

For office use only:
 FMS property:
 Date received:
 Rent account:



Comhairle Chontae na Gaillimhe
 Galway County Council

**APPLICATION TO PURCHASE A COUNCIL HOUSE UNDER THE TERMS OF
 Tenant (Incremental) Purchase Scheme 2016 &
 Housing (Sale of Local Authority Houses) (Amendment) Regulations 2021**

Customer No: _____

Address of Property : _____

Eircode: _____

Applicant Details:	Tenant	Joint Tenant
Name		
PPS Number		
Phone Number		
Date of birth		
Email Address		
Civil (Marital) Status		
Income Source(s)*		
Gross Annual Income		

Tenant's Spouse/Civil Partner/Co-habitant Resident in the House (if not a joint tenant):

Name	Relationship to tenant	PPSNo.	Income Source(s)*	Gross annual income

* Evidence of income must be supported by documentation as detailed on the attachment page. Sources of income that cannot be included are also attached.

Have you previously purchased a dwelling under a tenant purchase or incremental purchase scheme?

Yes: No:

What is the intended source of funding for the purchase money?

Own Resources*: Private Mortgage: Local Authority Loan:

***Cash payments will not be accepted**

Public Order Offences

In the 5-year period prior to the date of this application, has any member of the household been convicted of an offence under the following sections of the Criminal Justice (Public Order) Act 1994?

- Section 5: Disorderly conduct in a public place
- Section 6: Threatening, abusive or insulting behaviour in a public place
- Section 7: Distribution or display in a public place of material which is threatening, abusive, insulting, or obscene
- Section 14: Riot
- Section 15: Violent disorder, or
- Section 19: Assault or obstruction of a peace officer or emergency services personnel

Yes: No:

If 'Yes', please give details: _____
(including name, address and details of conviction)

In the 5-year period prior to the date of this application, has any member of the household been the subject of Court Orders under the following statutory provisions?

- Sections 3, 3A or 4 Housing (Miscellaneous Provisions) Act 1997: Subject of an excluding order or interim excluding order,
- Section 257D of the Children Act 2001 (No. 24 of 2001): Subject of a behaviour order, or
- Section 115 of the Criminal Justice Act 2006 (No. 26 of 2006): Subject of a civil order.

Yes: No:

If 'Yes', please give details: _____
(including name, address and details of the order)

IMPORTANT - Information for the attention of the applicant

Notice about Offences

Section 32(7) of the Housing (Miscellaneous Provisions) Act 2009 and section 6 of the Fines Act 2010 provide that it is an offence, punishable on conviction by a class C fine (i.e. an amount not greater than €2,500 but greater than €1,000), for a person to knowingly provide false or misleading information or documents or to knowingly conceal any material fact in relation to the purchase of a house under Part 3 of the Housing (Miscellaneous Provisions) Act 2014. Section 32(8) of the 2009 Act provides that a housing authority may recover from a person convicted of an offence under section 32(7) any higher expenditure that the authority incurred on the sale of a house due to reliance on false, misleading, or undisclosed information.

Collection and Use of Data

The housing authority 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 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.

Additional Information

Where requested by Galway County Council, additional information must be provided by the applicant(s) within four weeks.

All correspondence between Galway County Council and the applicant(s) is without prejudice and subject to any Transfer Order.

Declaration

I/We* hereby apply to Galway County Council to purchase the above house under the terms of Tenant (Incremental) Purchase Scheme 2016 & Housing (Sale of Local Authority Houses) (Amendment) Regulations 2021

I/We* accept that sale of a house under this scheme does not imply any warranty on the part of the housing authority in relation to the state of repair or condition of the house or its fitness for human habitation and that as the house will be valued on the basis of its existing condition, the housing authority is under no obligation to put the house being purchased under the scheme into good structural condition prior to sale.

I/We* accept that the maintenance and repair of the dwelling after sale is the responsibility of the purchaser.

I/We accept that unless otherwise instructed, Galway County Council will upon completion of the purchase, arrange to have the house vested in the joint names of the tenant and his/her spouse/partner.

I/We* declare that the information and particulars given by me/us on this application are true and correct.

I/We* 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.

