

Wicklow County Council Municipal District of Bray

APPLICATION FOR *PERMISSION TO RESIDE IN COUNCIL DWELLING*

Explanatory Memorandum

1. Please read form carefully and answer all questions fully, ensuring all necessary documentation as listed below is attached.
- 1a. Please note that permission to reside should be applied for prior to taking up residency in the property. Also note permission to reside does **not** entitle the said person/persons to succeed to the tenancy.
2. The Council wish to advise that both the applicant and the tenant should meet with Housing staff to discuss the implications of a successful application to reside in a Council dwelling and both parties should be aware that **this in no way creates a tenancy or affords an applicant a right to succeed to a tenancy**. At this meeting Council staff will be available to answer any queries you may have. In the event that the tenant is unable to attend at the Council offices staff will be available to meet the tenant during normal working hours in their home.

3. **Please submit the following documents with your application form:**

- (a) Unabbreviated form (long version) of birth certificate(s) in respect of all persons listed on the application form.
- (b) Unabbreviated form of your marriage certificate (if applicable)
- (c) P60 PAYE Tax Certificate for the previous tax year
- (d) Evidence of income received from Employment Exchange, Department of Social Welfare on attached form, or
- (e) Evidence of current Income from your employer on the attached form.
- (f) Full details of all other sources of income to be documented.
- (g) Rent book showing current receipts of rent (if applicable).
- (h) Certification by Inspector of Taxes on attached form.
- (i) PPS Number

For Office
Use Only

6. Have you, or any other person listed on this application form, ever been investigated or convicted in respect of matters relating to anti social behaviour, drug or public order offences? Yes No
7. Do you, or any other person listed on this application form, currently have charges pending in respect of matters relating to anti social behaviour, drug or public order offences? Yes No
8. Attention is directed to the provisions of Section 4, 61 and 64 of the Housing Act, 1966. Please note that under the provisions of the foregoing sections, any person who is required under these sections to state any matter or thing and either fails to state matter or thing within the period specified under this section, or when stating such matter or thing, make a statement in writing which, to his/her knowledge, is false or misleading in a material respect shall be guilty of an offence under this section and shall be liable on summary conviction thereof to a fine not exceeding one thousand pounds. An applicant may be excluded from consideration if he/she supplies false information or withholds relevant information.
9. Please note that information contained in this form may be disclosed to Health Boards and Voluntary Housing bodies within the terms of Section 15 of the Housing (Miscellaneous Provisions) Act, 1997.

Municipal District of BRAY

APPLICATION FOR PERMISSION TO RESIDE IN COUNCIL DWELLING

ALL QUESTIONS **MUST** BE ANSWERED

1. SURNAME OF APPLICANT (1) _____ FIRST NAME (S) _____

SURNAME OF APPLICANT (2) _____ FIRST NAME (S) _____

2. CURRENT ADDRESS _____ TEL NO. (HOME) _____

_____ TEL NO. (WORK) _____

3. MARITAL STATUS _____

(if separated, a copy of legal separation agreement to be submitted).

4. Please state address of Council dwelling for which permission to reside is being sought.

5. Approximate date (s) and details of any previous applications(s) for housing to:-

(a) Municipal District of Bray _____

(b) Wicklow County Council _____

(c) Dun Laoghaire-Rathdown County Council _____

(d) Any other Local Authority _____

Address from which last application was made (if different from present address)

6. Members of applicant's family **including applicant** who are seeking permission to reside:-

Name	Date of Birth	Relationship to Applicant	Indicate in each case if resident at same address as at Question 2 above		Total income per week	Source of Income	If employed name and address of employer
			YES	NO			
		Applicant	YES	NO			

All incomes, whether salary, wages, pensions or social welfare payments must be stated. If there is no other source of income other than the applicant, the word NIL must be inserted in the space provided. Blank spaces are not acceptable.

7(a). Were you ever a tenant/tenant purchaser/prospective joint tenant/purchaser of this Council or any other Local Authority? If so, give details including addresses and dates:

(b). If you are or have you ever been the owner of any house, shop, land, etc. - give details hereunder

(c) Are you at present negotiating the purchase of any property (e.g. through Building Society or Bank etc.)? - If so please give details:

8. Please state all places of residence and exact periods of time spent in chronological order at each address since Birth. Exact reasons for leaving each property/address must be stated.

APPLICANT

Address	Exact Periods of Residence		Reasons for Leaving Property/Address
	From	To	

SPOUSE/PARTNER (of Applicant)

Address	Exact Periods of Residence		Reasons for Leaving Address(es)
	From	To	

9. With regard to your current address, please state:

- Rent per week/month _____
- Amount of arrears (if any) _____
- Name and Address of Landlord _____

- State amount of Rent Supplement (if applicable) _____

Note: If you are in receipt of Rent Supplement you should be aware that verification may be sought by the Council.

