which sets out the arrangements
Any recent maintenance arrangements	<ul style="list-style-type: none"> • Document which sets out how much maintenance is received
Any medical requirements	<ul style="list-style-type: none"> • Supporting documentation from your GP / Consultant or Occupational Therapist

PROCESSING DETAILS

Housing list number (if you know it)	
Are you still interested in receiving Social Housing? (tick) If yes, please continue to complete the form. If no, please sign and return this form to your local housing office.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**FAILURE TO RETURN COMPLETED FORM WILL RESULT IN REMOVAL FROM THE
SOCIAL HOUSING LIST AND SOCIAL HOUSING SUPPORT**

1. Your details	
Full name	
Email address	
Phone number	
Civil Status	

2. Joint Applicant details	
Name of joint applicant	
Relationship to yourself e.g. partner, spouse.	
Civil Status	

3. Income details (please fill out the following about WEEKLY income for you and the Joint Applicant)		
Income types (per week)	You	Joint Applicant
Employment income	€	€
Self – employment income	€	€
Social welfare income	€	€
Social Welfare payments (please write in names of the payments received e.g Job Seeker’s Allowance)		
Maintenance received	€	€
Any other income	€	€
Other income type (Please write in where any other income is from)		

4. Details of any children/dependents or anyone else to be included on the application (please write in the following) If you are adding a child/dependent please submit Birth Certificate and proof of PPSN					
Name	DOB	PPSN	Relationship to you	Employment / Education Status	Weekly Income if over 18 years

5. Disability and/or Medical Information	
Does any member of the household have a disability or medical condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No Person’s name _____ Disability details _____

If a member of the household has a disability, please indicate the disability in any of the following categories: (you may tick more than one):

- Intellectual disability Yes No
- Mental health disability Yes No
- Physical disability Yes No
- Sensory disability Yes No

Due to the disability or medical condition are there any particular requirements?

Yes No

If so, please describe the particular requirements: (e.g. wheelchair access needed)

6. Traveller specific accommodation (please write in the following or tick where indicated)

Do you require Traveller specific accommodation? (please tick)

Yes No

Traveller Halting Site Bay

Traveller Group Housing

7. Where the household lives (please write in the following or tick where indicated)

Current address.
(please write in)

Last previous address.
(please write in)

If you are renting, please write in date of commencement of tenancy. (dd/mm/yy)

Weekly/Monthly Rent payable

€

Weekly Rent /Supplement

€

What type of accommodation do you live in at present? (please tick the box below which describes your current accommodation)

Detached House Bungalow Disability Adapted House Sheltered Accommodation

Semi-detached House Apartment Hostel Other

How many bedrooms are there in your current property?
(please write in number)

8. Areas of Choice (area preferences for housing)

Please update your 'Areas of Choice' by inserting below the area you wish to live in. A maximum of 3 areas may be chosen and each area is deemed to have equal priority. *NOTE: You are committed to these areas for a period of 12 months.*

Have you or any household member any criminal convictions or charges pending?

Yes No

If yes, please give details.

DECLARATION

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

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 - 2014, 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, social housing support, 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	
Print full name (BLOCK CAPITALS please)	
Signature of Joint Applicant	
Print full name (BLOCK CAPITALS please)	
Date (dd/mm/yy)	

PLEASE RETURN COMPLETED FORM AND SUPPORTING DOCUMENTATION TO:

Seol an fhoirm ar ais chuig: An Roinn Tithíochta Comhairle Chontae na Gaillimhe Áras an Chontae Cnoc na Radharc Gaillimh	Return to: Housing Section Galway County Council Áras an Chontae Prospect Hill Galway	Tel (091) 509300 Fax (091) 509299 housing@galwaycoco.ie www.gaillimh.ie www.galway.ie
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