

Iarratas ar Shíneadh
ar Theach
Údaráis Áitiúil



Comhairle Chontae na Gaillimhe
Galway County Council

Application for an
Extension to a Local
Authority House

Tá an fhoirm seo le fáil i gcló mór chomh maith

This form is also available in large print

Tá míle fáilte an fhoirm seo a líonadh i nGaeilge

Tabhair faoi deara: Caithfear gach ceist ar an bhfoirm iarratais a líonadh isteach. Sa chás nach líontar isteach nó go dteiptear na doiciméid a theastaíonn a chur isteach, déanfar d'iarratas a chur ar ais chugat ós rud é nach féidir cinneadh a dhéanamh ar d'iarratas go dtí go mbeidh breithniú déanta ar na fíricí go léir a bhaineann leis.

Please note: All questions set out on the application form must be completed. In the event of non-completion or failure to submit required documents, your application form must be returned as your application cannot be determined until all relevant facts are considered

Iarratasóir A		Applicant A	
Ainm	Name		
Dáta Breithe	Date of birth		
Uimhir PSP	PPS number		
Gnéas	Sex	<input type="checkbox"/> Fireann/Male	<input type="checkbox"/> Baineann/Female
Seoladh	Address		
Cód Poist	Postcode		
Fón	Telephone		
R-phost	E-mail		

Stádas Pósta	Marital Status	
Pósta	<input type="checkbox"/> Married	
Baintreach	<input type="checkbox"/> Widowed	
Singil	<input type="checkbox"/> Single	
Colscartha	<input type="checkbox"/> Divorced	
Eile	<input type="checkbox"/> Other(please explain)	

***Tabhair faoi deara: Cuir i gceangail deimhniú de do theastas pósta/comhaontú idirscartha/comhaontú colscartha**

*Note: Please attach confirmation of your marriage certificate/separation agreement/divorce agreement

Iarratasóir B		Applicant B		
Ainm	Name			
Dáta Breithe	Date of birth			
Uimhir PSP	PPS number			
Gnéas	Sex	Fireann/Male	<input type="checkbox"/>	Baineann/Female
Seoladh	Address			
Cód Poist	Postcode			
Fón	Telephone			
R-phost	E-mail			

Stádas Pósta		Marital Status	
Pósta	<input type="checkbox"/>	Married	<input type="checkbox"/>
Baintreach	<input type="checkbox"/>	Widowed	<input type="checkbox"/>
Singil	<input type="checkbox"/>	Single	<input type="checkbox"/>
Colscartha	<input type="checkbox"/>	Divorced	<input type="checkbox"/>
Eile	<input type="checkbox"/>	Other(please explain)	<input type="checkbox"/>

<p>*Tabhair ar aird: Le do thoil cur i gceangail cóip de do Theastas Pósta/Comhaontú Idirscartha/Comhaontú Colscartha</p>	<p>*Note: Please attach copy of your Marriage Certificate/Separation Agreement/Divorce Agreement</p>
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Sonraí Teaghlaigh (lena n-áirítear an t-iarratasóir)				Particulars of household (including applicant)			
Sloinne/ Surname	Ainm/ Name	Dáta Breithe/ D.O.B	Gaol/ Relationship	Uimh. PSP/ PPS no	Post/ Occupation	Ioncam Seachtainiúil/ Weekly income	Foinse Ioncaim/ Source of income

Tabhair le fios, le do thoil, má tá fadhbanna tromchúiseach a sláinte sa teaghlach	Please indicate any serious health problems in the household

Cuid 2- Sonraí maidir le cóiríocht reatha		Section 2- Particulars of present accommodation	
Blianta agus míonna arna bhfuil cónaí ar an iarratasóir sa teach seo		Number of years and months applicant has been living in this house	
Blianta	Years		
Míonna	Months		
Líon Seomraí Codlata	No. of bedrooms		
Seomraí eile	Other rooms		

An bhfuil aon seomra gan úsáid? Má tá, cén fáth atá leis	Are any rooms not in use? If yes, please state reason

Cuid 3 – Eolas ginearálta		Section 3 - General information	
An bhfuil iarratas déanta agat roimhe seo ar dheontas nó cúnamh tithíochta?	Have you previously applied for any housing grant or assistance?	Tá /Yes	
		Níl /No	
Má 'tá', tabhair sonraí le do thoil		If 'yes', please give details	

Le do thoil, léirigh na húdair atá agat iarratas a dhéanamh ar shíneadh, agus tabhair aon eolas eile a cheapfá a bheadh bainteach	Please state your reasons for applying for an extension, and give any further details which you consider may be relevant

Cuid 4. Más comh-iarratas atá i gceist, caithfidh gach iarratasóir an dearbhú reachtúil a leanas a dhéanamh agus beidh sé le síniú ag an mbeirt	Section 4. The following statutory declaration must be made by all applicants and signed by both persons if a joint application
Dearbháim/Dearbháimid go bhfuil an t-eolas agus na sonraí atá tugtha agam/againn san iarratas seo ceart agus cruinn, agus Geallaim/Geallaimid Comhairle Chontae na Gaillimhe a chur ar an eolas maidir le hathrú ar bith i mo/inár gcás. Tugaim/Tugaimid údarás do Chomhairle Chontae na Gaillimhe dul i mbun pé fiosrúcháin a bhfuil gá leo maidir le mo/ár n-iarratas chun an t-eolas atá tugtha a dheimhniú	I / we hereby declare that the information and particulars given by me / me on this application form are true and correct, and I / we undertake to inform Galway County Council of any change in my / our circumstances. I / we authorise Galway County Council to make necessary enquiries regarding my / our application to verify information given
Síniú (A)	Signed (A)
Dáta	Date
Síniú (B)	Signed (B)
Dáta	Date

Tábhachtach: Déanfar duine ar bith a thugann eolas atá bréagach nó míthreorach a chiontú faoi Alt 61 go 64 / 61(2) den Acht Tithíochta, 1996	Important: Any person who furnishes false or misleading information is liable to conviction under Section 61 to 64 / 61(2) of Housing Act, 1996
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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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