If your current dwelling is either a property owned by the Council or Voluntary Housing Body please state hereunder, the name of the tenant and your relationship to this person.

10. What is your relationship to the tenant of the Council dwelling (Question 4 above) in which you wish to reside?

I CERTIFY THAT I HAVE READ THE EXPLANATORY MEMORANDUM AND THAT ALL QUESTIONS HAVE BEEN ANSWERED FULLY AND THAT THE PARTICULARS GIVEN ARE TRUE AND THAT THE DOCUMENTS SOUGHT ARE SUPPLIED HEREWITH.

DATE _____

SIGNATURE OF APPLICANT(S) _____

I CONFIRM THAT I AM IN AGREEMENT TO THE ABOVE PERSON APPLYING FOR PERMISSION TO RESIDE AT

DATE _____

SIGNATURE OF TENANT(S) _____

N.B. *I hereby undertake to inform the Council of any changes which may occur in my income since the date of my application. Failure to inform the Council of any changes may exclude me from being considered for permission to reside.*

SIGNATURE OF APPLICANT(S) _____

Wicklow County Council
Municipal District of Bray

Civic Offices,
Main Street,
Bray,
Co. Wicklow

I, _____ of _____ (D.O.B. _____)
hereby authorise Wicklow County Council Municipal District of Bray to request the provision by the Garda Siochana of
any information relevant/ required for Estate Management purposes. I further authorise the Garda Siochana to supply
Wicklow County Council Municipal District of Bray with this information.

Signed: _____

Dated: _____

Witness (1) _____

Witness (2) _____

IMPORTANT: this form must be completed by you and certified by the Inspector of Taxes before you return same with completed application form to the Council

TO BE COMPLETED BY APPLICANT:

1. YOUR FULL NAME: _____
(BLOCK LETTERS)
2. PREVIOUS NAME (IF ANY): _____
3. PRESENT ADDRESS: _____
4. PREVIOUS ADDRESS: _____
5. INCOME TAX REFERENCE NUMBER: _____

TO BE COMPLETED BY INSPECTOR OF TAXES

I hereby certify, in accordance with my records and to the best of my knowledge, that the above named person has not previously claimed income tax relief in respect of interest paid on money borrowed to purchase/build a dwelling.

DATE _____

SIGNATURE OF APPLICANT(S) _____

OFFICIAL STAMP

The Housing Officer,
Wicklow County Council
Municipal District of Bray
Civic Office
Main Street
Bray, Co. Wicklow

Telephone 2744900
Fax: 2860930

FOR COMPLETION BY EMPLOYER

Name: _____

Address: _____

Occupation: _____

Date of Commencement of Employment: ____/____/____

Is the above named in **Full Time** or **Part Time** employment? _____

If employment is **Part Time** please specify the daily rate _____ days at €_____ per day.

If employment is **Full Time** please complete the following.

Normal **Gross** Weekly/Monthly income of the above name. €_____ per Week/Month.

Employee's Annual Tax Free Allowance. €_____

Employee' Weekly/Monthly P.R.S.I. contribution. €_____

Employee's Weekly/Monthly P.A.Y.E. contribution. €_____ at 20% /42%

Employee's **NETT** Weekly/Monthly income. €_____ per Week/Month.

EMPLOYER'S CERTIFICATE

I/We hereby certify that the particulars set out above are correct in respect of the above named employee.

Firm's Official Stamp

Signature

Authorised Capacity

Date/...../.....

Name of Firm

To: The Manager
Local Office
Dept. of Social, Community & Family Affairs

The Housing Officer
Wicklow County Council
Municipal District of Bray
Civic Office
Bray, Co. Wicklow

Telephone 2744900
Fax 2860930

INFORMATION REQUIRED TO ASSESS AN APPLICANT FOR PERMISSION TO RESIDE IN A COUNCIL DWELLING

Name:

Address:

Insurance No.:

In the above matter, I authorise the Manager of the Employment Exchange or other official concerned of the Department of Social, Community & Family Affairs to disclose to Wicklow County Council Municipal District of Bray the information required under the heading specified or otherwise.

Signed: _____

FOR COMPLETION BY DEPT. OF SOCIAL & FAMILY AFFAIRS

I hereby certify that the above named person is registered for Unemployment Benefit/Assistance/Other
(please specify) _____ since _____

and is at present in receipt of € _____ per week.

Please give any other information you may consider relevant - e.g. part time or seasonal work.

Official Stamp



Signed: _____
Authorised Officer

Date: _____