* (Delete where appropriate)

Signed: _____
Tenant

Signed: _____
Joint Tenant

Date: _____

Date: _____

Supporting Documentation to Accompany Application

The following documentary evidence, verifying the different types of reckonable income, must be submitted.

Employee income:

- Both Form P60 and 3 payslips for each employment and, where necessary, a signed and stamped employer's salary certificate, stating employment terms, basic salary, overtime, commission, bonuses, and any other payments; P21 is also required.

Income from self-employment:

- a copy of the income and expenditure accounts for each business or such documentation that satisfies the housing authority as to the nature and amount of income involved.

Payments made by the Department of Social Protection:

- documents issued by that Department, detailing the payments made;

Income from social welfare payments (excluding pensions) by the Department of Social Protection, will only be reckonable where these payments constitute a secondary source of income, i.e., a social welfare payment to a tenant in receipt of income from employment is reckonable income, as is a social welfare payment to the spouse, civil partner, or cohabitant of a tenant in employment, whether that payment is in addition to employment income of that spouse, civil partner or cohabitant;

Rental income from land or property:

- a copy of accounts or a statement of rental income;

Interest on savings, investments, or dividends:

- a statement from the financial institution or other provider, detailing the amount paid;

A pension:

- a document issued by the body involved, detailing the payments made;

Maintenance payments received:

- the Court Order, formal or informal maintenance arrangement or agreement, or solicitor's statement, detailing the amount and frequency and end-date of payments, and documentary evidence that the required payments are being made in accordance with the order, arrangement, agreement, or statement concerned;

Income from any other source:

- documentary evidence from the appropriate person or body involved, detailing the source and nature of the income and the amount paid.

Proof of Receipt of Social Housing Support

Documentary evidence must be provided by the applicant, or, in the case of joint applicants, both applicants, that they have been in receipt of Social Housing Support for a period of at least 10 years as of the date of submission of the Tenant Purchase application. This may include proof of receipt of Rent Supplement, Housing Assistance Payment, Rental Accommodation Scheme assistance and the submission of social housing tenancy details etc. as applicable to each applicant(s) and each scheme.

Income Disregards

Income from the following sources is not reckonable under the scheme and is not included in determining a tenant's gross income:

- (a) Child Benefit;
- (b) Carer's Allowance, Carer's Benefit and Half-Rate Carer's Benefit;
- (c) Family Income Supplement;
- (d) Guardian's Payment;
- (e) Exceptional Needs Payments;
- (f) Diet Supplement;
- (g) National Fuel Scheme;
- (h) Respite Care Grant;
- (i) Prescribed Relative Allowance;
- (j) Living Alone (Pension) Allowance;
- (k) Age 80 (Pension) Allowance;
- (l) JobBridge, the National Internship Scheme;
- (m) Domiciliary Care Allowance;
- (n) Tús (Community Work Placement Initiative);
- (o) Back to Education Allowance;
- (p) Gateway (Local Authority Activation Scheme);
- (q) Rural Social Scheme;
- (r) Community Employment Programme;
- (s) Fostering Allowance;
- (t) Blind Welfare Allowance;
- (u) Back to Work Family Dividend
- (v) Boarding-Out Payments;
- (w) Student grants and scholarship schemes;
- (x) Home Tuition Scheme;
- (y) Youthreach training allowance;
- (z) Payments by charitable organisations, one of the functions of which is to assist persons in need by making grants of money to them;
- (aa) Payments made by another EU Member State that correspond to Child Benefit;
- (bb) Rehabilitation training allowances.

Appendix I - SALARY CERTIFICATE – (to be completed by First Applicants Employer)

EMPLOYMENT DETAILS

Name of Employee: _____

Length of service with the company: Years _____ Months _____

Position held within the company: _____

The exact location of employment: _____

Is employment permanent? Yes No

Is employee on probation period? Yes No

So far are you able to tell will he/she continue to be in your service? Yes No

If so, what is the maximum of such scale and by what annual increments reached?

SALARY DETAILS

	Guaranteed	Regular	Irregular
Gross basic wage/salary: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overtime: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonus: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commission: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other income*: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please give details of other income: _____

THIS SECTION IS TO BE COMPLETED BY AN AUTHOIRISED COMPANY OFFICAL

Signed by: _____

Position: _____

Company Name: _____

Address: _____



Please authenticate with company stamp or seal

Tel Number: _____ Date: _____

THE INFORMATION GIVEN WILL BE TREATED IN THE STRICTEST CONFIDENCE

Appendix I - SALARY CERTIFICATE – (to be completed by Second Applicants Employer)

EMPLOYMENT DETAILS

Name of Employee: _____

Length of service with the company: Years _____ Months _____

Position held within the company: _____

The exact location of employment: _____

Is employment permanent? Yes No

Is employee on probation period? Yes No

So far are you able to tell will he/she continue to be in your service? Yes No

If so, what is the maximum of such scale and by what annual increments reached?

So far are you able to tell will he/she continue to be in your service? Yes No

SALARY DETAILS

	Guaranteed	Regular	Irregular
Gross basic wage/salary: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overtime: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonus: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commission: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other income*: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please give details of other income: _____

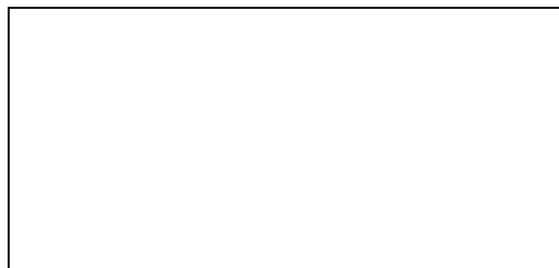
THIS SECTION IS TO BE COMPLETED BY AN AUTHOIRISED COMPANY OFFICAL

Signed by: _____

Position: _____

Company Name: _____

Address: _____



Please authenticate with company stamp or seal

Tel Number: _____ Date: _____

THE INFORMATION GIVEN WILL BE TREATED IN THE STRICTEST CONFIDENCE

Tel Number: _____ Date: _____

THE INFORMATION GIVEN WILL BE TREATED IN THE STRICTEST CONFIDENCE

THIS FORM IS REQUIRED FOR APPLICANT ON SOCIAL WELFARE.

Name:

Address:

PPS Number:

In relation to the above named loan applicant I confirm that the following information is correct:

AMOUNT OF SOCIAL WELFARE PAYMENTS (UNEMPLOYMENT BENEFIT /ASSISTANCE) RECEIVED FROM:

1st January _____ to 31st December _____ = € _____

CURRENT AMOUNT OF UNEMPLOYMENT BENEFIT/ASSISTANCE BEING RECEIVED

€ _____ WEEKLY

STATEMENT OUTLINING BREAKDOWN OF SOCIAL WELFARE PAYMENTS TO BE SUBMITTED

TO BE COMPLETED BY AN OFFICIAL OF THE DEPARTMENT OF SOCIAL WELFARE/EMPLOYMENT EXCHANGE

I hereby certify, in accordance with my records and to the best of my knowledge, that the above-named person is in receipt of social welfare payments.

SIGNED

DATE

____ / ____ / ____

OFFICIAL STAMP

THIS FORM IS REQUIRED FOR APPLICANT ON SOCIAL WELFARE.

Name:

Address:

PPS Number:

AMOUNT OF SOCIAL WELFARE PAYMENTS (UNEMPLOYMENT BENEFIT /ASSISTANCE) RECEIVED FROM:

TOTAL AMOUNT OF UNEMPLOYMENT BENEFIT/ASSISTANCE RECEIVED FROM:

1st January _____ to 31st December _____ = € _____

CURRENT AMOUNT OF UNEMPLOYMENT BENEFIT/ASSISTANCE BEING RECEIVED

€ _____ WEEKLY

STATEMENT OUTLINING BREAKDOWN OF SOCIAL WELFARE PAYMENTS TO BE SUBMITTED

TO BE COMPLETED BY AN OFFICIAL OF THE DEPARTMENT OF SOCIAL WELFARE/EMPLOYMENT EXCHANGE

I hereby certify, in accordance with my records and to the best of my knowledge, that the above-named person is in receipt of social welfare payments.

SIGNED

DATE

____ / ____ / ____

OFFICIAL STAMP
